CARING FOR PEOPLE, KEEPING PEOPLE WELL

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

INTEGRATED MEDIUM TERM PLAN 2018-2021

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

This main document is presented in 3 key sections:

Section 1 - Why?	Context and the Case for Change – i.e. Introduction, Strategy, National, Regional & Local requirements and Performance & Delivery Challenges
Section 2 - What?	Proposed Key Deliverables – in the main service domains e.g. Prevention, Unscheduled Care, Planned Care etc.
Section 3 - How?	Critical Enablers – Workforce, Infrastructure and Finance etc.

Overview

High Level Service Delivery & Performance Objectives

The UHB's systems and processes are maturing: it has delivered on the commitments made this year and, whilst the challenges facing the organisation over the next three years as we continue to implement our strategy are significant, the confidence and learning gained this year are critical as the organisation drives hard for further improvement in service and financial performance.

The UHB has reviewed its strategy, Shaping Our Future Wellbeing, in light of Prosperity for All, the Parliamentary Review findings, our learning from Canterbury's transformation journey and the improvements achieved over the last year. This has confirmed that the direction of travel remains right for the organisation and the population served; the UHB's continuing challenge is to increase the pace at which change is being delivered.

Continued strengthening financial control, productivity, efficiency and focus on value is key to delivering financial sustainability. The UHB continues to refresh the range of benchmarking tools and information used to inform our service redesign, cost reduction and efficiency programme.

This plan confirms that efficiencies and cost reduction alone will not secure sustainability. Alongside this, the UHB will be accelerating the reshaping of services to ensure they are integrated, innovative, and agile reflecting the design principles set out in the strategy. There is a need for supporting investment in technology and infrastructure in order to achieve the reshaping of some of our services. The plan is taking a whole system, integrated approach and focussing on:

- priority high value opportunities using benchmarking data to inform the sequencing of improvement activities;
- addressing redesign opportunities in managing conditions across clinical pathways organised around the patient;
- enhancing digital support to enable new ways of providing required support; and

- transferring the balance of resources to address significant clinical and system risks alongside shifting resources to primary care as part of the preventative and value based approach.

The key areas for system and service redesign as part of the UHB's emerging clinical services plan include:

System shift of resources to provide focus and support for prevention and integrated service delivery in the community and primary care – health & social care integration, developing pathways with partners out of hospital to provide alternatives to hospital admission and GMS sustainability are key priorities.

Redesign of secondary care provision on a regional collaborative basis to ensure a sustainable networked approach to the delivery of secondary care is essential:

- The regional reconfiguration of complex vascular surgery, emergency and complex elective ENT surgery and inpatient Paediatrics, Obstetrics and Neonatal services are all priorities where UHW will provide a specialist regional service provision over the life of this plan.
- The networked provision for improving access to diagnostics, orthopaedics and ophthalmology services is also a UHB priority in collaboration with SE Wales UHBs.
- The reorganisation of secondary care services within the UHB across UHW and UHL hospitals will also be a core component of the developing clinical services plan.

Redesign of Tertiary and Specialist Care – the UHB's tertiary services clinical plan will also be developed to reflect the outcome of the public engagement and consultation exercises on the development of a Major Trauma Centre at UHW and the centralisation of Thoracic Surgery services, Upper GI cancer surgery alongside other key national planning programmes such as e.g. the Welsh Government led All Wales Genomics Task Force.

In achieving the system redesign that is required, the cultural change to ensure that our workforce and partners can engage with and buy into the vision is crucial. This will be addressed through a focussed and structured programme, building on the approach taken in developing Shaping Our Future Wellbeing, but with a strong emphasis on articulating the service plans and actions that are required to deliver it.

Reduction in variation is a key component of the UHB's vision for which a core delivery vehicle will be the development and implementation of whole system pathways supported by accessible, real time data and information to support clinicians who will have a key leadership role on this process.

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In relation to the national delivery standards, the plan sets out how progress will be made towards achieving compliance over the next three years in detail in the delivery chapters in section 2 of this document. The UHB has ambitious plans to deliver the following in the following key tier 1 target areas:

Performance

During 2017/18 the UHB has continued to successfully deliver improved RTT performance, exceeding its IMTP profile in each quarter, now for twelve consecutive quarters. At the end of December the number of patients waiting more than 36-weeks was 1012 representing a 12% reduction on the year end position. This translates to 1.2% of patients waiting over 36 weeks, reduced from over 6% in 2015 and the lowest percentage in Wales. We have also delivered further improvement in the volume of very long waiting patients with our greater than 52 week position reducing by December in comparison to the year end. Most notably during 2017/18 the UHB has achieved zero paediatric surgery patients waiting greater than 52 weeks.

Diagnostic performance is also forecast to have improved significantly by the end of the 2017/18, reducing by 46% in comparison to the end of March 2017.

Referral to Treatment

During the past three years the UHB has moved from a position of deteriorating and highly variable RTT performance to one of reliable and consistent quarter-on-quarter improvements. It now has a strong track record of delivering upon its commitments and at the end of December had the lowest percentage of patients waiting over 36 weeks in Wales. However the organisation is ambitious to build upon and accelerate the improvements made and further reduce waiting times for patients. The broader objective within this IMTP – to achieve sustainable and high quality services – is matched by an ambition to sustainably balance capacity and demand across all services and reach a position of compliance with national targets. This would represent a further step-change in activity and delivery and, by the end of 2020/21, take the organisation to a level of performance it has never previously achieved. Critically, this would also not be a one-off moment of delivery (as occurred in December 2009), but a sustainable and reliable service model, underpinned by redesigned and more efficient pathways of care aligned to our broader strategic direction and shaped by our transformation programme.
The table below sets out the high-level milestones to reaching this objective. This current year (2017/18) will, we expect, be a breakthrough year in many regards for RTT performance, narrowing the number of non-compliant specialties (against the 36-week target) and halting the growth in outpatient backlogs for the majority of our key specialties.

For 2018-19 we intend, with Welsh Government support, to reduce the total number over 36 weeks to below 500 and achieve compliance in all areas other than Neurosurgery and Orthopaedic spinal surgery. The complex nature of these specialties means additional capacity is

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difficult to provide but we will continue to explore all options and work with Welsh Government and our commissioners for Neurosurgery, WHSSC. In addition we will eliminate all breaches of 52 weeks and substantially reduce the number of outpatients over 26 weeks – this will in turn support both improved 26-week performance and a transition towards monthly, rather than quarterly, RTT delivery. This will set us on a trajectory to eliminating all 36-week breaches and delivering 95% 26-week compliance by the end of the period covered by this IMTP.

RTT	Target	2017/18 planned outturn	2018/19 planned outturn	2019/20 planned outturn	2020/21 planned outturn
> 36 week waits	0	800*	500	200	0
< 26 weeks	95%	87%	89%	92%	95%

**Estimated for year end at end Q3*

Cancer

As part of the broader approach to improving planned care services the UHB has significantly improved cancer services and cancer performance over the past few years. The cancer targets are demanding ones to achieve on a consistent basis but, against the context of increasing demand, the UHB is consistently delivering close to or above the 98% 31-day standard and has significantly improved its performance against the 62-day target (20% improvement in 2016/17 and a further 5% improvement in 2017/18 to date). Performance in the urological and skin tumour sites have improved sharply over the past two years through a combination of focussed patient tracking, pathway redesign and targeted investment. The priority for 2018/19 will be to achieve the same for Gastrointestinal tumour sites, our one remaining high volume breach area, thereby getting the UHB to a position of consistently delivering the 95% 62-day urgent suspected cancer target and therefore reaching compliance with the national cancer targets. In addition the UHB will prepare during 2018/19 for the introduction of the Single Cancer Pathway, with further work required to plan for the accelerated access and additional capacity in key service areas required – particularly diagnostics – to achieve compliance with the important aspirations of this pathway.

CANCER	Target	2017/18 planned outturn	2018/19 planned outturn	2019/20 planned outturn	2020/21 planned outturn
31 day NUSC	98%	94.2%*	98%	98%	98%
62 Day - USC	95%	83.5%*	93%	95%**	95%**

**As at end Dec 2017 ** based on current cancer pathway standard*

Unscheduled/ Urgent care:

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The UHB has made substantial changes to its model for unscheduled care service over the past two years including the establishment of a seven-day CRT service and increased CRT capacity, the establishment of an AEC, expansion of the FOPAL service, the redesign of the Emergency General Surgery service, the introduction of discharge to assess units, expansion of seven-day senior decision-maker cover, additional GP out of hours cover etc. These changes have all been part of a wider ambition to realise our strategic objective of '*home first*' (contributing to the lowest admission rate for over 65s in Wales, reduced length of stay and the lowest number of delayed transfers of care for at least eight years) and, in conjunction with more robust winter planning, have delivered improved and more resilient performance against the key national targets. Currently UHW has the lowest percentage of 12-hour breaches of all the major emergency departments in Wales and the category A ambulance response times for Cardiff and Vale consistently exceed the national target. However we are determined as a UHB to improve further on this and reach a position of 'zero-tolerance' for 12 hour waits in our EU and ambulance handover delays in excess of one hour. In addition we expect to continuously improve our four-hour performance during the period of the IMTP, reaching the point of compliance during the period covered by this IMTP, again a level the UHB has never reached since the introduction of the target in Wales. For 2018/19 the UHB aims to eliminate > 12 hour waits and deliver continuous improvement on the other targets.

USC	Target	2017/18 planned outturn	2018/19 planned outturn	2019/20 planned outturn	2020/21 planned outturn
Patients waiting over 12 hour waits in A&E	0	73*	0	0	0
Patients seen within 4 hour in A&E	95%	86%*	87-88%	90-92%	93-95%
Cat A Ambulance response times	65%	65%*	>65%	>65%	>65%
Ambulance Handover within 1 hour	100%	92%*	93%	96%	100%

**As at end Dec 2017*

Stroke

The UHB intends to continue to build on improving performance in this critical service.

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STROKE	Target	2017/18 planned outturn	2018/19 planned outturn	2019/20 planned outturn	2020/21 planned outturn
Direct admission to acute stroke unit <4hrs	Most Recent SSNAP quarterly average	57%	70%	75%	80%
CT scan < 12hrs		96%	100%	100%	100%
Assessed by stroke consultant < 24hrs		80%	80%	95%	95%
Thrombolysis < 45mins		25%	40%	50%	75%

There has also been some successful **redesign of in-hospital emergency pathways** focussed on delivering improved value-based care including:

- The introduction of dedicated emergency general surgery and urology services which have been separated from elective stream thus providing a more responsive emergency service with a senior clinical decision maker immediately available for specialist opinion, to attend specialty theatre for both emergency and urgent elective cases, improving patient discharge leading to better patient experience, reduced emergency admissions and length of stay.
- The Ambulatory Emergency Care (AEC) Unit has provided a dedicated stream for minor illness and specific medical pathways
- Medical Assessment Unit at UHW ensures that performance for same day discharge rates for emergency medical referrals from primary care and A&E is good at around 50%.
- Adult emergency admission rates for the resident population remain the lowest in Wales.

The UHB is making good progress in delivery of planned care

- There has been a 12% increase in new outpatient activity in core surgical specialities in the last 4 years
- Scheduled outpatient clinical utilisation and scheduled theatre utilisation is good (on target) in most specialities
- Elective length of stay in most specialties benchmarks well and continues to reduce across all specialties.
- The number of patients waiting more than 52 weeks for treatment has dramatically reduced.

However there is still significant progress to be made, remains some capacity gaps to provide a sustainable planned care service including Neurosurgery, Endoscopy and sub-specialties within Orthopaedics and Ophthalmology. There are a number of interventions we are taking and will further develop in 2018/19 to address the demand and capacity shortfall, these include:

- GP Led Pathway redesign with new pathways for urology, dermatology and gastroenterology

- Introduction of Day of Surgery Admission Unity to move from 40% to 80% the number of day cases
- Regional ophthalmology redesign

The UHB's workforce plan is aligned to both the efficiencies programme (we will be reducing head count overall), and our clinical services plan to ensure the right workforce in place to deliver reshaped services and reflect the Prudent Care Principles. The UHB has identified that successful strategic and operational delivery requires our staff, decision makers and citizens to be digitally enabled and to be able to make evidenced based decisions. We remain committed to delivering our strategic programme for informatics.

The overarching aim of the UHB's strategy is to reduce stark inequalities across our local population. Cardiff and Vale populations include the largest number of people living in the most deprived communities of any health board in Wales, and the gap in healthy life and life expectancy is the greatest across any health board population. The burden of disease this generates, coupled with the rapidly growing population present the greatest challenges to us. The Wellbeing Plans set out the actions we are taking with PSB partners to tackle these issues, and the UHB is taking a very proactive and innovative approach to disease prevention, health improvement, including making every contact count (MECC).

This IMTP covers the breadth of the UHB's commissioning and delivery ambitions over the next three years and, whilst in trying to cover all of the requirements set out in the Welsh Government's planning guidance, much of the detail is contained in the plethora of plans we have sitting underneath this plan including cluster plans, partnership plans, delivery plans, regional plans and clinical board plans. The UHB also recognises the need to focus on the key areas that make the greatest difference for patients and therefore the programme of work in terms of planning and delivery remains under continuous review and as plans are refreshed for the 2019/20 planning round. The UHB will be strengthening engagement both in terms of internal engagement of staff and key stakeholders, including our local communities. Key to this will be learning from the feedback from those who use or services.

Delivery of this plan requires strengthened planning and commissioning of services on a regional basis. Then UHB will build on the good progress of the Regional Partnership Board to accelerate the integration of services across the health, social care and housing spectrum in line with the actions set out in the Area Plan and our governance structures and processes will reflect this.

The IMTP also reflects the need to take focused action to evolve the culture of the organisation through the work to develop the UHB Board, which includes many new members, and Executive Team that is now complete. The UHB will work with partners and local community leaders to help ensure that our populations engage with the co-production of our service transformation planning as well as taking more responsibility for their own health and access support, care and treatment appropriately in line with the aspirations of the Wellbeing of Future Generations legislation.

The plan identifies that the UHB's infrastructure poses a significant risk to service delivery and a strategic estates plan is being developed that sets out the priorities for addressing the most significant risks in the next three years and outlines our medium to longer term plans for establishing the infrastructure needed to deliver the sustainable model of care we are developing. The UHB's responsibilities in relation to environment sustainability will be central to these plans and will reflect the national assessment of significant long term societal and economic changes.

High Level Financial Objectives

TO BE UPDATED

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Financial Plan Summary Table- Insert

SECTION 1

Introduction

Review of 2017/18

Opportunities and Challenges

Overview of Clinical Service Strategy and Significant Service Change

1. INTRODUCTION

1.1 Health Board Profile

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 UHB, we have a responsibility for around 475,000 people living in Cardiff and the Vale of Glamorgan. Our local population is growing rapidly, with Cardiff growing faster than any other city in the UK. Our services include health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board also works increasingly closely with partner Health Boards and Trusts across South Wales as well as our local authority and third sector partners to 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 around £1.4 billion every year and employ around 14,000 staff.

We are also a teaching Health Board with close links to Cardiff University, which boasts a high profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales. Together, we are training the next generation of clinical and non-clinical professionals, in order that we develop our expertise and improve our clinical outcomes.

The UHB delivers health and wellbeing services in patients' homes, pharmacies and optometrists in the community and from a range of other facilities including:

65 GP practices – 16 in the Vale of Glamorgan, 24 in Cardiff North & West, 25 in Cardiff South & East

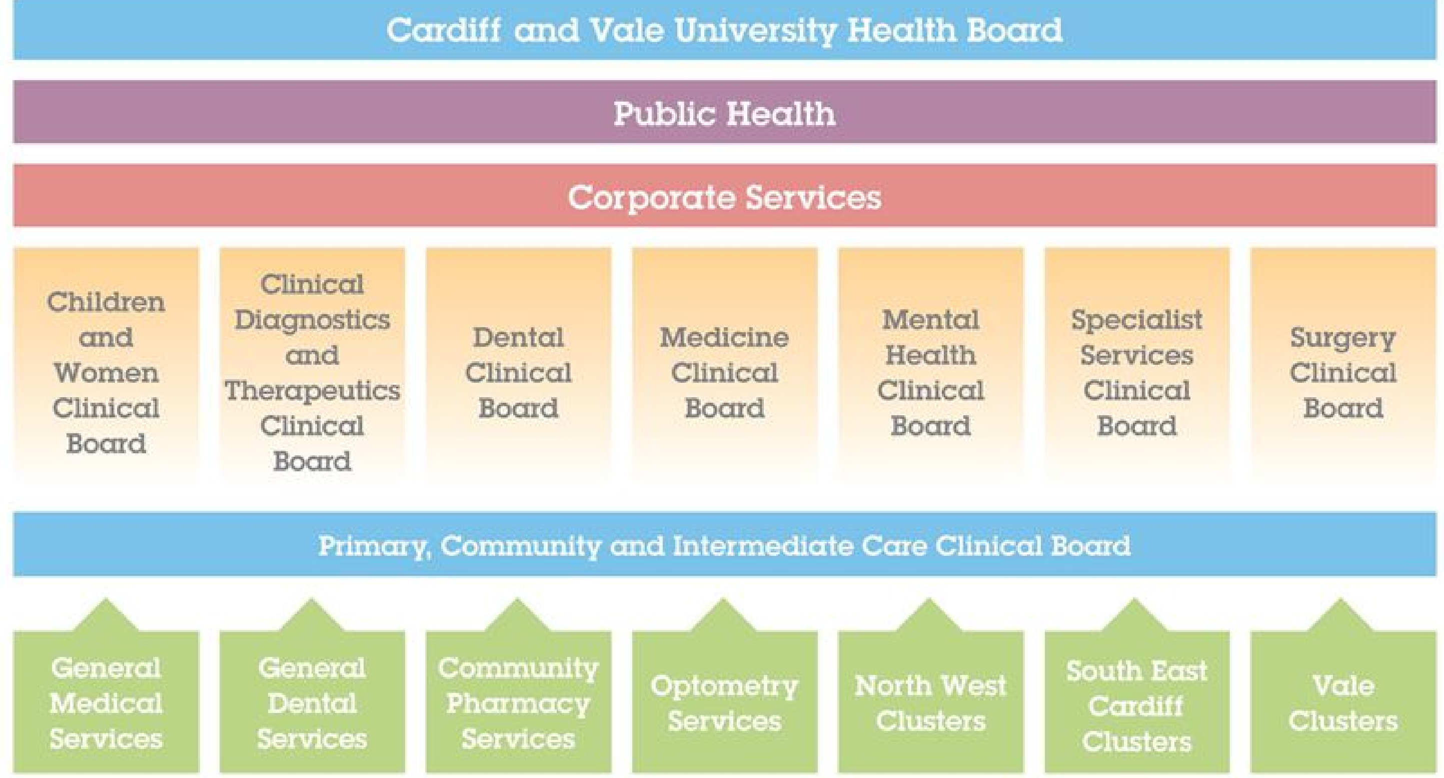
77 Dental Practices - 22 in the Vale of Glamorgan, 31 in Cardiff North & West, 24 in Cardiff South & East

28 Health Centres and Clinics

7 Hospitals:

- **Acute and specialist** - University Hospital of Wales (UHW) and the Noah's Ark Children's Hospital for Wales
- **Selected acute, mental health and rehabilitation** - University Hospital of Llandough (UHL)
- **Specialist rehabilitation** – Rookwood Hospital (planned to relocate to UHL)
- **Community** - Cardiff Royal Infirmary (CRI), Barry Community Hospital and St David's Hospital

The UHB service provision is within the following governance structure:



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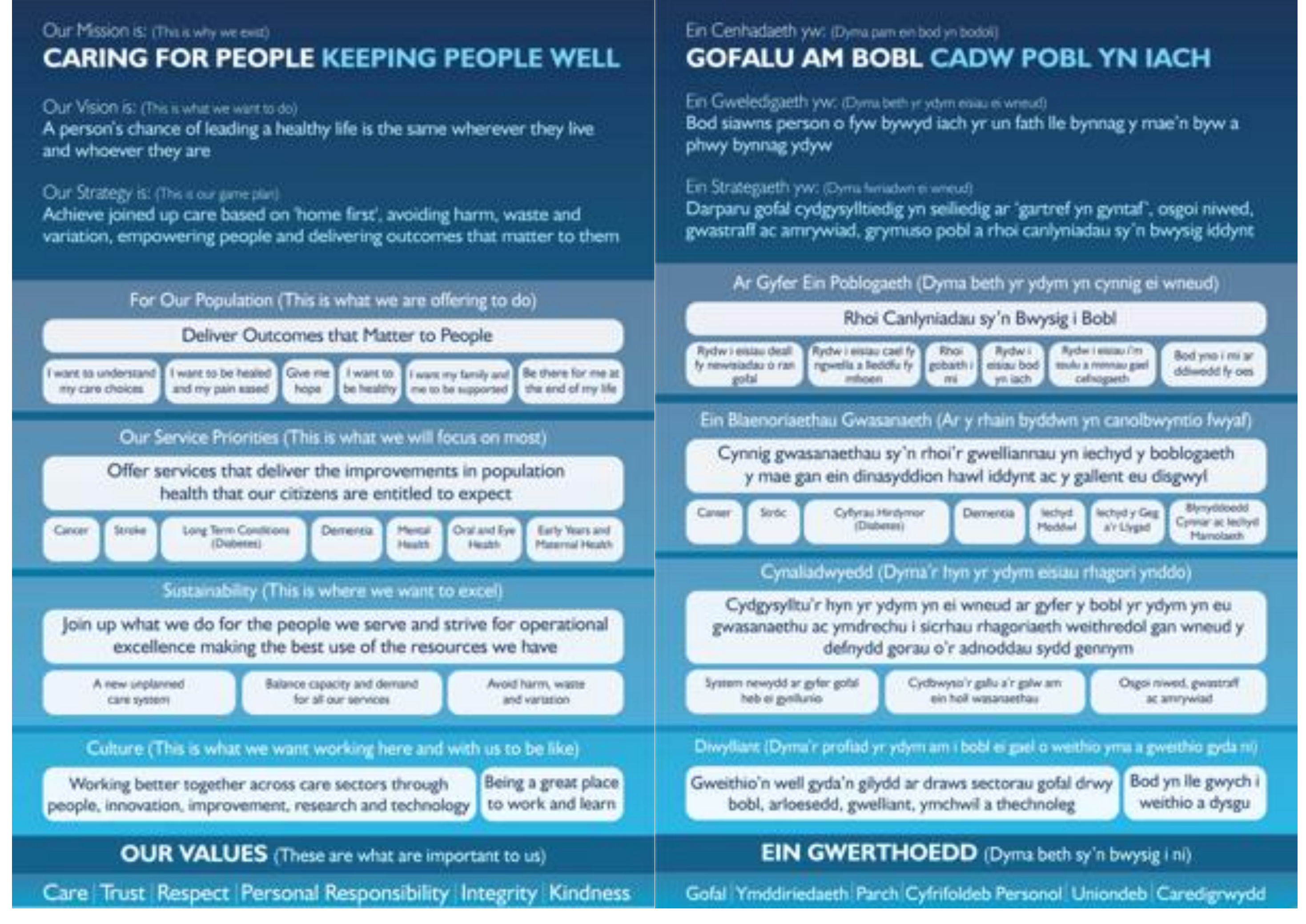
1.2 Our Strategy

Shaping Our Future Wellbeing sets out the strategic objectives for the UHB, the principles underpinning development of NHS services and how we will address local health and wellbeing needs. It recognises the need to take a balanced approach to achieving change for *our population*, *our service priorities*, *our sustainability* and *our culture*.

Shaping our Future Wellbeing provides the compelling vision and underpinning values that are driving the change within our organisation and the way that we engage with our citizens, workforce and care partners in both the public and third sector. It places the citizen at the heart of our approach to evolving service redesign in developing an integrated health system.

The following schematic summarises the UHB's mission, vision, strategic purpose and objectives that underpin the UHB's approach to planning and delivering services.


Our Mission is: (This is why we exist)
CARING FOR PEOPLE KEEPING PEOPLE WELL
Our Vision is: (This is what we want to do)
A person's chance of leading a healthy life is the same wherever they live and whoever they are
Our Strategy is: (This is our game plan)
Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them
For Our Population (This is what we are offering to do)
Deliver Outcomes that Matter to People
I want to understand my care choices
I want to be healed and my pain eased
Give me hope
I want to be healthy
I want my family and me to be supported
Be there for me at the end of my life
Our Service Priorities (This is what we will focus on most)
Offer services that deliver the improvements in population health that our citizens are entitled to expect
Cancer
Stroke
Long Term Conditions (Diabetes)
Dementia
Mental Health
Oral and Eye Health
Early Years and Maternal Health
Sustainability (This is where we want to excel)
Join up what we do for the people we serve and strive for operational excellence making the best use of the resources we have
A new unplanned care system
Balance capacity and demand for all our services
Avoid harm, waste and variation
Culture (This is what we want working here and with us to be like)
Working better together across care sectors through people, innovation, improvement, research and technology
Being a great place to work and learn
OUR VALUES (These are what are important to us)
Care | Trust | Respect | Personal Responsibility | Integrity | Kindness
Ein Cenhadaeth yw: (Dyma pam ein bod yn bodoli)
GOFALU AM BOBL CADW POBL YN IACH
Ein Gweledigaeth yw: (Dyma beth yr ydym eisiau ei wneud)
Bod siawns person o fyw bywyd iach yr un fath lle bynnag y mae'n byw a phwy bynnag ydyw
Ein Strategaeth yw: (Dyma fwriadwn ei wneud)
Darparu gofal cydgysylltiedig yn seiliedig ar 'gartref yn gyntaf', osgoi niwed, gwastraff ac amrywiad, grymuso pobl a rhoi canlyniadau sy'n bwysig iddynt
Ar Gyfer Ein Poblogaeth (Dyma beth yr ydym yn cynnig ei wneud)
Rhoi Canlyniadau sy'n Bwysig i Bobl
Rydw i eisiau deall fy newisiadau o ran gofal
Rydw i eisiau cael fy ngwella a lleddfu fy mhoen
Rhoi gobaith i mi
Rydw i eisiau bod yn iach
Rydw i eisiau i'm teulu a minnau gael cefnogaeth
Bod yno i mi ar ddiwedd fy oes
Ein Blaenoriaethau Gwasanaeth (Ar y rhain byddwn yn canolbwyntio fwyaf)
Cynnig gwasanaethau sy'n rhoi'r gwelliannau yn iechyd y boblogaeth y mae gan ein dinasyddion hawl iddynt ac y gallent eu disgwyl
Canser
Strôc
Cyflyrau Hirdymor (Diabetes)
Dementia
Iechyd Meddwl
Iechyd y Geg a'r Llygaid
Blynyddoedd Cynnar ac Iechyd Mamolaeth
Cynaliadwyedd (Dyma'r hyn yr ydym eisiau rhagori ynddo)
Cydgysylltu'r hyn yr ydym yn ei wneud ar gyfer y bobl yr ydym yn eu gwasanaethu ac ymdrechu i sicrhau rhagoriaeth weithredol gan wneud y defnydd gorau o'r adnoddau sydd gennym
System newydd ar gyfer gofal heb ei gynllunio
Cydbwyso'r gallu a'r galw am ein holl wasanaethau
Osgoi niwed, gwastraff ac amrywiad
Diwylliant (Dyma'r profiad yr ydym am i bobl ei gael o weithio yma a gweithio gyda ni)
Gweithio'n well gyda'n gilydd ar draws sectorau gofal drwy bobl, arloesedd, gwelliant, ymchwil a thechnoleg
Bod yn lle gwych i weithio a dysgu
EIN GWERTHOEDD (Dyma beth sy'n bwysig i ni)
Gofal | Ymddiriedaeth | Parch | Cyfrifoldeb Personol | Uniondeb | Caredigrwydd

Shaping Our Future Wellbeing – Service Design Principles

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Locally, development of the Cardiff and Vale UHB 2018-21 Integrated Medium Term Plan (IMTP) is based on the principles set out in the UHB's ten-year strategy, Shaping Our Future Wellbeing, published in 2015.

Informed by Prudent and the Institute of Health Improvement's 'Triple Aim', the largely co-produced Shaping Our Future Wellbeing strategy, is built on a set of core principles. With the intention of delivering '*Outcomes that matter to People*', the strategy also contains a framework for integrated services that gives equal consideration for preventative, planned, unplanned and end of life care, and focuses on population health and wellbeing by placing the needs of the population its centre. Importantly, when provided by an integrated healthcare organisation, each of these elements of care should flow seamlessly.

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Whole System Service Model

Independence and Wellbeing

- Services promote prevention, health and wellbeing, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a persons wellbeing.
  e.g. public health promotion, healthy communities, leisure and learning services, self help services, mental health promotion

First Point of Contact Stable Non-Complex Care

- Services provide a first point of contact, they screen and assess, providing early intervention and sign posting. Where a persons needs are stable and not complex, services provide routine on-going support.
  e.g. contact centres, wellbeing co-ordinators, third sector, general medical, dental and optometry services, community pharmacy, flying start.

Intensive and/or Enhanced

- Services provide a flexible and coordinated response to a persons rising unstable need. They either provide, an intensive re-ablement service or an ambulatory care intervention. Both prevent inappropriate long term care and avoid hospital admissions.
  e.g. community resource service/teams, community mental health, acute response team, domiciliary care, children's speech and language assessment, REACT.

Long Term, Stable Complex Care

- Services provide for people whose needs are not necessarily low but are stable, additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital or care home admission .
  e.g. district nursing, virtual diabetes clinics, community paediatric clinics, residential and nursing home services, end of life care, multi-condition service, community mental health teams.

Specialist

- Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.
  e.g. accident and emergency, inpatient services, integrated discharge teams, children's centres, continuing health care packages, specialist mental health services, specialist outpatient / diagnostic.

Crisis Or Emergency Intervention

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A recent visit to New Zealand to investigate the Canterbury District Health Board's implementation of their very similar strategy has provided some valuable insight into their approach to transformation.

Following the Canterbury visit, the UHB's executive and clinical leadership team has identified opportunities to learn from and apply some of the approaches taken in Canterbury in the execution of their strategy. In doing this the UHB is now part of a non-commercial International Alliance with Canterbury District Health Board, South East Sydney Health Board and Grampian Health Board to enable the four organisations to learn from each other in the pursuit of the similar visions of care closer to home, timely access and effective delivery.

2. REVIEW OF 2017-18

2.1 Key Achievements in 2017/18

Progress on meeting the challenges and aims set out in the 2017/18 Plan and implementation of the Strategy are summarised below.

Empower the Person

- Citizens Advice Cardiff and Vale launched a new service at University Hospital Llandough to provide help and support to people to improve their health and wellbeing.
- The Cwtch at East 18, had a new sitting room created by staff and patients' families provides a space that patients with dementia would recognise as a home environment and a safe place to relax.
- The Cardiff and Vale Neurodevelopmental Service team members have qualified as independent prescribers enabling new ways of working to be implemented.
- The Health Board was made a signatory for Mindful Employer, a charity which aims to eliminate the stigma associated with mental health.
- The Cardiff-based Orchard Media and Events Group has partnered with the All Wales Adult Cystic Fibrosis Centre, the only one in the country, to develop pioneering virtual reality technology to bring health benefits to sufferers.
- Introduced Dementia friendly and partially sighted plates to enhance patient experience.
- Additional local family planning and STI screening services provided at weekends (and some bank holidays) from two central locations.
- Provision of Falls Awareness to Care Homes - Sessions delivered to over 200 members of staff in 21 care homes in the Vale of Glamorgan, raising falls awareness and putting preventative mechanisms in place.

Home First

- Mental Health Services for Older People officially opened their Integrated Community Team Base at Llanfair Unit based at University Hospital Llandough
- Bereavement Services Team introduced bereavement information boxes for staff to help people better cope with the process of losing of a loved one.
- Collaborative working with Local Authority colleagues has delivered integrated support for children with complex needs as part of the Disabilities Futures programme and with adult mental health to establish the Integrated Autism Team.
- Rolled out digital radiography throughout the Community Dental Service.
- Phlebotomy/District nursing expanded capacity through the introduction of domiciliary phlebotomists within each District Nursing team. These Phlebotomists now undertake approximately 90% of District Nursing venepuncture requests, allowing District Nursing to spend more time with the most frail and vulnerable housebound patients.
- Social Prescribing - Wellbeing coordinators have commenced in clusters across Cardiff and Vale to promote the social model of care and public health priorities within clusters. In addition to the Wellbeing coordinators a number of cluster based social prescribing initiatives have commenced.
- Primary Care Nurses for older people appointed to work with cluster practices to support vulnerable members of the community, in the North and West Cardiff Locality and now the South and East Cardiff Locality. Nurses have worked across health and social care boundaries to ensure patients on the caseload receive the right care, at the right time, in the right place.
- The Common Ailment Scheme (CAS) rolled out to approximately 40 practices during Sept, Oct 2017.
- Locality based MSK service – Central Vale First-contact MSK physiotherapy pilot completed, aim is to achieve a single point of entry for all shoulder, knee and spinal referrals from primary care.
- An optometric advisor employed to support the delivery of care closer to home. As at 30 September 2017, 1,169 patients have been discharged from secondary care into primary care under the post cataract scheme.
- **Community Resource Team expansion** - teams have been significantly expanded which has allowed the teams to operate 7/7 including bank holidays to help support facilitated discharges and community support (admissions avoidance) every day of the week. 457 were patients supported over the weekends during the first year operating as a seven day a week service.
- Introduction of a Patient telephone advice line post-surgery (T&O) has provided an excellent service to post-operative patients which has led to a reduction in unnecessary ED/GP attendances.
- Mental Health Services for Older People ('MHSOP') Day service reconfigured – integrated /tiered model with local authorities

- Orchard project launched, a unique outdoor space to enhance the health and wellbeing of patients and the local community was launched at University Hospital Llandough as part of World Health Day
- Hosted UEFA Champions League without any issues and admissions to EU dropped.
- Radio Glamorgan celebrated 50 years on the airwaves.
- Patients with dementia had a new sensory garden space at University Hospital Llandough.
- Opened Ronald McDonald House.
- Opened new radiology unit designed to RNIB Visibly better standards.
- Refurbished a Trauma and Orthopaedic Ward at University Hospital of Wales to meet RNIB standards.
- Revamped Rookwood Hospital garden.
- Noah's Ark Children's Hospital for Wales was the first health organisation to sign the Time to Change Wales pledge for Young People.
- Opened two new satellite dialysis units at Cleppa Park in Newport and Mamhilad in Pontypool.
- Advanced Audiology Practitioners in place to remove MRI referral and de-wax from ENT to Audiology and deliver services in primary care. West Quay will receive new hearing referrals as of 21.11.17 negating the need for 800 new appointments at UHW. Open access in place 5 days per week in UHW, 2 per week in West Quay
- We respond to over 60% of our concerns via an informal process and have a less than 1% conversion rate from informal to formal concerns.

Avoid Harm, Waste and Variation

- Buttercup intensive care unit, the latest phase in the development of the Welsh regional neonatal unit at the University Hospital of Wales opened to its first little patients
- Safer Pregnancy Wales campaign launched aiming to highlight the importance of keeping healthy and fit during pregnancy to reduce the risk of stillbirth.
- Extended the Acute Oncology Service to University Hospital Llandough in addition to the successful service provided at University Hospital of Wales.
- TALK, A new structured clinical debriefing tool has been implemented across the operating theatres at University Hospital of Wales to improve team working and patient safety
- Opened a Children's Clinical Research Facility which is already attracting activity from across the UK.
- All of our laboratory services now have confirmed ISO 15189 status.
- Developing a General Practice Support Team - a dedicated multi-professional team who work with practices to transform good ideas into sustainable solutions which will improve and deliver quality services for the patients and residents of Cardiff and the Vale.

- The Breast Service has redesigned its outpatient clinics introducing ‘no scan’ clinic for low risk patients, therefore utilising clinic capacity when there is no radiology cover, reducing the waiting times for urgent suspected cancers from six weeks, to three weeks and urgent waiting times from five months to two months.

2.2 Our Awards for Excellence

We are delighted that a number of staff achieved recognition for the care they provide and innovation they have shown. Some notable achievements are:

- Dr Rachel Abbott, Consultant Dermatologist and Sharon Hulley, Macmillan Skin Cancer CNS – ambassadors for the national charity Skcin.
- Considerate Constructors Scheme National Site Awards – Gold Award and the national top award to the Noah’s Ark Children’s Hospital for Wales site (celebrates best practice and adherence to the CCS Code of Considerate Practices).
- BAFTA Cymru, Best Factual Series – The Greatest Gift, a three-part series following staff, patients and their families through the organ donation and transplantation process over a period of a year.
- Advancing Healthcare Awards: Health Services Laboratories Rising Star Award - Ruth Louise Poole, healthcare scientist.
- NHS Wales Awards: Improving Patient Safety - for work on reducing delays in antibiotic delivery in neutropenic sepsis.
- British Journal of Nursing (BJN) oncology nurse of the year award - Charlotte Bloodworth, lymphoma nurse specialist attained third place.
- Association of Surgeons in Training (ASiT) Silver Scalpel Award 2017 - Rachel Hargest, Consultant General and Colorectal Surgeon, in recognition of her extensive contribution to development, delivery and training of future surgeons in Wales. Rachel is only the second female to win the award in its sixteen year history.
- Royal College of Surgeons, The Lady Estelle Wolfson Emerging Leaders Fellowship - Miss Indu Deglurkar, Lead Consultant Cardiac Surgeon.
- Health Hero nominated monthly by the public recognises staff for their skill, dedication and compassion in helping others and keeping them well.
- Queen’s birthday honours - Dr Rachel Butler MBE for services to the development of Genomics in Wales and across the UK; Dr Simon O’Donovan MBE for services to Mental Health - (RMHN); and Noreen Lewis BEM for her services to haematology nursing in South Wales.
- All Wales Continuous Improvement Community awards, Health Sector Award, - Seven day therapy project to improve access to therapies for stroke patients.

- Professor Phil Routledge, Consultant Clinical Pharmacologist at Cardiff and Vale University Health Board (UHB) elected to the Fellowship of the Learned Society of Wales (LSW) in 2017. He was also awarded the CBE in the 2018 New Year Honours List for services to Medicine.
- British Society of Gastroenterology 'Young Gastroenterologist of the Year 2017- Emerging Leader Award' - Dr Laith AlRubaiy who is the first in Wales to be awarded the prestigious award.
- Heart Hero Award to Michelle Johnson for her drive and commitment in helping to improve the lives of heart patients and their families.
- Johnny Owen Carers Award to West 5, UHL (presented all around Britain for the last 12 years in remembrance of the life and death of the boxer who was an emblematic figure who represented both ideals of Welsh working class communities and their suffering and courage).
- National Postgraduate Neuro-anatomy Competition 2017 - Mr Ronak Ved awarded first prize.
- Diabetes – Quality in Care:
  - Diabetes Team of the Year Award – Children's Hospital for Wales Paediatric Team Commended for: Data Driven Quality Improvement Utilising Multiple Initiatives in Paediatric Diabetes; and
  - Empowering People with Diabetes - Children, Young People and Emerging Adults - Children and Young People's Wales Diabetes Network win for SEREN structured education programme
- AbbVie Sustainable Healthcare: Patients as Partners Award: Welsh Prudent Health Award, 'Supporting individuals to take control of their care' - STANCE Project: Diabetes Foot Health Engagement and Empowerment to Self-Care one of three finalists (award to be announced in 2018).
- Nursing Times Awards: Shortlisted for HRH the Prince of Wales Award for Integrated Approaches to Care; Nursing in the Community; Nursing in Mental Health and Care of Older People categories.
- Royal College of Midwifery (RCM) Award - Alison Jones and Suzanne Hardacre shortlisted in the Caring For You category. The winners will be announced in March 2018.
- RCN Wales Nurse of the Year Awards - Health Board staff were shortlisted in seven categories, with three winners and five runners-up.
- Health Service Journal Awards: Innovation in Mental Health winner - Younger Onset Dementia Service.
- BMJ Awards: Mental Health Team of the Year - The Community REACT team shortlisted.
- Lymphoma Association "Beacons of Hope" - Sara Busby, a senior staff nurse on the young adult cancer day unit for supporting young adult Hodgkin lymphoma patients; and Vivienne Hayes, Deputy Sister of the Outpatients Department, for starting a campaign called "Every Contact Counts".
- National Institute for Health Research (NIHR) Clinical Research Network in partnership with the Faculty of Intensive Care Medicine (FICM) - Dr Matt Wise, Consultant in Critical Care won the Established Clinician Award which recognises research active consultants demonstrating clinical leadership, excellence and innovation in delivering NIHR research.
- Wales Defence Employer Recognition Scheme and Armed Forces in Wales awards ceremony:

  - Silver Award for Supporting Britain's Reserve Forces for commitment to and support of Defence; and
  - Stuart Egan, Independent Board Member (Trade Union) and Armed Forces Champion shortlisted for the Armed Forces Covenant Award for his commitment to deliver the covenant principles.
- Health Care Supply Association Awards:
  - Best process / procurement initiative or improvement award – Winner, Satellite Renal Dialysis Services for South East Wales
  - Procurement Professional of the Year - Highly Commended, Claire Salisbury.
- MediWales award – High Impact Award: Obstetric Bleeding Strategy for Wales (OBS) Cymru for research project on postpartum haemorrhage (supported by Health and Care Research Wales, Cardiff and Vale University Health Board (UHB) and Cardiff University).
- Mediwales award - The Judges Award was given to Cardiff & Vale University Health Board's All Wales Genetics Laboratory for their new technology which enables non-invasive sampling of tumour DNA through a patient's bloodstream, eliminating the need for invasive biopsy via surgery.
- Dr. Ian Frayling, Consultant in Genetic Pathology was awarded an Honorary Fellowship of the Faculty of Pathology of the Royal College of Physicians of Ireland.
- The Bone Clinic was named Wales' only Paget's Association Centre of Excellence.
- Hospital Porter, Stephen Tatnell celebrated an amazing 50 years working for the Health Board.
- A project to improve the nutrition and hydration of patients in the Emergency Unit was shortlisted for the Guardian Public Service Awards
- Cardiff University School of Healthcare Sciences awards, CAV Teams won 16 prizes out of 27, winning in nine categories and runners up in seven.

2.3 PERFORMANCE & DELIVERY IN 2017/18

Overall the UHB continues on a trajectory of continuous improvement, delivering better and more reliable performance against the majority of key indicators within the context of increasing demand, predominantly as a direct result of population growth.

During 2017/18 the UHB has continued to successfully deliver improved RTT performance, exceeding its IMTP profile in each quarter, now for twelve consecutive quarters. At the end of December the number of patients waiting more than 36-weeks was 1012 representing a 12% reduction on the year end position. This translates to 1.2% of patients waiting over 36 weeks, reduced from over 6% in 2015 and the lowest percentage in Wales. We have also delivered further improvement in the volume of very long waiting patients with our greater than 52 week position reducing by December in comparison to the year end. Most notably during 2017/18 the UHB has achieved zero paediatric surgery patients waiting greater than 52 weeks.

Diagnostic performance is also forecast to have improved significantly by the end of the 2017/18, reducing by 46% in comparison to the end of March 2017. However delivery within the year has been more variable with particular challenges in endoscopy, cardiology and neurophysiology.

The UHB continues to perform close to or above the 31-day non urgent-suspected cancer target. Performance against the 62-day urgent suspected cancer target continues to improve despite increasing demand – cumulative performance for the year was 5% higher at the end of November 2017, whilst treating 50 more patients, and a 20% improvement on 2015/16, treating 150 more patients.

Overall we have also continued to see a steady improvement in unscheduled care performance this year:

- 4 hour performance is 1.3 percentage points higher than last year, in the context of 6% increase in demand
- The number of patients waiting over 12 hours in EU is broadly the same as last year and remains the lowest of all the major Emergency units in Wales
- Ambulance lost hours are 20% lower than last year
- Consistent achievement of the 8-minute red call response target

In addition we continue to see a month on month reduction in delayed transfers of care, reaching 38 in December the lowest position for at least eight years.

For Stroke, the main challenge for the UHB has been improving and sustaining compliance against the 4 hour direct admission target. Whilst compliance for the year has on average been at the target level, it has been quite variable from month to month.

In mental health, whilst there were some challenges for the first four months of the year, the UHB has subsequently improved and achieved compliance against Part 1 of the mental health measure from August onwards. For adult services, performance is now consistently above 90%. The under-18 service has been more variable reflecting the small size of the team, but overall performance has also improved for that service.

The UHB has been successful in 2017/18 delivering a £35.0m (4%) savings programme through:

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Cost avoidance:	The scale of the challenge needs to be minimised by cost avoidance principles, applying rigor and scrutiny to investment proposals and cost pressures.
Technical adjustments:	Reviewing departmental budgets and expenditure trends with budget holders ensuring appropriate and jointly agreed budget allocation.
Tactical cost reduction:	Improving the cost base through "grip and control." Embedding existing governance and performance practices across the organisation from "Board to ward level".
Traditional CIPs:	External benchmarking and internal analysis supported through the Cross Cutting Steering Group analysing performance, productivity and utilisation across all areas of workforce, medicines management and procurement driving cash out savings.

3. OPPORTUNITIES & CHALLENGES 2018-2021

3.1 Legislation Shaping Change

3.1.1 Wellbeing of Future Generations (Wales) Act 2015

The Wellbeing of Future Generations (Wales) Act ('WFGA') 2015 came into force on 1 April 2016. The Act places a well-being duty on public bodies to work in pursuit of the economic, social, environmental and cultural well-being of Wales, in a way that accords with the principle of sustainable development. It requires public bodies to report on such action including, setting and publishing wellbeing objectives that are designed to maximise its contribution to achieving each of the national wellbeing goals.

The Act identifies the following seven wellbeing goals:

Goal	Description of the goal
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
A resilient Wales	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
A healthier Wales	A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
A Wales of cohesive communities	Attractive, viable, safe and well-connected communities.
A Wales of vibrant	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

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culture and thriving Welsh language	
A globally responsible Wales	A globally responsible Wales. A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

The Act also outlines five ways of working to support the achievement of the wellbeing objectives:

Way of Working	Description
Long term	The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
Prevention	How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
Integration	Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
Collaboration	Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
Involvement	The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

The UHB's statutory duties are as follows:

- having set and published wellbeing objectives by 31 March 2017, to review these annually;

- to publish a statement outlining how the objectives will contribute to the wellbeing goals and how they have been set with the sustainable development principle in mind;
- to set out how we plan to meet the wellbeing objectives; and
- to prepare an annual report on the progress made in meeting the well-being objectives in our Annual report.

Details of the UHB's wellbeing objectives, and how we are making progress to embed the WFGA in our organisation, are outlined in the following section.

As part of the Public Services Boards for Cardiff and the Vale of Glamorgan, the UHB is required to contribute towards the following statutory duties:

- to publish a wellbeing assessment considering the state of economic, social, environmental and cultural wellbeing in the area by March 2017;
- to publish a local wellbeing plan by May 2018; and
- to report annually on progress towards achieving the wellbeing plan.

The UHB has fully participated in this work. The wellbeing assessments were published in March 2017 and have informed the development of the wellbeing plans. Both Cardiff and Vale of Glamorgan wellbeing plans have recently been subject to consultation which included a range of engagement mechanisms, and are on track to be published in May 2018.

Delivering our Wellbeing Objectives

Our ten year Shaping Our Future Wellbeing ('SOFW') strategy was developed through co-production with our citizens and patients, placing a strong emphasis on prevention and care closer to home. Our 10 SOFW objectives have formed our Wellbeing of Future Generations Act (WFGA) wellbeing objectives. Our wellbeing statement outlined the results of a mapping exercise to establish if there were any significant gaps between our existing work programme and actions required to meet the wellbeing objectives. The list of programmes, projects and policies highlighted in this section represent a large body of work which is currently being delivered, much of which is detailed across the chapters of our 2018-21 IMTP. We have continued to add to this body of work in 2017/18 and have many exemplars which articulate how the sustainable development principle is being put into practice.
Over the last 6 months we have been identifying ways to strengthen, extend and embed our WFGA approach to delivering our SOFW strategy including:

- UHB Board shaping of our approach, and developing a Board champion role (Vice Chair);

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- UHB leadership baseline assessment to explore the perception of the organisation's readiness for meeting the requirements of the Act and to identify gaps;
- Testing an approach in the corporate arena commencing with workforce and organisational development;
- Raising awareness and harnessing enthusiasm in the organisation (communications plan including a web page), inclusion of a UHB WFGA staff recognition award 'Acting Today for a Better Tomorrow'; and
- Growing our body of WFGA exemplars across the organisation.

1. Reduce health inequalities

Wellbeing goals

✔ A prosperous Wales ✔ A resilient Wales ✔ A healthier Wales ✔ A Wales of cohesive communities ✔ A more equal Wales

Significant Programmes, Projects and Policies

✔ Transformation programme - Locality
✔ Health Improvement Programmes (tobacco, alcohol, food)
✔ School Holiday Enrichment Programme ('SHEP')
✔ Community Wellbeing Co-ordinators

2. Deliver outcomes that matter to people

Wellbeing goals

✔ A prosperous Wales ✔ A healthier Wales ✔ A Wales of vibrant culture and thriving Welsh language ✔ A more equal Wales

Significant Programmes, Projects and Policies

✔ Transformation programme - Planned Care
✔ Ein Berllan: Our Orchard
✔ Patient Reported Outcomes and Measures
✔ The "Active Choice"

3. All take responsibility for improving our health and wellbeing

Wellbeing goals

✔ A prosperous Wales ✔ A resilient Wales ✔ A healthier Wales
✔ A more equal Wales ✔ A Wales of cohesive communities
✔ A Wales of vibrant culture and thriving Welsh language ✔ A globally responsible Wales

Significant Programmes, Projects and Policies

✔ Transformation programme - Locality ✔ Shaping our Future Wellbeing in the Community ✔ HeARTh Gallery

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✔ Optimising Outcomes ✔ Corporate Health Standards ✔ Health Improvement Programmes (tobacco, alcohol, food)
✔ Sexual Assault Referral Centre (prevention and education on internet safety)

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

Wellbeing goals

✔ A prosperous Wales ✔ A healthier Wales ✔ A more equal Wales

Significant Programmes, Projects and Policies

✔ Locality (BIG 2) ✔ Delivery plans (cancer, dementia, dental and eye health, long term conditions, maternal health, mental health and stroke) ✔ Music to our Ears ✔ Bloom: Wellbeing and Creativity in Age

5. Have an unplanned (emergency) care system that provides the right care in the right place, first time

Wellbeing goals

✔ A healthier Wales ✔ A prosperous Wales ✔ A globally responsible Wales

Significant Programmes, Projects and Policies

✔ Unscheduled Care ✔ Integrated Care ✔ Older People's Services ✔ Perfect Locality

6. Have a planned care system where demand and capacity are in balance

Wellbeing goals

✔ A prosperous Wales ✔ A resilient Wales ✔ A healthier Wales

Significant Programmes, Projects and Policies

✔ Optimising Outcomes ✔ Choosing Wisely ✔ Transformation - Planned Care programme

7. Reduce harm, waste and variation sustainably making best use of the resources available to us

Wellbeing goals

✔ A prosperous Wales ✔ A resilient Wales ✔ A healthier Wales
✔ A more equal Wales ✔ A globally responsible Wales

Significant Programmes, Projects and Policies

- Planned Care
- REFIT Strategic Energy Management programme
- School Holiday Enrichment Programme
- Choosing Wisely
- Sustainable Travel Plan
- Shaping our Future Wellbeing in the Community
- Recycling Equipment with Community Rehabilitation Service
- Environmental Management Programme

8. Be a great place to work and learn

Wellbeing goals

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

Significant Programmes, Projects and Policies

- HEART
- Annual Staff Recognition Award (health & wellbeing)
- Health Heritage
- Welsh language learning

9. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology

Wellbeing goals

- A prosperous Wales
- A healthier Wales
- A Wales of cohesive communities

Significant Programmes, Projects and Policies

- Integrated Care
- HEART
- Clinical Board Celebrations
- Shaping our Future Wellbeing in the Community
- Commissioning wellbeing services from the third sector

10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.

Wellbeing goals

- A prosperous Wales
- A healthier Wales
- A globally responsible Wales

Significant Programmes, Projects and Policies

- HEART
- WellBEEing Project

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3.1.2 Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

The Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. This includes ensuring:

- People have control over what support they need, making decisions about their care and support as an equal partner;
- New proportionate assessment focuses on the individual;
- Carers have an equal right to assessment for support to those who they care for;
- Easy access to information and advice is available to all;
- Powers to safeguard people are stronger;
- A preventative approach to meeting care and support needs is practised; and
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

3.1.3 Public Health (Wales) Act 2017

This Act introduces among other duties a requirement to carry out health impact assessments (HIAs), a national obesity strategy, and a restriction on smoking on hospital sites. We are working with partner organisations to introduce and standardise routine combined equality and health impact assessments (EHIAs) for key projects; the local public health team will contribute to the development and implementation of a national obesity strategy; and we have introduced a smoking enforcement officer on the University Hospital of Wales (UHW) site jointly with the local authority, in anticipation of a legal duty to prohibit smoking on NHS grounds.

3.1.4 Nurse Staffing Levels (Wales) Act 2016

The Act requires the Health Board to have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively, whilst from April 1st 2018 Section 25C (1) of the Act details the steps necessary to calculate nurse staffing levels within distinct clinical settings, currently in-patient acute medical and surgical wards. We are as a Health Board fully participating in all Wales work regarding the extension to other patient groups as the Act makes provision for this duty to be extended to other clinical settings

In response to this law, the UHB has developed an Internal Implementation Group to develop a governance framework around the methods of calculation and reporting for the areas currently identified by the Act and Statutory Guidance (published in November 2017). The Health Board

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have begun to develop the processes required to use the triangulation methodology (patient acuity, quality indicators and professional judgement) to identify the nursing establishment required, including the supernumerary Sister status and uplift of 26.9%. The Board have been apprised of the work to date and has been a component of the Boards Development Days.

3.1.5 Welsh Language (Wales) Measure 2011

The organisation's Welsh Language Scheme was replaced in 2016/17 to reflect the requirements of the new *Welsh Language Standards* with the aim of providing good quality bilingual healthcare for the people of Cardiff and the Vale of Glamorgan. The UHB recognises that members of the public can express their views and describe their symptoms and needs better in their first language, and that enabling them to use that language is a matter of good practice rather than a concession. In context, 11% of the people who live in the Cardiff and Vale area are Welsh speakers and it is estimated that 10% of the UHB workforce has Welsh speaking language skills. Initiatives, such as lunch-time social meetings to explore opportunities for increased integration across Welsh Language across the UHB, have been launched to encourage and build confidence in staff to use Welsh Language in day-to-day interactions.

The objectives for the organisation are to develop the Welsh language skills of our staff and attract new recruits with Welsh language skills. The personal development of staff will help us to plan and deliver better Welsh language care, ensuring patients and service users will get the 'active choice' and receive healthcare in their chosen language. It will aid the organisation to fulfil the obligation of the 'More than Just Words' Strategy and prepare for the Welsh Language Standards.

3.1.6 Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

On 29 April 2015, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill received Royal Assent and became an Act. The legislation aims to improve the public sector response in Wales to such abuse and violence and was subject to rigorous scrutiny through the legislative process.

The Act will amongst other things:

- Improve arrangements to promote awareness of, and prevent, protect and support victims of gender-based violence, domestic abuse and sexual violence;
- Introduce a needs–based approach to developing strategies which will ensure strong strategic direction and strengthened accountability;
- Ensure strategic level ownership, through the appointment of a Ministerial Adviser who will have a role in advising Welsh Ministers and improving joint working amongst agencies across this sector; and

- Improve consistency, quality and join-up of service provision in Wales.

We are working with our local authority partners to develop and deliver a strategy to meet the requirements of the legislation.

3.2 National and Regional Priorities

3.2.1 Prosperity for All – The National Strategy

This strategy provides a joined-up framework to enable all organisations in Wales to work across boundaries, putting the citizen at the heart of our collaborative planning and service delivery. It provides a clear context within which Shaping Our Future Wellbeing directly fits. The five priorities that have emerged from this strategy as having the greatest potential contribution to long term prosperity and wellbeing provide a helpful focus for the UHB and partner stakeholders in shaping our collaborative agenda and are an integral context for this IMTP:

- Early Years
- Housing
- Social Care
- Mental Health
- Skills and employability

The four themes within the strategy align with Shaping Our Future Wellbeing and our PSB Wellbeing Plans.

3.2.2 Parliamentary Review of Health and Social Care

A revolution from within: Transforming health and social care in Wales

The Parliamentary Review (the Review) was launched in September 2016 to consider the sustainability of health and social care in Wales. The Interim Report, published in July 2017, highlighted the current pattern of health and social care (H&SC) provision and presented the case for change. The review makes 10 recommendations with a focus on developing 'One system of seamless health and care for Wales'.

These recommendations support the direction of travel upon which the UHB has already embarked to deliver more sustainable and integrated services for our population underpinned by a focus on prevention, self-care and the principle of 'home first'. Recommendations around the

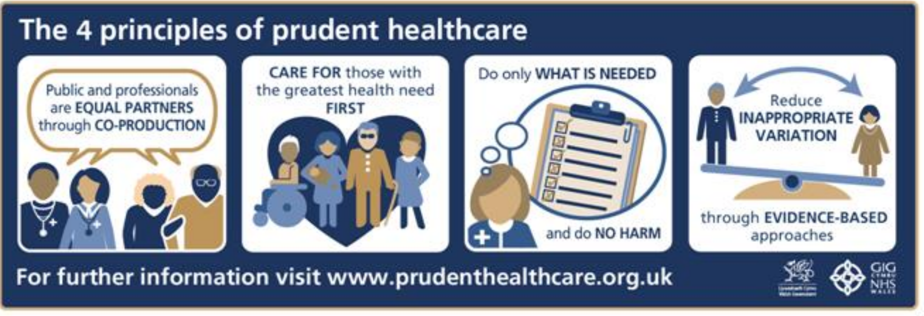
implementation of the Quadruple aim, new models of seamless care and putting people in control of their own health support the principles of Shaping Our Future Wellbeing and the perfect locality model the UHB has adopted.

The UHB will continue to work with its regional and national partners to strengthen planning arrangements to support seamless models of care.

3.2.3 Prudent Healthcare

Cardiff and Vale UHB has been working on the practical implementation of prudent healthcare principles since spring 2014. The UHB Board has been engaged in discussion on prudent and agreed our approach which has also encompassed the findings from the Parliamentary Review endorsing the "one system" vision with four aims – the Quadruple Aim – that health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and well-being, a cared for workforce, and better value for money describe the foundation blocks on which the UHB has developed its approach to prudent healthcare planning and delivery..

The prudent principles are strongly reflected in our UHB strategy Shaping our Future Wellbeing', which has at its core '*caring for people, keeping people well'*.



The Prudent principles are at the heart of our UHB Transformation and Efficiency Programmes (which are described in further detail in this document under 'Avoiding Harm, Waste and Variation) – amongst other areas of both technical and allocative efficiency, these focus on:

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- Reducing unnecessary and inappropriate tests, treatments and medications as well as engaging with and providing information to patients to enable better joint decision making around the care they require;
- Radically changing the outpatient model to improve advice available in primary care settings; and
- Developing strong and integrated public service partnerships to provide the right care in the right place at the right time.

These actions are being formally driven through workstreams in our very successful Cross-cutting Efficiency Programme (previously 'Leaner and Fitter') and also through workstreams within our maturing Transformation Programme (previously "BIG') which comprises our Planned, Unscheduled and Locality transformation workstreams.

The Prudent approach is a founding philosophy underpinning our Strategic Transformation Programme 'HEART'.

3.2.4 Health Enterprise Alliance for Regional Transformation (HEART)

HEART is a developing partnership between key partners, with the shared vision and ambition to deliver better services for our citizens:

- Cardiff and Vale University Health Board
- Cardiff University and potentially Cardiff Metropolitan University
- Cardiff City Council
- Vale of Glamorgan Council

Its aim is to deliver a revolution in the way we provide health and social care by leveraging the strengths of each organisation and working towards a common purpose. By combining the research and innovation capability of the University and the Heath Board with the locality leadership and economic development role of the local authorities, we will be able to change our approach to how we plan and deliver services. We intend to provide the climate for industry partners to expand in the region, bring economic growth, and help the Cardiff and the Vale region to gain international recognition for citizen-centred health and social care and work, particularly in the significantly developing fields of dementia and precision medicine.

Within five years HEART aims to have delivered the following:

- A new service model of health and social care built up from the assets and capabilities of each community, so that every locality will have a clear network of care and support available, with citizens engaged as partners in shaping the development of services.
- A large-scale longitudinal research programme, delivered by the Cardiff University School of Social Science. This will evaluate this new model of care and support so that the benefits and outcomes can be properly measured.
- A key industry partner working with HEART to act as an anchor for other industry partners, and to be a partner in the life science innovation developments in precision medicine. Personalised medicine is a move away from a ‘one size fits all’ approach to treatment and care of patients with a particular health condition. It uses new technology-driven approaches to better manage patient’s health and wellbeing based on a person’s genes. It uses diagnostic tests and therapies that target an individual’s disease or susceptibility to disease. This allows better detection, prevention or treatment options to achieve best possible health and wellbeing outcomes.
- An agreed integrated infrastructure plan which sets out a phased plan for developing our buildings and digital infrastructure so that we have the facilities needed to deliver the HEART programme. This will include a new innovation district linked to the City Region plans, a cancer institute, integrated locality hubs and the redevelopment of the University Hospital of Wales to create an academic health science campus.
- An embedded clinical innovation system that supports the ways in which ideas become products in the market, innovations and improvements are translated across Wales, and wider, to better patient outcomes achieved.
- An international reputation as leaders in the field of dementia, where the research and diagnostic capabilities of Cardiff University Brain Research Imaging Centre (CUBRIC) are combined with world renowned research and innovative service delivery so that the exponential growth in people diagnosed with dementia can be cared for and supported in a way that is sustainable and achieves the best outcomes for patients.

3.3 Local Health and Wellbeing Needs

3.3.1 Background and context

This chapter is a summary of a detailed and updated profile for Cardiff and Vale given in the Appendix. Information is presented at Primary Care cluster and locality level where available.

During 2016/17 two sets of assessments of the local population took place. Firstly, a population needs assessment was carried out across Cardiff and Vale for the purposes of the Social Services and Wellbeing (Wales) Act 2014, reporting to the Regional Partnership Board.

Secondly, two well-being assessments were carried out for the Well-being of Future Generations (Wales) Act 2015, one for Cardiff, and the other for the Vale of Glamorgan, reporting to the two Public Services Boards.

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Summaries of the findings of these assessments are presented below.

3.3.2 Population Size and Composition

The population of Cardiff is growing rapidly in size**, projected to increase by 10% between 2017-27, significantly higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in and require access to health and wellbeing services. Cardiff is the only part of Wales where there is predicted to be an increase in children under 4 through to 2025.**

The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and young working age population (20-39yrs) significantly higher than the Wales average. This reflects in part a significant number of students who study in Cardiff. There will be significant increases in particular in people aged 5-16 and the over 65s.

Figure. Proportion of population by age and sex, Cardiff, compared with Wales using ONS Midyear population estimates, 2015 (Public Health Wales, 2016)

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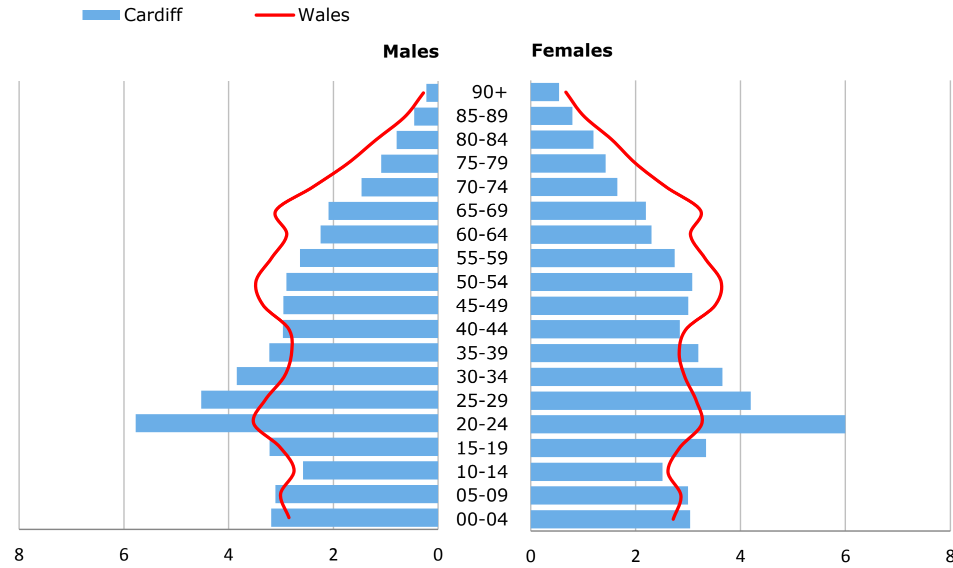


The population of South Cardiff is ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

The population age structure of the Vale of Glamorgan is very similar to the Wales average, with the exception of a slightly lower number of young adults (20-24yrs). The population of the Vale will increase modestly over the next 10 years, by around 1% or 1,200 people. However, this masks significant growth in the over 65s and over 85s categories.

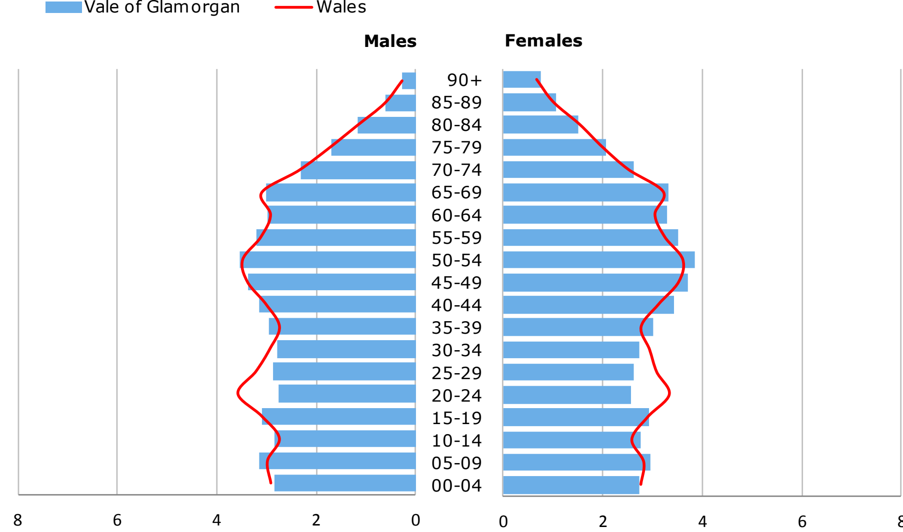


Figure. Proportion of population by age and sex, Vale of Glamorgan, compared with Wales using ONS Midyear population estimates, 2015 (Public Health Wales, 2016)

3.3.3 Risk Factors for Disease

Unhealthy behaviours, which increase the risk of disease are endemic among adults in Cardiff and the Vale:

- Around a quarter drink above alcohol weekly guidelines (22% Cardiff, 27% Vale)
- Around two thirds don't eat sufficient fruit and vegetables (67% Cardiff, 73% Vale)
- Over half are overweight or obese (51% Cardiff, 55% Vale)
- Over a third don't meet weekly physical activity guidelines (35% Cardiff, 52% Vale)
- Around one in six smoke (15% Cardiff, 16% Vale)

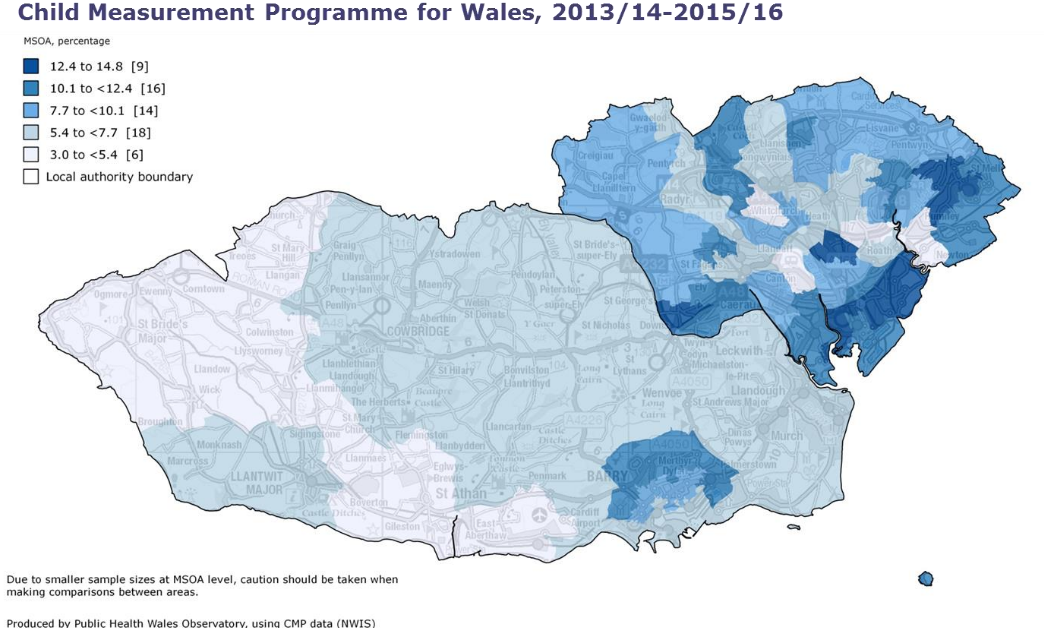
There is considerable variation in rates of unhealthy behaviours within Cardiff and the Vale:

- Smoking rates vary between 12% and 31% across Cardiff, and between 16% and 27% across the Vale
- Similar patterns are seen for other behavioural risk factors for disease.

Many children in Cardiff and Vale are also developing unhealthy behaviours:

10% of children aged 3-17 are not active for one hour or more any days of the week

Figure. Proportion of children who are obese, 3 years combined data, 2013/14-2015/16, Children aged 4 to 5 years, Cardiff and Vale UHB



Patterns of travel contribute to significant levels of illness and early mortality

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- The Director of Public Health Annual report for 2017 highlights the impact that changing modes of travel over the last 50 years have had on health and well-being. Increasing use of the private car instead of active travel and public transport has contributed to physical inactivity and sedentary lifestyles, air pollution, road traffic injuries and deaths, loneliness and social isolation, reduction in green space, health inequalities, and climate change. Recommendations are included in the report for co-ordinated partnership action to increase rates of active travel and public transport use.
- It is estimated 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
- It is estimated that long-term exposure to man-made air pollution is responsible for 5.1% of all deaths in Cardiff and Vale

3.3.4 Equity, Inequalities and Wider Determinants of Health

There are stark inequalities in health outcomes in Cardiff and Vale:

- Life expectancy for men is 10 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 23 years between the most- and least-deprived areas.
- Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived.

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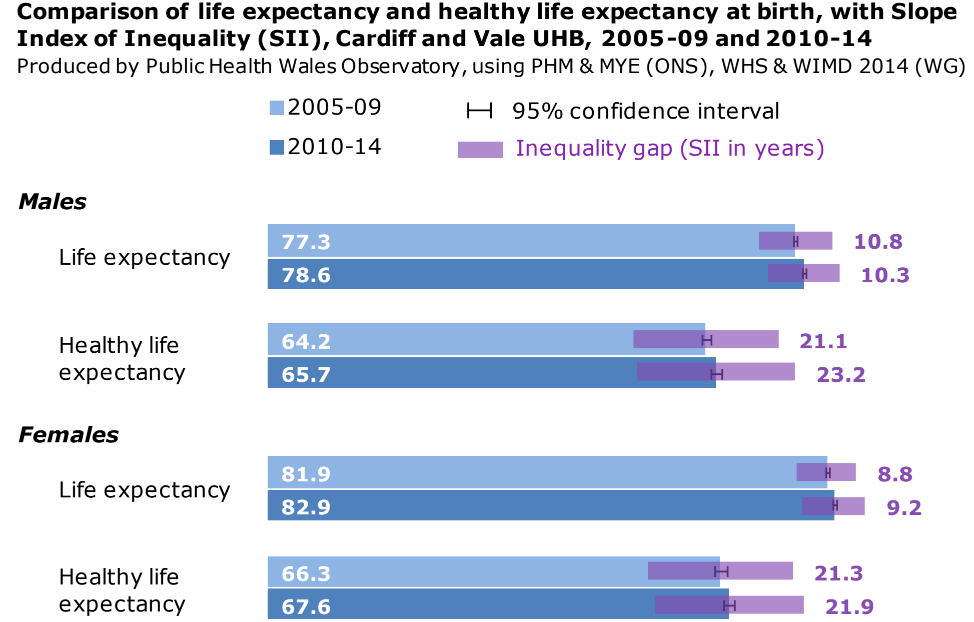
Figure. Life expectancy in years, in Cardiff and Vale. Source: Public Health Wales Observatory (2016).



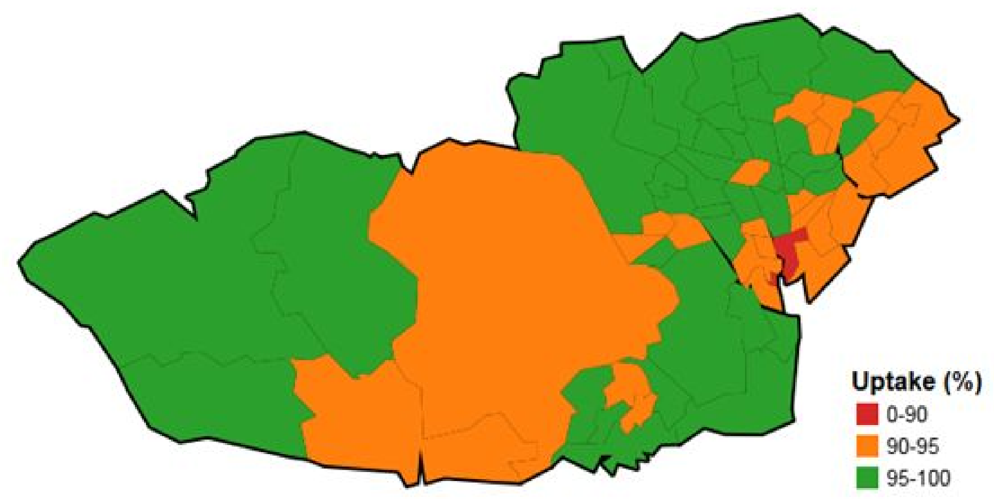
There are also significant inequalities in the 'wider determinants' of health, such as housing, household income and education:

- For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%).

There are inequalities in how and when people access healthcare:

- For example, immunisation uptake varies considerably, with uptake of infant vaccines ranging from 81% to 95% across Cardiff and Vale.

Figure. Uptake of the 5 in 1 primary in Health Board resident children reaching one year of age during 01/10/2016 to 30/09/2017, by MSOA of residence



3.3.5 Ill Health and Service Use

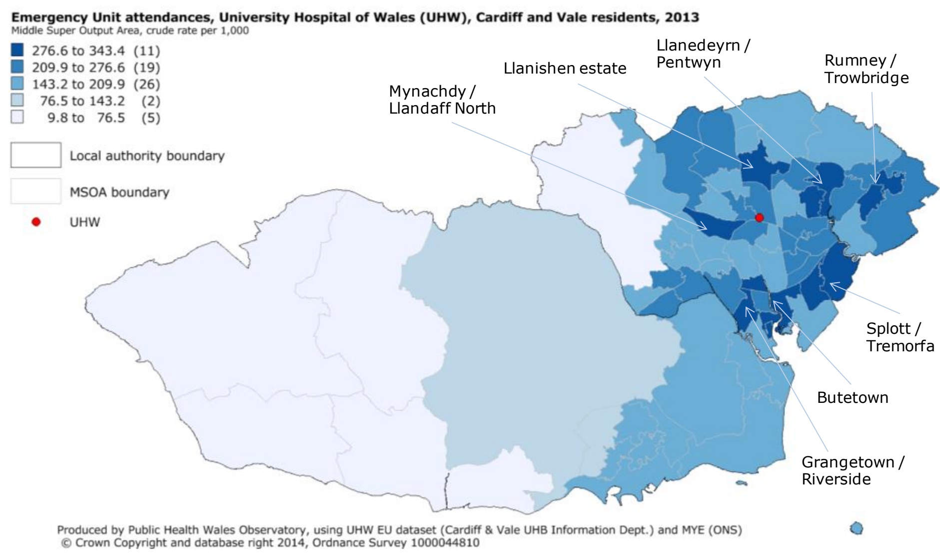
The disease profile in Cardiff and Vale is changing:

- 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 (18%) adults have visited their GP within a 2-week period; and nearly three quarters (72%) 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.

Figure. Emergency Unit attendances, UHW, C&V residents (2013)



Rates of delayed transfer of care for social care reasons were slightly below the all-Wales in Cardiff and around the average in the Vale.

Dementia, heart disease, respiratory disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women.

Preventable illness and deaths.

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- Many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours

3.3.6 Key themes from population needs assessment

The population needs assessment for the Social Services and Wellbeing Act identified the following needs and assets:

Care and support needs:

- **Improving information and access to services** including access to information about support and services available; timely access to mental health and primary care services; accessibility of services and information; transport to aid access to services; improving awareness, signposting and access to different forms of advocacy
- **Tackling social isolation and loneliness** across our populations, but especially older people
- **Support for carers** including support for young and adult carers, and respite for young and adult carers
- **Improving transitions** between children's and adult services
- **Links with education** including improving involvement and engagement with schools; and vocational educational opportunities, apprenticeships and adult learning
- **Appropriate housing** to meet individuals' varied needs, and to enable people to remain independent as they age
- **Community involvement** including increasing engagement with individual care and support plans; engagement with service planning and design; and supporting volunteers and volunteering
- **Dementia** meeting the needs of people with dementia and their carers
- **Joining up / integrating services** across the statutory sector and working with the third sector, including improved communication between services
- **Substance misuse** including responding to changing patterns of misuse

Key prevention issues identified were:

- **Building healthy relationships** including emotional and mental health, sexual health; prevention of child sexual exploitation (CSE); support for children and young people affected by parental relationship breakdown
- **Practical life skills** including financial skills (for all ages)
- **Healthy behaviours** including tobacco use, alcohol, diet and physical activity

- **Healthy environment and accessible built environment** including tackling air pollution, and making it easier for people, particularly older people and those with disabilities or sensory impairment, to get around

Key assets identified were:

- **Social capital** including positive social interactions, dementia-friendly communities, volunteers, self-care
- **Buildings and services** including community hubs, one-stop shops and libraries, Dewis Cymru
- **Organisations** including third sector organisations, community groups, statutory services including community pharmacies, multi-stakeholder partnerships
- **Physical environment** including access to green space

3.3.7 Key themes from well-being assessments

The Cardiff well-being assessment highlighted the following:

- **Population growth**
    - Over the next 20 years Cardiff is projected to grow faster than all major British cities apart from London
- Large **inequalities** exist within the city
- Levels of well-being vary significantly across the city
    - Stark differences in how prosperous, safe, healthy, skilled, clean and green Cardiff is in the most affluent and more deprived communities
- **Housing** remains relatively unaffordable in Cardiff
- The proceeds of economic growth have not been felt by all the city's residents
- Cardiff is a comparatively **safe** city
    - Over the last 10 years crime has fallen dramatically. However there has not been an equivalent fall in the fear of crime
- A small number of people - particularly children and women - are subject to abuse, violence and **exploitation**
- There is a significant and growing **gap in healthy life expectancy** between those in the least and most deprived areas of the city
- In terms of healthy lifestyles...
    - more than half of the population are overweight, obese or underweight
    - comparatively few people undertake physical activity
    - there is a high number of people smoking and drinking to excess

- Too many young people are failing to make **transition from school into education, employment or training**
- Over 60% of residents think that **transport** in the city is a serious or very serious problem

The Vale of Glamorgan well-being assessment highlighted the following:

- Clear **inequalities** between the ‘haves’ and the ‘have nots’ often masked by local authority level statistics
- The largest inequality **gap in healthy life expectancy** in Wales for females
- High levels of **alcohol** consumption particularly by older people in rural areas
- **Green spaces** may not always be found in the areas where they are needed most to have a positive impact on wellbeing
- Engaging with **harder to reach groups** still proves challenging and new innovative ways to reach all of our population must be considered
- A risk of **isolating those in rural areas** who find it difficult to access services
- A lack of data in relation to a number of **equality groups** to better understand the needs and assets of all of our population
- Long term **economic impacts of the EU referendum** result are unknown, and residents of the Vale are concerned about this
- High **house prices** which may become unaffordable to local people and the impact this has on a feeling of belonging and community cohesion
- The impact of further **welfare reforms** increasing the divide between those in the most and least deprived areas
- An increased demand for services due to an **ageing population** at a time of **financial austerity**
- Linked to an ageing population particularly in rural areas an increased risk of **social isolation** due to concerns around transport links in rural communities
- The impact of **Adverse Childhood Experiences** on life chances with high levels of harmful behaviours concentrated in the most deprived areas

3.3.8 Engagement and Communication

How we communicate and engage with our diverse range of audiences is vital to the delivery of our strategy; “Shaping our Future Wellbeing”. At the UHB we have a small multi-disciplinary communications and engagement team that integrates its work with other key areas of business such as the Executive management team, Estates, HR and OD, Planning and IT. It supports a broad range of clinical and non-clinical initiatives, projects and events but the work is centred on underpinning awareness and information on SOFW and the Transformation Programme of work. Last year saw far more positive and pro-active news from the clinical boards being developed and shared across many multi-media platforms, hereby enhancing the information and also the reputation of the UHB internally and externally.

The communications platforms are increasingly digitally focussed and in the past year there has been a significant rise in the use of social and digital media by patients and the public which has shaped the way in which they want to communicate with us. In 2018/19 we will be looking at further developing the digital communication platforms through the free Wi-Fi and social networking channels and through closer collaboration with NWIS on developing the website and other web enabled communications.

The communications and engagement department has developed a series of ways in which to communicate internally and externally and are consistently evaluating these as to effectiveness and audience reach. The internal online magazine, CAV You Heard, has steadily increased its readership alongside the intranet and is considered a valuable source of internal news and information that supports the organisational objectives.

Cardiff is the most diverse city in Wales and we are consistently looking for ways in which to ensure that we provide information and communications in a way in which people would like to receive them. We support the introduction of the Welsh language but have consistently struggled to provide this other than on an individual needs basis. It is anticipated that further work with NWIS on the web based platform will routinely enable us to cater more adequately for the Welsh Language.

The communications team will continue to explore and develop new and existing channels. A project to evolve the UHB's display screen network into a multi-channel tool offering tailored local messaging at UHB sites is still in progress. In challenging financial times the department is seeking new opportunities and ways in which to support the communications development from a commercial perspective.

Our communication objectives for the 2015/18 period, as detailed in our Communication Strategy and Action Plan are to:

- Communicate SOFW strategy effectively so that a person's chance of leading a healthy life is the same wherever they live and whoever they are, reducing health inequalities;
- Provide a professional communications input into transformation programmes and service priorities;
- Improve our stakeholder relations and develop a robust stakeholder engagement programme;
- Develop a pilot with one of the clinical boards to improve staff communication and engagement;
- Support the OD and workforce objectives to recruit and retain the best staff and initiatives to reduce the sickness absence level, measured through HR performance metrics and staff surveys. This can be demonstrated in the work with HR on the Values in Action programme;
- Support the quality and safety agenda by championing the sharing of information, learning, best practice and celebration of success across the UHB;
- Enhance our reputation as a highly trusted, expert and competent organisation by providing a professional, highly skilled, resilient corporate communications support, with increased positive media coverage of our work;

- Showcase our work in leading research and innovation with our partners via the locally, across the UK and on the global stage; and
- Continue to create innovative, eye catching campaigns to support health and wellbeing, being creative in using social media and social networking to encourage behaviour change, e.g. take up of the flu jab, using alternatives to EU, wearing slippers to prevent falls.

Collaborative approaches to Engagement and Communication

We regularly work with our partners in the Public Services Boards, other Health Boards and Welsh Government to ensure that we are communicating with a wide and diverse audience and finding ways to join up our engagement and communication activities. This can be seen in the work done on organ donation, GP recruitment and with the charitable/ third sector on awareness and prevention campaigns. Going forward, the Wellbeing Plans for both Cardiff and the Vale of Glamorgan identify wellbeing objectives which articulate shared ambitions around giving people a greater voice in shaping public services and finding different ways to enable people to get involved. This aligns well with our commitment to increasingly adopt ways of working underpinned by the Sustainable Development principle.

Building on the shared good practice approaches developed to support engagement and consultation on the South Wales Programme, 2017/18 saw Health Boards adopt a co-ordinated and consistent methodology for:

- engagement on the future shape of Thoracic Surgery Services in South Wales (led by WHSSC); and
- consultation on the development of a Major Trauma Network for South and West Wales and South Powys (led by the NHS Wales Collaborative).

2018/19 will see Health Boards progressing the outcome from these two major pieces of engagement activity, working closely with the Community Health Councils (CHCs). With the increasing focus on planning and delivery of services at a regional level, we will continue to develop consistent approaches through the NHS Wales Collaborative and WHSSC, to engage and consult with our communities on key areas of service change.

We recognise that it has never been more important for us to work closely with partners to deal with serious health challenges facing our population and to work together to develop solutions. Third sector organisations in Cardiff and the Vale of Glamorgan are some of our key partners and our relationships with them are many and varied. They are a source of volunteers, information, advice and expertise; they assist us in engaging with geographical communities and communities of interest; and we commission them to deliver range of services to some of our most vulnerable citizens on our behalf. Our engagement work on the development of Shaping Our Future Wellbeing and development work on the emerging models of care has had good input from a range of third sector organisations, reflecting the very important contribution that the voluntary sector plays in delivering patient care and supporting people in the community.

Continuous Engagement on Shaping Our Future Wellbeing

This plan sets out a programme of change on which we are engaging with stakeholders, including those who use our services. Some of the changes may require us to undertake more formal engagement and consultation in line with good practice and Welsh Government expectations and requirements. Across the organisation, efforts are being made to strengthen our approach to continuous engagement with citizens and stakeholders based on the principles of co-production. The Cardiff and Vale CHC are key partners in this agenda.

The UHB Stakeholder Reference Group (SRG) continues to grow in influence and confidence with a consistent membership from a diverse set of partner organisations and sectors. The SRG is a way for us to engage with an informed group of stakeholders and use their input to help shape future plans and service models. The group has been regularly updated on the development of the IMTP and has provided advice on key messages to share with the public and partners. It has also provided advice and helped shape the content of the UHB Annual Quality Statement and Quality, Safety and Experience Framework, and shared ideas on the UHB transformation programme, the draft dementia strategy, medicines management, traffic management on the UHW site and the reconfiguration of specialist hospital services including Thoracic Surgery Services and Major Trauma.

Our Chair is continuing a programme of engagement conversations with local community and third sector organisations. These involve discussing the challenges and choices facing the UHB and exploring issues of interest or concern about local health services. This includes sessions facilitated by third sector colleagues who work with people from diverse backgrounds whose voices may be seldom heard but whose views are of key importance in ensuring we understand and respond to the full range of needs in our communities.

Over the last couple of years, the UHB has placed significant emphasis on working with colleagues, the public and partners in developing the Shaping Our Future Wellbeing Strategy (SOFW). We will continue to work with all of our partners to ensure that implementation of our vision aligns with patients' needs and other external factors, such as population growth, health needs assessments and finance. We are continuing with this programme of engagement to inform and support our plans to redesign services and infrastructure in the community through our Shaping Our Future Wellbeing: in our Community programme with partnership engagement events continuing to be held, ensuring that we listen and respond to the views of our patients, public and stakeholders. In recognition of the importance of embedding engagement into our programmes, an engagement lead has been appointed to develop innovative ways of engaging.

Examples of activities to directly support our engagement events and raise awareness of SOFW and its key messages are:

Delivering Continuous Engagement and Communication

Key programmes and actions to support delivery **Continuous Engagement and Communication** include		
ACTION	OUTCOME	MEASURE
Support the UHB's Transformation Programme	• Delivery of the key themes of SOFW • Raising of awareness of the Transformation Programme internally and externally	• Staff survey • Feedback • Values into Action benchmark

Key programmes and actions to support delivery **Continuous Engagement and Communication** include		
ACTION	OUTCOME	MEASURE
	• Staff understanding where they add value to the strategy	
Improving internal communication and ergo staff engagement	• More engaged staff • Increased retention of staff • Improved reputation of the UHB internally	• Staff survey • Clinical Board engagement plan feedback • Compliments and complaints • Social media (internal closed group) feedback
Improving stakeholder relations	• Improve the external perception of the UHB • Enhance the reputation of the UHB • Create a better understanding of the challenges of the UHB	• Feedback • Sensing via Stakeholder Reference Group and Chair programme
Improving and developing our reach through digital communications	• To broaden the audience and accessibility of health and wellbeing information and communication • To communicate in more cost effective ways • To satisfy a diverse and multi-cultural audience though technology • To make information about health services as accessible as possible 24/7 • Greater co-production with NWIS on digital platforms	• Increase in audience readership • More followers • Increased dialogue with patients and public and potentially seldom heard groups • Fewer complaints

3.4 Commissioning For Population Health

The UHB is developing an outcomes based commissioning approach to deliver value-based healthcare and secure the services it requires to deliver our 10 year strategy Shaping Our Future Wellbeing. The approach enables a whole systems view of service design and delivery, and is closely aligned with our partnership joint commissioning and delivery work.

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We have identified commissioning intentions which have been informed by our population needs and assets assessments. These in turn have been built from primary care cluster and neighbourhood profiles and plans, with local community input. This ensures we are focused on outcomes that matter to our local populations. This commissioning based outcomes approach is developing to ensure that assessment translates into services planning, followed through to procurement, delivery, monitoring and continual improvement (a cycle).

Our commissioning intentions have built on the priorities and achievements in 2017/18

Our Commissioning Framework sets out the principles for planning and commissioning services for the population at all levels including new consideration of services or interventions, service development or disinvestments. We are working to embed the use of the framework throughout the UHB .This is an iterative and evolving process, and to assist this, we have put additional resource and capacity into its development and the embedding of its use within the UHB.

Over the next 12 months we will adopt the new commissioning framework, and ensure that it reflects and supports the aims and outcomes identified in our Quality, Safety and Improvement Framework (2017/18-2019/20). Reflecting these aims and outcomes in all commissioning activities will ensure the development of safe, high quality, effective and best value services for our population.

The UHB is developing its capacity and capability to support the changes required to enable the models of care articulated within our strategy. We have begun with the design and implementation of integrated patient pathways. We are developing commissioning tools and support for clinical boards to deliver the transformation programme and service improvements and to increase the pace and scale of transformational change.

Ensuring a whole systems approach, enables us to take a view across health, local authorities and other public services so that account is taken of impacts of all services on outcomes required within commissioning intentions. Delivering outcomes where resources are constrained means that it is important to understand the impacts decisions taken by one partner will have on demand and supply of services provided by other partners. The approach also builds in the commissioning intentions for emergency ambulance services and WHSSC.

The UHB's Commissioning Intentions will support the shaping of service provision by including consideration of the following areas:

System Structure	Identifying and enabling: • Services that are required to meet the needs of our population • Capabilities that are required from our services and from partners • Effective structures required to meet needs

System Stewardship	Determining and ensuring: • The relevant information to be able to inform services and partners • Commissioning is placed centrally within the organisation • How stakeholders are involved in service design and delivery
Working in partnership	Determining and delivering: • How we design the best value delivery mechanisms and consider alternative delivery models • How we ensure that the needs of patients and carers are built into services • How we create opportunities for designing and delivering integrated services within and outside the organisation
Driving performance	Ensuring: • Development of service specifications across clinical services • Performance indicators focus on patient outcomes both internally, and embedded in our associated provider contracts delivering health outcomes • Utilisation of the information provided from Patient Reported Outcome and Experience measures (PROMs/PREMs) • Maximisation of the value of investments and existing service delivery
Commissioning capability	Securing: • Development of commissioning skills, competencies and capability within the organisation • Development of value-based healthcare • Delivery of prudent healthcare principles
Managing our resources	Ensuring: • The development of sustainable service models and efficient and effective service delivery • The commissioning of new or improved internal and external services or pathways are cost neutral, or deliver savings alongside quality and outcomes improvement

Over the next 12 months, we will continue to develop our capability across each element of the commissioning cycle:

Data Collection and Analysis

The UHB will continue to make increasing use of information to inform decision making further developing our analytical capacity to enable intelligent analysis of available data and use of projections. This will assist demand and capacity modelling and benchmarking. We will also be

collecting and analysing data from people using services about their needs, preferences and the extent to which the service in delivering intended outcomes.

Planning

Our planning process supports Clinical Boards and strategic partners to make short, medium and long term decisions about how services need to change to meet needs, and to deliver effective quality services which make the best use of resource. The planning process provides clarity about the options available to the health board for investment, disinvestment and service redesign and change. It supports consultation on achievement of best outcomes and value, ensure a process for continuous engagement in line with national guidance

Service Delivery

A commissioning cycle and intentions aim to guide delivery of agreed strategic outcomes. Service delivery plans are expected to be informed by our commissioning intentions. The intentions do not cover the totality of UHB and its partners business, and we will continue to refine the translation of intentions into plans and delivery over the forthcoming 12 months

Our outcomes based commissioning approach supports effective commissioning and decommissioning of services, and supports effective procurement systems. We are continuing to develop capability and capacity to ensure service quality, specification and encourage appropriate and innovative delivery and procurement models.

Performance Monitoring

We are taking an evidence-based approach to monitoring, reviewing progress and making adjustments in the light of changing circumstances. This will assess whether we are achieving our strategic objectives, and evidence the effectiveness of our procurement arrangements. Feedback from service users, carers and other partners will be an essential element of evidence in progress reviews and performance monitoring.

The outcomes based commissioning cycle will be supported by organisational development processes. Our systems supporting commissioning are also being developed for example: how we develop and assess business cases for new or amended services: how we prioritise investment or disinvestment.

As we continue to develop and embed the discipline of commissioning as an integrated organisation, both for the services we provide, and those we commission, we also seek to use an outcome focus approach in our services traditionally commissioned from a range of providers.

We will commission (externally):

- Specialised services - as a member of Welsh Health Specialist Services Committee (WHSSC) (this will include services provided by the UHB itself);
- Specialist Children and Adolescent Mental Health Services CAMHS from Cwm Taf UHB – supported through service specifications and long term agreements;
- Adult learning disabilities from Abertawe Bro Morgannwg UHB
- Specialist Forensic Mental health services - through a collaborative commissioning arrangement;
- Services from Welsh Ambulance Services Trust (WAST) – through Emergency Ambulance Services Committee (EASC) as a collaborative commissioner;
- Specialist cancer services from Velindre NHS Trust– through long term agreements ;
- Secondary care services in neighbouring health boards (Abertawe Bro Morgannwg, Cwm Taf, Aneurin Bevan) – through long term agreements and reciprocal arrangements;
- Prevention, early intervention and community based service with 3rd providers - supported by service specifications and accompanying contracts; and
- Continuing health care provision - through independent sector contracts and collaborative arrangements and joint commissioning with partners.

We continue to develop capacity and capability for our external commissioning function to better assure specification of services including quality, outcomes and value.

As an integrated health board, Cardiff and Vale UHB expects to provide the majority of care for its residents.

Our priorities:

1. **Repatriation of Specialist Child and Adolescent Mental Health Services (CAMHS)**
   Changing models of mental health care demonstrate the benefits of the delivery of services integrated closely with other primary care and community-based health services and aligned with partner services in the local authorities and third sector organisations

- Project will be established in 2018/19 and deliver through 2019/20

2. **Welsh Health Specialist Services Committee**

- Continue our progress in securing organisational clarity on our provider position and our commissioner position
- Developing our interface with WHSSC and how we ensure our respective commissioner and provider structures around WHSSC are represented internally to the organisation

3. Shaping Our Future Wellbeing

- Continue to develop a commissioning view/benchmark/plans at a population health level
- Continue to undertake demand and capacity modelling from a provider perspective

4. Plan refresh for 2018/19

- Following on from the development of the Shaping our Future Wellbeing Strategy, we will refine our commissioning strategy for 2018/19 to focus on outcomes, promoting preventative activities and services, and increasing capacity and capability at the community and primary care level

4. Governance for commissioning

- Further develop our Clinical Boards' understanding of their role in outcome based commissioning
- Embed our Commissioning Framework to reflect the outcomes and aims of our Quality, Safety and Improvement Framework
- Integrated Health and Social Care commissioning arrangements have been formalised, and we will encourage outcome based reporting
- Contract monitoring will be further developed and focussed on outcomes

5. Care pathways

- Support the implementation of any care pathways agreed for 2018/19, and evaluate their outcomes. Continue to monitor and develop those already implemented.
- Agree care pathways to be prioritised for development for the future – based on population and public health priority, value for money, prudent healthcare principles or operational efficiency
- Link development and implementation of these care pathways to performance review meetings

6. Information to support commissioning and benchmarking

- Continue to improve our population health information making it available on a population and practice basis , linked to hospital and community activity and benchmarked against the peer groups
- Continue to use this information to drive Clinical Board planning and other developments.

7. Further develop PROMs and PREMs

- Supporting service improvement and development
- Inform transformation programme

8. Continue with Integrating Health and Social Care activities

- Continue to develop pooled budgeting arrangements with our local authority partners.
- Review progress to date with IH&SC programme of work, including ICF funded projects.

3.5 Working in Partnership

The UHB is working increasing closely with public sector partners through the Regional Partnership Board and Public Services Boards as outlined previously. The UHB recognises the necessity to accelerate the integration of health and social care services and the International Alliance with Canterbury District Health Board, South East Sydney Health Board and Grampian Health Board will provide an invaluable opportunity to learn from the success of others in their approach to implementation. The integration of health and social care and the co-production of clear care pathways is central to successful integration and the foundation blocks for prudent healthcare.

3.5.1 Working in Partnership with Our Local Authorities

The Regional Partnership Board for Cardiff and the Vale of Glamorgan was established in April 2016 and has completed a population assessment of care and support needs along with an Area Plan in response. Other key priorities being developed include:

- joint commissioning and the development of pooled budgets;
- implementation of Welsh Community Care Information System;
- locality working; and
- preventative services and workforce development. Further information can be found at www.cvihsc.co.uk

Health and Social Care Integration

Part 9 Statutory Guidance of the Social Services and Wellbeing (Wales) Act 2014 (Partnership Arrangements) requires Local Authorities and Local Health Boards to establish Regional Partnership Boards to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective population.

Our Regional Partnership Board is developing an integrated approach to the development of services, care and support, which focus on opportunities for prevention and early intervention, prioritising the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support Services.
- Children with complex needs due to disability or illness.

Progress and achievements include:

- Completion of an Integrated Market Position Statement and Commissioning Strategy for Older People.
- Agreement of a pooled budget for older people care accommodation including Continuing Health Care (CHC), Funded Nursing Care (FNC) and local authority responsibilities for long term residential and nursing care placements.
- Establishment of a Social Value Forum and Social Value 'Champions' to support the work of the Regional Partnership Board and help promote the development of social enterprises.
- On-going development of the Single Point of Access service to include podiatry service calls from across the region. Work is underway to implement a similar region-wide service for Elderly Care and Assessment Services.
- Collaboration with Cardiff and Vale local authorities and third sector to develop a new 10 year Dementia Strategy
- Launch of a new Integrated Autism Service across Cardiff and Vale of Glamorgan

Further detail of the deliverables can be found at the Integrated Health & Social Care for Older People Chapter in Section 2 of this Plan.

Cardiff and Vale of Glamorgan Area Plan for Care and Support 2018-2023

The Regional Partnership Board has completed an Area Plan in response to the requirements of section 14A of the Social Services and Well-being (Wales) Act 2014. The Plan has built on engagement undertaken during the production of the Population Assessment and has been developed alongside the Wellbeing Plans and the IMTP.

In addition to working with local authority partners, the UHB is also working increasingly closely with NHS partners other Local Health Boards and Trusts – Welsh Ambulance Service (WAST) and Velindre NHS Trust - across South Wales in particular, as well as the NHS Wales Collaborative, Welsh Health Specialised Services Committee (WHSSC) NHS Wales Informatics Service (NWIS), NHS Wales Shared Services and Public Health Wales. The UHB also works closely with a wide range of third sector organisations and our Cardiff & Vale Community Health Council (CHC). This section outlines with key priority areas for working with each of these partners.

3.5.2 Working in Partnership through the Public Services Boards

The UHB is a statutory member of the Public Services Boards (PSBs) in Cardiff and the Vale of Glamorgan The purpose of PSBs is to ensure that member bodies work collaboratively to improve the economic, social, environmental and cultural well-being of their local populations and contribute to the achievement of the seven wellbeing goals as set out in the Wellbeing of Future Generations Act (Wales) 2015.

Partners have committed to working across organisational boundaries to agree actions to achieve better outcomes and improve well-being for local citizens, acting in accordance with the sustainable development principle and in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

As detailed in earlier sections of this Plan, we have been working with our PSB partners to consult on draft Wellbeing Plans which set out the PSBs' commitments to improve local well-being today and for future generations. The PSBs recognise the need to work closely with the Regional Partnership Board to ensure that there is alignment of objectives and actions, along with clear accountability arrangements for taking lead responsibility on issues. In many respects, the Area Plan provides the care and support element of the Wellbeing Plans. Our Chair and Executive Team are directly involved in the work of the PSBs which are providing real opportunities to think more about the long term, work better with local people, look to prevent problems and take a more joined-up approach to our work. The focus in 2018/19 will be on delivery of the Wellbeing Plans which will be finalised by May 2018.

3.5.3 Working with South East Wales Regional Health Board Partners

The UHB is working closely with partner UHBs and Trusts in the South East Wales region as a member of the refreshed South East Wales Regional Planning and Delivery Forum (replacing the previous South Central Alliance) involving Cwm Taf, Cardiff & Vale, Aneurin Bevan, Abertawe Bro Morgannwg, Powys, Velindre and WAST. The Forum is chaired by the Cardiff & Vale UHB chair.

The Forum is steering the regional collaborative work programme and the current priority service proposals that are being developed collaboratively are:

- Concluding implementation of the outcome of the South Wales Programme (Paediatrics, Obstetrics and Neonatology);
- ENT service redesign;
- Vascular service redesign;
- Diagnostics (Cwm Taf UHB lead);
- Orthopaedics (Cardiff & Vale UHB lead); and
- Ophthalmology (Aneurin Bevan lead).

The Forum will also consider and review the development of services at the Grange University Hospital in Cwmbran and any related implications for the South Central and East Region, and, in due course, consideration of the role and future of the University Hospital of Wales.

The work programme deliverables proposed of the period of this plan are found in the Regional Collaboration Chapter in Section 2 of this Plan.

3.5.4 Working with Tertiary Provider Partners

At the end of 2017/18 the UHB established an executive level partnership approach with Abertawe BroMorgannwg University Health Board to undertake a joint, provider-based review of the current provision of regional and tertiary services to clarify and quantify the sustainably challenges for our tertiary services. The aim is to promote a collaborative approach to develop options for sustainable future service provision that would, subject to commissioner (WHSSC) agreement and appropriate public engagement and consultation, support the development of an integrated and sustainable plan for tertiary services across South Wales. This work is a vital component of the Cardiff & Vale Clinical Services Plan.

3.5.5 Working with Welsh Health Specialised Services Commission (WHSSC)

In response to WHSSC's emerging integrated commissioning plan for 2018/19, the UHB plans to continue with the implementation of agreed commissioning priorities, to continue with the formal engagement and or consultation and subsequent implementation of the outcome of engagement and to develop further capital and/or revenue business cases and supporting service plans to address additional key priorities.

The services that are subject to further development in response to specialist commissioning requirements are outlined below:

Service/Scheme	Key Deliverables	Status
Under Engagement/Consultation		
Major Trauma Centre at UHW development as part of the proposal to implement Major Trauma Network for South Wales	Implementation of proposed Major Trauma Network for South Wales and South Powys. Development of Major Trauma Centre service at UHW.	Under public consultation
Centralisation of Thoracic Surgical services	Implementation of proposed centralisation of thoracic surgical services for South Wales.	Working collaboratively with WHSSC and ABMU to support process to identify future service provider.
Genomics	Delivery of the clinical, research and translational medicine benefits described in the national Genomics for Precision Medicine Strategy.	Development and implementation of All Wales Genomics Centre in collaboration with WG Genomics Task Force
Continuation of agreed schemes/service developments		
BMT	Review existing investment in BMT service to ensure value for money	Work with WHSSC to re-evaluate demand and the delivery model.
Implementation of BMT	Re-provision of BMT Unit at UHW	Business case in production for consideration 2018/19
Increased genetics laboratory capacity	To meet increasing demand and agreed changes to neonatal non-invasive testing and participation in100k genomes project Delivery of cancer gene panels to inform precision medicine, in collaboration with cancer MDTs (this is an extension of the existing, simple single gene services in a number of solid tumour sites). Non-invasive prenatal testing should be available in Wales from 2018-19, delivered in collaboration	To be fully implemented from 2018/19

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Service/Scheme	Key Deliverables	Status
	with Antenatal Screening Wales and ANC across Wales	
Additional capacity for specialist wheelchairs and prostheses	Meet growth in demand	Agreed (WHSSC funded via WG)
Replacement Wheelchairs	Replacement of obsolete equipment within current fleet	No investment provided in 2017/18 – Assess impact of lack of investment on service delivery and patient experience
Assisted Automated Communication (AAC) Technology	Meet agreed demand in line with current provision	WG to provide funding for service to WHSSC (previously non-recurring)
Proposed schemes /service developments		
Neurosurgery	• Utilise existing infrastructure to expand capacity to increase surgical capacity to reduce long waiting times	Business case for consideration in early 2018
Expansion & development of Cystic Fibrosis service to meet growing demand	• New inpatient unit to enhance capacity to better meet demand and significantly improve patient environment • Additional bed capacity and community - homecare service.	Revenue business case under consideration. Capital scheme for environmental improvements being developed with flexibility to provide additional capacity.
Review of Cardiac service provision – collaborative programme led by WHSSC	Re-designed pathway to optimise early and minimally invasive interventions to provide better outcomes for patients. Aim to phase an increase TAVI and Cardiac Ablation services and right-size cardiac surgery over the next 3 years.	Proposal to be developed for consideration by Joint Committee in 2018/19 and business case to be developed for phased implementation from 2019/20.
Additional NICU cots - 2018 - 2019-20	Phased increase in capacity to support changes to regional service configuration and uplift in capacity to meet British Association of Perinatal Medicine (‘BAPM’) standards.	Phased business cases under development. Initial capacity changes to take place in 2018 as part of planned regional service changes. Regional planning forums to work with WHSSC to develop supra-regional plan for NICU cots across South Wales.

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Service/Scheme	Key Deliverables	Status
Review and develop proposals to enhance PICU capacity	Agree service requirements to support demand pressures across the region	Engage in discussion with WHSSC as required prior to the development of any formal proposals
Transgender Service	Establishment of new service to provide elements of transgender care closer to home with the aim to commence service delivery 2018/19.	Interim model established, business case produced – full funding support to be provided to WHSSC via WG ahead of implementation
Spinal Rehabilitation	Improve the sustainability of the Spinal Injury Rehabilitation service through the appointment of a second consultant	Proposal to be developed for consideration by Joint Committee in 2018/19 and business case to be developed for appointment of a second consultant
Neuro Rehabilitation	Establish and develop implementation plan for the provision of neuro-rehab service.	Proposal to be developed for consideration by Joint Committee in 2018/19 and business case to be developed for phased implementation
Neuro-Interventional Radiology	To secure access to thrombectomy procedures for patients from South and West Wales and to provide further support to the interventional neuroradiology service provided by the UHB.	WHSSC exploring opportunities for developing a strategic relationship with North Bristol to improve sustainability of interventional neuroradiology service and support delivery of Thrombectomy services for South Wales.

3.5.6 Working with the Welsh Ambulance Services Trust

As the new commissioning arrangements for ambulance services become embedded we are continuing to strengthen our working relationships with the Chief Ambulance Services Commissioner (CASC) and the Emergency Ambulance Service Committee (EASC). The Health Board is working closely WAST in a number of areas over the course of this plan as we seek to achieve our common goals for example;

- Common Callers- Supporting WAST in phase 2 of their programme working with nursing and care home staff to avoid unnecessary 999 calls;
- Falls Response Team Operating Mon-Fri, 08:30-16:30, patients referred via 999 following a fall to receive same day urgent home based assessment by paramedic and Community Response Team therapist. To provide confirmation of physical injury and advice/signposting to other community based services as appropriate; and

- Develop and implement additional 'direct-access' care pathways via WAST for Fractured NOF, Ambulatory Emergency Care, Emergency Gynaecology (PV bleed), Cardiology care (for certain conditions).

3.5.7 Working with Velindre NHS Trust

The specialist tertiary nature of a number of UHB services means that the Cardiff and Vale UHB / Velindre NHS Trust relationship is a particularly important one. We are working closely as part of the Transforming Cancer Services in South East Wales Programme, with a shared principle of 'Home First'. This means inputting to both the Outline Business Case (OBC) for a new Velindre Cancer Centre; ensuring tertiary services are designed to meet the needs of the Cardiff and Vale population, and to the Programme Business Case (PBC) relating to the overarching clinical model aligning to the UHB programme for three locality based Local Health and Wellbeing Centres. We are also developing plans to strengthen acute oncology services provided at UHW in collaboration with Macmillan and with Velindre NHS Trust.

In addition the UHB is committed to supporting Welsh Blood Service's demand management approach in 2017/18.

3.5.8 Working with NHS Wales Informatics Service (NWIS)

During 2018/19 Cardiff and Vale UHB will continue to work closely with NWIS on key IM&T initiatives. The successful implementation of the Welsh Clinical Portal will continue. The UHB has recognised the benefit that the all Wales products brings to our clinicians. The UHB will continue to prepare for the implementation of the National PACS solution and engage with our clinicians to make them aware of new initiatives that can bring benefit.

Service/Scheme	Key Deliverables	Status
Under Engagement/Consultation		
Radiology Electronic Test Requesting	Implementation of electronic radiology test requesting	Under discussion in the health board Consultation with NWIS
National e-Patient Flow System	• Provides real time clinical data • Operationally provides real time whole hospital and health system bed management • Provides information for planning and contracting.	UHB fully engaged with national programme. Particular interest in the present pathfinder of the e-obs ABHB are undertaking in YYF **Subject to WG Funding**
Continuation of agreed schemes/service developments		
Migration to Fuji PACS	Implementation of national PACS solution. Replacement for Agfa PACS.	Readiness phase in preparation for summer 2018 implementation

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Service/Scheme	Key Deliverables	Status
Migration to Welsh Clinical Portal (WCP) from Cardiff Clinical Portal (CCP)	Access to a single portal with additional functionality not available in CCP e.g. electronic test requesting, results and reports from other health boards	Implementation of WPRS, MTED and TRRR, WCRS, WGPR modules underway (see below)
Welsh GP Record	Summary of patients' GP Record being made available to clinicians outside of primary care via the WCP	Available to secondary care doctors, pharmacists, pharmacy technicians, nurses and other clinicians with responsibility for a patient's care
WCP – Medicines Transcribing & E-Discharge module (MTED)	Cardiff and Vale UHB has worked with MTED to develop this module – production of electronic discharge advice.	Available for use on all in patient wards (except Mental Health) Being implemented in day case units and assessment units
WCP – Welsh Patient Referral Service (WPRS)	Cardiff and Vale UHB has collaborated with NWIS to develop the WPRS. WPRS is a critical enabler for the outpatient transformation programme and supports electronic referral from primary to secondary care	Rollout to Cardiff and Vale UHB specialties nearing completion
WCP – Test Requesting & Results Reporting (TRRR)	Implementation of electronic pathology test requesting TRRR is integrated with the national Pathology System (LIMS)	Available for blood sciences and microbiology at present Available for use on all in patient wards (except Mental Health) Project completion is dependent on availability of LIMS histology module
Proposed schemes /service developments		
GP Test Requesting	Implementation of electronic pathology test requesting in primary care - Supports laboratory modernisation	User Acceptance Testing phase Pilot planning underway Pilot Evaluation Report recommendations to be reviewed

3.5.9 Working with Public Health Wales (PHW)

The UHB works closely with Public Health Wales to plan and implement prevention programmes, and use PHW strategic priorities and objectives to inform planning of our annual local work programme.

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A national workstream is underway to further improve co-ordination and alignment between the local and national public health arenas, to report at the end of January 2018. Public Health Wales and the seven Health Boards will strengthen the existing arrangements for the governance, assurance and reporting arrangements in relation to local public health teams.

PHW, Health Boards and Welsh Government will, through the Public Health Directors' Group, build on existing arrangements and agree a collective focus on a number of evidence-based priorities.

3.5.10 Working with the Third Sector

The UHB Framework for Working with the Third Sector sets out how the UHB and local Third Sector will work together to deliver the Shaping Our Future Wellbeing strategy. It reflects shared ambitions for what the relationship should look like and the priority areas for co-delivery. An annually updated Action Plan is aligned to the UHB strategic principles and identifies how the key themes in the Framework are to be implemented; the actions are designed to support the strengthening of relationships and optimise opportunities for greater joint working. Progress on delivering this action plan is monitored at a multi-agency Steering Group chaired by the UHB Director of Public Health. In addition, a Year in Review booklet was produced and widely disseminated to celebrate some key achievements in joint working in 2016/17.

Key areas of joint activity going forward include the following:

- Making the most of third sector relationships and knowledge of communities to influence behaviours and support people in choosing healthy behaviours
- Unlocking the value of volunteering in the community
- Drawing on third sector expertise to plan and design services
- Delivering third sector services as part of integrated health and social care provision in the community
- Strengthening operational links between third sector and front line NHS staff to explore potential collaborations and improve outcomes
- Supporting adoption of best practice in commissioning and procurement of services
- Sharing learning, resources and skills across sectors

3.5.11 Working with our Cardiff & Vale Community Health Council

The UHB is in ongoing dialogue and meets regularly with Cardiff and Vale Community Health Council through the CHC's four key areas of work:

- Visiting/monitoring of services and facilities;
- Consultation and involvement with service change;

- Complaints advocacy; and
- Public engagement.

We value the input of the CHC and this collaboration will continue in 2018/19 building on strengthened arrangements for continuous engagement developed over recent years between the CHC and UHB clinical boards as well as corporate teams. Collaborative work between CHCs to mirror regional planning arrangements between Health Boards will be an increasingly important element of the relationship moving forward.

There is a well-established Service Planning Committee in place, and bi-monthly operational meetings ensure that service delivery issues are addressed. The CHC has established a series of oversight scrutiny and performance groups that mirror the clinical boards, providing a direct interface between the CHC and clinical boards to bring about increased understanding around service plans and performance issues.

The CHC is also represented on many planning and topic specific project and working groups to provide a valuable patient voice in the discussions, and a critical friend where appropriate.

3.6 Patient Experience

3.6.1 Patient Experience Framework

Real Time	**Retrospective**
Short Surveys Used to obtain views on key patient experience indicators whilst patients, carers and service users are in our care (such as in hospital) or very shortly afterwards (such as on discharge or immediately after an outpatient appointment)	**Surveys** post discharge or any clinical encounter in any setting to gain in-depth feedback of service user experience. They can also incorporate quality of life measures and Patient Reported Outcome/Experience measures (PROM/PREM)
Proactive/Reactive	**Balancing**
Provide opportunities for all service users/families/carers to provide feedback. Includes feedback cards, permanent and temporary online surveys and emerging methods such as text, QR codes and social media.	Concerns and complaints Compliments Clinical incidents Patient stories Focus groups Third party surveys such as Community Health Council and voluntary organisations

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Background

The Wales Audit Office (2016) outlined 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 Councils.

The key determinants of a good service user experience were unchanged and include;

Domain 1: First and Lasting Impressions

- Being welcomed in an appropriate manner
- Being able to access services in a timely way
- Being treated with dignity and respect – of which some of the core elements are not being too hot or cold, having support for eating, drinking and going to the toilet if needed, ability to call for help and freedom from pain.

Domain 2: Receiving care in a Safe, Supportive, Healing Environment

- Receiving care in a clean, clutter free environment
- Receiving good, nutritious, appropriate food
- Having access to drinks
- Having rigorous infection control practices in place

Domain 3: Understanding and Involvement in Care

- Receiving appropriate, timely information
- Being communicated with in an appropriate, timely manner
- Being involved in decisions about choice of treatment options and care plans, including discharge.
- Involvement of carers and families in decisions, especially about discharge/transfer
- Provision of information and support to carers

The following have influenced the development of this refreshed framework

- Health and Care Standards (2015)

- Listening and Learning to improve the experience of care (2015)
- All-Wales Framework for Assuring Service User Experience (2015)
- The NHS Outcomes Framework (2015-2016)
- Learning from Patient Experience: Key Questions for NHS Board Members
- Shaping our future well being

The Health Board has 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 the Evans Review a gift of complaints and to share good practice across Wales. The Health Board meets on a regular basis with our Community Health Council and their contact details are displayed on the 1500 posters displayed across secondary and some primary care settings.

- Evans (2014) in his review of the Concerns processes in Wales proposed that in order to reduce complaints and improve the service user experience, there is a need to shift to a customer care focus within NHS Wales and recommended moving the patient care experience beyond snapshot audits and developing a culture whereby ***"....every individual having a contact within the NHS in Wales can have the opportunity to make comments, positive or critical***
- 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. To support this approach The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback

Patients, families and carers can provide feedback in a wide variety of ways. Some may be specifically designed by organisations to encourage feedback.

Patient Experience Framework

However there are many other ways in which feedback can be obtained. It is important that patients, families and carers feel that their views, positive, negative or neutral, are welcomed, that notice will be taken of what is said and improvements made where necessary. Organisations should use feedback from all sources to gain a balanced view of experience. There will be a difference between information solicited by surveys and information that has been provided by a user actively sending a compliment or raising concerns.

'Listening' must be a planned activity, built into the structures to ensure it happens. All staff must have a clear role in supporting this communication and in being able to highlight any issues of concern through clear escalation arrangements.

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Organisations must recognise that listening to patients and responding to concerns in a timely and effective manner can avoid some concerns progressing to a more serious level. It is essential that learning occurs from what has gone wrong. In these instances concerns need to be proportionately investigated to ensure that systems are put in place to minimise the likelihood of concerns recurring.

Objectives

We aim to build and develop over the next the 3 years a range of methods to capture feedback across primary and secondary care which reflects the diversity of our service users:

Key Objectives

- Ensure there is an awareness with all staff that understanding patient experience is fundamental to providing a quality service
- Patient experience is enhanced if staff all display the UHB Values
- Equip staff with the knowledge and skills to engage with service users in a proactive, customer focused way
- Enable the systematic and regular triangulation of service user experience data to identify themes, trends and lesson learnt
- Develop procedures to ensure that service user feedback is shared as contemporaneously as possible and use this information to drive change
- Develop opportunities for increasing service user involvement in service improvement/development.

Service User Experience where are we now?

Since the introduction of the All Wales Framework for Assuring Service User Experience in 2013, the UHB has implemented a number of methods for obtaining feedback

The majority of this feedback is focussed on secondary care, there is very limited provision for real time feedback, the majority of systems that are in place are paper based and there are limited feedback mechanisms to inform the public of how we are doing. We currently undertake national and local surveys, we encourage the role of volunteers in supporting survey collation, we have an informal concerns process and we aim to address 60% of our concerns informally In 2016 to mid March 2017 58% of our concerns have been processed informally. We have undertaken retrospective analysis of the concerns process.

Where Do We Want to Get to?

We have outlined where we are now; the next step is to outline "Where do we want to get to?" If we are to foster a customer care culture as described by Evans (2015), there is a need to move from just collecting feedback to demonstrating that we have listened to and acted on what we have been told.

The leadership required for the delivery of this strategy can be described as "everyone's business", with three distinct levels of involvement and accountability; as outlined in the Framework of Accountability and Involvement below.

Carers

What have we achieved to date?

- We will have piloted the introduction of the John's Campaign to recognise and support the needs of carers in the hospital setting
- Care and Repair Cardiff and the Vale were awarded £15,000 from the Transitional Funding 2016/17 to support carers across Cardiff and the Vale of Glamorgan through a Carers Casework Project. During the period of the Carers Casework Project (March – September 2017), visited 83 older people that were caring for a partner, adult child or grandchild. Feedback from clients indicates that 98% would recommend the Agency.
- Schools are able to record Young Carer status, awareness has been built into safeguarding practice and procedure,

In 2018/19

Funding for Carers will be within the ICF supported by the regional partnership Board. However in addition there will be some funding provided to Health Boards to deliver on the 3 priorities to steer the delivery of improvements for carers:

- Supporting life alongside caring - all carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring;
- Identifying and recognising carers - fundamental to the success of delivering improved outcomes for carers is the need to improve carer's recognition of their role and to ensure they can access the necessary support; and
- Providing information, advice and assistance - it is important that carers receive the appropriate information and advice where and when they need it.

The Welsh Government recognises that to deliver improved and sustainable outcomes for carers, help and commitment of all partners across sectors, including health, local authorities, education and beyond.

To support the implementation and monitoring the local delivery plans a Ministerial Advisory Group for Carers will be established to

- Provide a national forum for accountability in delivering against the national priorities.
- Provide an insight into the operational and strategic challenges in delivering actions, and work together to overcome these.
- Ensure a cross-sector response to the challenges facing carers, and respond collaboratively to deliver actions.
- Identify and create new ideas and solutions in response to the different issues faced by carers.
- Drive forward the identification of good practice from within and outside of Wales and consider how practice could be adapted to deliver national improved outcomes for carers in Wales.
- Provide advice on how allocated national funding of £95,000 in 2018/19 should be spent to achieve more consistent provision of support for carers across Wales, through the development and monitoring of an annual plan.
- Identify the key actions and outcomes against which delivery can be measured and use these to shape the annual plan underpinning the national priorities for carers.
- Have oversight of the of national funding to carers, through the £1 million that will be allocated local health boards in 2018/19 to work collaboratively with all partners in line with the priorities and through the Integrated Care Fund to ensure the priorities are being drive forward.

The work commenced by the Patient Experience team in collaboration with the local authority via the 2 years of transitional funding has been implemented to deliver on the 3 national priorities. The recognition of young carers via the education within schools has ensured early recognition of carers and support that can be offered within the education system The GP accreditation scheme is capturing recognition of carers via primary care.

The pilot and our commitment to the principles of the John’s campaign will aid recognition of carers support the assessment of their care needs.

In 2018/19 we will focus upon the support for carers through working with our volunteers and third sector partners.

Board responsibilities

One of the key questions for Board members outlined by Wales Audit Office (2016) is *“how does the organisation demonstrate commitment to learning from patients”?* The Board have responsibility for building the capacity to undertake feedback by ensuring sufficient resources are available and that staff are empowered to actively seek feedback. The Board also have a responsibility to get a whole system picture, to have appropriate assurances processes in place to ensure that they have the right data available and that this data is the driver for quality improvement

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and change (Spencer & Putoni 2015). The Patient **Experience Team** is delegated the responsibility for ensuring that robust systems and processes are in place for obtaining feedback, reporting on outcomes and supporting and advising staff and service areas to implement improvement actions.

Clinical Board responsibilities

Clinical Boards have a responsibility to ensure that patient feedback is part of the day to day business, by utilising this feedback in service plans and holding staff to account to implement improvements. To support this flow of information the implementation of a balanced range of feedback methods will be necessary with regular opportunities for the team to share, discuss and act on the information. The Health Board has undertaken a number of sessions for clinical staff which has promoted the use of early resolution, explained the concerns process and provided training with regard to identifying breach of duty and causation.

Frontline Staff responsibilities

All staff who come in to contact with service users have a responsibility to encourage feedback as a matter of course. In order to give feedback, service users need to feel that their opinion is welcomed and will be acted on. Evans (2015) advocates that creating the opportunities for feedback can be maximised by:-

- Acknowledging service users by greeting them in the manner they have chosen to be addressed
- Making eye contact and offering a friendly open face
- Asking questions that encourage a response

In addition staff have a responsibility to actively seek feedback by distributing feedback cards and surveys. In the event that negative feedback is given, staff have a responsibility to seek to deal with the problem if it is within their capability or escalate it to a more senior person. The adoption and implementation of strategies such as “hello-my name is” by all staff is congruent with the UHB values and behaviours and will universally have a positive impact on patient experience.

Key Measurements of the framework implementation for 2018/19			
ACTION	OUTCOME	MEASURE	
REFINE AND DEVELOP HOW WE GATHER SERVICE USER FEEDBACK			
Action	Outcome	MEASURE FOR 2018 /19 and 20-21	Target for 2018/19

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Key Measurements of the framework implementation for 2018/19			
ACTION	OUTCOME	MEASURE	
Review each area to decide the range of feedback mechanisms required to capture feedback as contemporaneously as possible	A suite of patient experience feedback tools in use	Complete the review of feedback mechanisms Agree the tools to be used Increased maturity demonstrated in Standards for Health	
Development of the PALS service	Work with the volunteers in the information centres to develop the service	Sustained maintenance of a minimum 60% of concerns processed informally *Current position is 62%* Monitor conversion rate to formal Ongoing evaluation of the service Education programme for staff	Target-65% of concerns managed via the informal route
Implement real time feedback system across all areas of UHB	Happy or not machines in UHW, Concourse, Children's Hospital and UHL	Analyse the data and target more in depth analysis of the themes and trends Share with WOD any staff data	Evidence of analysis
Explore use of social media for gaining proactive feedback	Develop the on line surveys Develop APPS	Introduce the QR codes and Apps – formally promote them in 2018/19	
PROMs/ PREMS	Active engagement with the planning board	Review of the PREMS data and recognition of any service improvement	

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Key Measurements of the framework implementation for 2018/19			
ACTION	OUTCOME	MEASURE	
	Support targeted PROMS/PREMS survey work		
DEVELOP SYSTEMS TO ENSURE EFFECTIVE TRIANGULATION OF SERVICE USER EXPERIENCE DATA			
Introduction of e datix systems	Triangulation of feedback information across patient experience and liaising with patient safety Development of the analysis of information through customization of the modules and cross modular reporting	Using the data to inform of potential concerns more proactive rather than reactive E datix modules for patient experience implemented Develop the quantitative and qualitative triggers and the mechanisms for sharing the data	Concerns e datix implemented in 2017 Claims and PALS to be implemented in 2018
Develop the reporting structures	Evidenced in the Quality and safety minutes of Clinical Directorate and Board meetings	Continue to promote the thematic analysis and evidence of actions taken Demonstrate the monitoring of the impact of any intervention	
Develop Service User Experience toolkit for use in service areas	Review the tools available Re focus the patient experience feedback steering group as an assurance group	Review to be completed by March 2018	
DEVELOP PROCEDURES TO ENSURE SERVICE USER FEEDBACK IS SHARED AS CONTEMPORANEOUSLY AS POSSIBLE			

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Key Measurements of the framework implementation for 2018/19			
ACTION	OUTCOME	MEASURE	
Automation of surveys	2 weeks from completion of reports to comprehensive feedback	Reports completed in 1 to 2 weeks	In place
Developing the KPIs for survey completion	Increased roles for volunteers in undertaking survey activity	Review the surveys used and identify a structured approach to gathering on going monitoring information and bespoke information.	Monitoring of KPi's In 2018 more focus upon patient satisfaction scores
DEVELOP OPPORTUNITIES FOR SERVICE USER INVOLVEMENT IN SERVICE IMPROVEMENT			
2018-2021 develop and strengthen the use of patient stories	Thematic analysis of patient stories	Focussed and thematic analysis of patient stories	Board meetings commence with a patient story
EQUIP STAFF WITH THE KNOWLEDGE AND SKILLS TO ENGAGE WITH SERVICE USERS IN A PROACTIVE CUSTOMER FOCUSED WAY			
2018-2021 develop and implement the customer care training programme	To be launched end of 2017 and linked with values into action work	Customer care programme in place	2018 to train 200 staff as a minimum
Progress implementation of Putting Things Right Training Programme	Ongoing training subject to evaluation	Consistent implementation of the PTR regulations	Target is 70% of formal concerns to be responded to within 30 working days **Current position is 55%**

3.7 Key Delivery Challenges

3.7.1 What Does Our Benchmarking Tell Us?

As part of the UHB's Transformation Programme, a systematic approach to benchmarking provider performance has been adopted and embedded into the UHB's approach to improving allocative and technical efficiency. This approach is designed to ensure that the corporate and operational service redesign and improvement plans are focussed on appropriate areas where the UHB's benchmarked performance

compares unfavourably with peer organisations at both Welsh and UK level. The UHB contributes to numerous clinical and system wide benchmarking and audit exercises to inform this work.

Some of the high level key findings from our extensive benchmarking programme, taking data for the period July 2016 to Jun 2017 unless stated, are summarised below:

High level outcomes

Looking at high-level provider outcomes, Cardiff and Vale UHB performs well in many areas in comparison to Welsh peers. Crude mortality, risk adjusted mortality and readmission rates are the **lowest of the acute care providing Health Boards in Wales**. Our high level mortality dashboard, using data from CHKS is shown below:

Description	C&V incidents in 16/17	C&V activity in 16/17	2015-16 performance	2016/17 performance	Change	Welsh UHB 25%ile	Welsh UHB mean performance	Welsh UHB 75%ile	Excess	RAG
Mortality Rate	2159	141157	1.42%	1.53%	7.88%	1.72%	1.84%	2.39%	-434	-
Rate of Deaths in hospital within 30 days of elective surgery	8	28992	0.03%	0.03%	-11.11%	0.02%	0.03%	0.05%	-1	-
Rate of Deaths in hospital within 30 days of Non elective surgery	222	11430	1.58%	1.94%	23.12%	1.39%	1.67%	1.77%	31.1	Amber
% Deaths in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74	25	660	4.36%	3.79%	-13.06%	2.45%	3.96%	5.09%	-1.16	-
Rates of deaths in hospital within 30 days of emergency admission with a stroke	79	603	9.11%	13.10%	43.87%	11.43%	12.82%	14.11%	1.72	-
% Deaths in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)	26	418	7.09%	6.22%	-12.30%	5.37%	6.18%	7.25%	0.189	-
FCE deaths with palliative care code Z515	377	2123	20.49%	17.76%	-13.33%	15.42%	20.60%	22.74%	-60	-

Source CHKS July 16 – June 17 – Welsh peer

Over 2016/17 we improved our summary hospital level mortality indicator (SHMI) for our acute services from 108 to 103, with the number of expected deaths increasing by 142, far above the increase in observed deaths of 36.

Comparison at a service model level undertaken by CHKS indicates that the ratio of deaths within 30 days of discharge, where the patient dies in hospital, relative to out of hospital is higher for the UHB than for our English peers. This would indicate there are opportunities for us to improve our approach to palliative care.

There remain a few conditions highlighted in our CHKS SHMI report where there is evidence to suggest we could make further improvements on our outcomes. These include: pneumonia, heart failure, allergic reactions to the fitting of devices and prostheses, artherosclerosis and leukaemias.

Patient Safety Indicators

The UHB has an active Leadership Improvement Programme (LIPs), to support multi disciplinary teams drive forward quality improvements. As is demonstrated from the benchmarking below the organisation has made progress in a number of areas in the past 12 months. There does however remain the potential for further quality improvement in some areas, such as the management of post-operative wound care and sepsis identification and management.

Description	C&V incidents in 16/17	C&V activity in 16/17	2015-16 performance	2016/17 performance	Change	Welsh UHB 25%ile	Welsh UHB mean performance	Welsh UHB 75%ile	Excess	RAG
Complication rate - attributed	1817	141157	1.32%	1.29%	-2.66%	0.25%	0.80%	1.01%	688	Red
Complication rate - treated	4186	141157	3.14%	2.97%	-5.55%	1.40%	1.80%	2.06%	1642	Red
Misadventure rate	159	141157	0.13%	0.11%	-12.44%	0.03%	0.06%	0.07%	72	Red
Accidental puncture or laceration	71	29723	0.30%	0.24%	-19.39%	0.06%	0.14%	0.16%	28.2	Red
Foreign body left in during procedure	6	99242	0.01%	0.01%	-23.28%	0.00%	0.00%	0.00%	3.2	Amber
Retained instrument post-operation	0	0	1	0	-%	-	0	-	-	-
Complications of anaesthesia	14	41549	0.03%	0.03%	16.57%	0.02%	0.03%	0.05%	0.294	-
Post operative acute respiratory failure	24	28748	0.08%	0.08%	-0.33%	0.01%	0.03%	0.04%	14.6	Red
Post operative pulmonary embolism or deep vein thrombosis	16	36802	0.03%	0.04%	59.64%	0.01%	0.02%	0.02%	7.8	Amber
Post operative sepsis	13	2685	0.07%	0.48%	635.90%	0.12%	0.22%	0.30%	7.2	Amber
Post operative wound infection	242	13871	1.60%	1.74%	8.81%	0.90%	1.19%	1.51%	77	Amber
Potential in hospital fall	232	143031	0.14%	0.16%	12.57%	0.16%	0.20%	0.29%	-58	-
Potential in-hospital hip fracture (fall)	8	116290	0.01%	0.01%	-18.92%	0.01%	0.01%	0.02%	-5.7	-

Source CHKS July 16 – June 17 – Welsh peer

High level clinical and service effectiveness

In terms of clinical and service efficiency, the UHB performance is mixed, with a relatively strong and improving position noted on the unscheduled care side, evidenced by:

- low and reducing unnecessary admission rates;
- low and reducing re-admission rates;
- low and reducing levels of mothers electing to have a caesarean section; and

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- significantly the best access time to theatres for patients requiring treatment for a fractured neck of femur.

Opportunities continue to present in improving the management of patients on elective pathways, notably in reducing non-attendance rates, and improving patients admitted on the day of surgery for their elective procedures.

Description	C&V incidents in 16/17	C&V activity in 16/17	2015-16 performance	2016/17 performance	Change	Welsh UHB 25%ile	Welsh UHB mean performance	Welsh UHB 75%ile	Excess	RAG
A&E % unplanned attendances who were reattendances(unplanned)	4853	141682	3.37%	3.43%	1.55%	1.00%	1.73%	2.69%	2407	Red
Unnecessary admissions via A&E	2449	18678	13.46%	13.11%	-2.58%	24.87%	25.85%	26.14%	-2379	-
% Emergency admissions via A&E with a los of 0-2 days	9777	21738	46.56%	44.98%	-3.41%	51.24%	54.36%	55.15%	-2040	-
Readmissions within 28 days	9399	129469	7.48%	7.26%	-2.98%	8.22%	9.19%	9.99%	-2501	-
% of fractured neck of femur patients aged 65 or over operated for repair within 1 days of admission (excludes patients with no operation)	257	313	78.86%	82.11%	4.12%	69.28%	71.28%	71.03%	34	-
CEPOD compliance Cat1 within 1 hour	188	245	77.20%	76.90%	-0.39%					
% Potential reduction in beddays	13051	71292	18.52%	18.31%	-1.16%	15.87%	19.35%	20.93%	-740	-
Elective IP - procedure not carried out - other than patient reason	430	9565	3.72%	4.50%	20.72%	1.30%	1.85%	1.96%	253	Red
% Elective in-patients admitted on day of procedure	3705	8930	37.57%	41.49%	10.42%	69.29%	75.31%	79.73%	-3020	Red
BADS Day Case Rate (Case Mix adjusted)	13456	14224	94	95	0.25%	96	100	105	-768	Amber
% Caesarean deliveries - Elective	646	5415	12.57%	11.93%	-5.13%	13.08%	13.35%	13.77%	-77	-
Outpatient DNA Rate	70391	636701	10.86%	11.06%	1.77%	6.84%	8.25%	8.48%	17866	Red
Weekend discharge rate for emergencies as percentage of weekdays	3808	7635	49.93%	49.87%	-0.11%	42.38%	48.98%	50.94%	68	-

Source CHKS July 16 – June 17 – Welsh peer

Length of Stay

It is difficult to find a comparable peer group to meaningfully assess the UHB's effective use of beds as a resource, a fact reinforced by CHKS in their analysis over the past year and their decision to adjust their approach to modelling and "standardising" risk. The predominant issues relate to:

- Wales includes the recovery and rehabilitation element of the care pathway within their acute hospitals, whereas English organisations have a financial rather than clinical motive to discharge to community hospitals prior to reaching payment by result trim points.
- Welsh guidance on the definition of an assessment unit results in patients discharged from the assessment unit in UHW not being admitted
- The case mix of Cardiff and Vale is sufficiently different from the other Welsh providers to require risk adjustment for any meaningful comparison. CHKS are seeking to release their new model in the middle of December

However, the UHB takes account of comparative length of stay and cost of providing procedures in the assessing the materiality of opportunities. This is normally done by triangulating costing (Albatross), activity (CHKS) and audit data (CHKS – SHMI).

At an organisational level, the UHB's performance is comparable with the rest of Wales, and notably so when adjusting for the higher re-admission rates in the other Health Boards. Reassuringly in all the elective areas where the crude analysis (rather than the standardised position for re-admission differences) indicates the UHB has made good progress in reducing length of stay.

Indicator	Adm Mthd	C&V incidents in 16/17	C&V activity in 16/17	2015-16 performance	2016/17 performance	Change	Welsh UHB 25%ile	Welsh UHB mean performance	Welsh UHB 75%ile	Excess	RAG	Peer Value multiplied by Re-ad for peer / re-ad for C&V
% Elective in-patients admitted on day of procedure	Elective	3693	8901	37.57%	41.49%	10.42%	69.24%	75.30%	79.73%	-3009	Red	
Average Diagnoses per FCE		281285	71683	3.50	3.90	11.20%	3.09	3.15	3.40	55676	-	
Average Length of Stay (FCE)		58777	60747	1.08	0.97	-10.40%	0.68	0.75	0.87	13151	Red	0.97
Average Length of Stay (Spell Trimmed 1-49 days)		53721	13555	4.10	4.00	-3.02%	3.20	3.50	3.70	6728	Red	4.54
Average Length of Stay (Spell)		59032	60204	1.09	0.98	-10.20%	0.69	0.75	0.85	13987	Red	0.97
Average Post-Op Length of Stay		42220	33579	1.34	1.26	-6.30%	0.74	0.88	0.95	12796	Red	1.14
Average Pre-Op Length of Stay		7857	33579	0.26	0.23	-9.30%	0.08	0.08	0.09	5110	Red	
BADS Day Case Rate (Case Mix adjusted)		13413	14175	94.37	94.63	0.27%	95.93	100.28	104.50	-762	Amber	
Day Case Rate		44769	60204	72.98%	74.36%	1.89%	77.37%	79.81%	83.79%	-3277	Red	
Readmissions within 7 days		1046	60204	2.06%	1.74%	-15.70%	1.75%	2.09%	2.20%	-214	-	
Readmissions within 14 days		1536	60204	2.89%	2.55%	-11.58%	2.70%	3.20%	3.37%	-391	-	
Readmissions within 28 days; Age >16		1652	52000	3.61%	3.18%	-11.89%	3.97%	4.53%	4.77%	-705	-	
Readmissions within 30 days		2163	60204	3.98%	3.59%	-9.63%	4.15%	4.66%	4.81%	-643	-	
% Zero Length of Stay Admissions - Admitted via A&E	Non-Elective	2585	21684	12.22%	11.92%	-2.43%	20.45%	23.54%	23.99%	-2519	-	
% Zero LoS, Non-Elective excl. deaths		23903	66646	34.04%	35.87%	5.36%	27.89%	34.77%	39.35%	731	-	
Average Diagnoses per FCE		421336	78433	5.10	5.40	5.60%	5.40	5.50	5.70	-7398	Amber	
Average Length of Stay (FCE)		449858	78285	5.60	5.70	2.20%	4.80	4.70	5.50	84299	Red	5.44
Average Length of Stay (Spell Trimmed 1-49 days)		270083	42893	6.30	6.30	-0.46%	6.60	6.70	6.80	-17949	-	7.75
Average Length of Stay (Spell)		449811	68744	6.50	6.50	0.61%	6.10	6.40	6.90	8467	-	7.40
Average Post-Op Length of Stay		86129	12206	6.60	7.10	7.50%	5.50	5.70	5.80	16090	Red	6.59
Average Pre-Op Length of Stay		28421	12206	2.34	2.33	-0.60%	1.90	2.06	2.15	3336	Red	
Readmissions within 7 days		3961	68744	5.51%	5.76%	4.53%	6.06%	6.57%	6.56%	-555	-	
Readmissions within 14 days		5356	68744	7.67%	7.79%	1.58%	8.35%	9.07%	9.25%	-881	-	
Readmissions within 28 days; Age >16		4937	53048	9.65%	9.31%	-3.52%	10.40%	11.80%	12.62%	-1324	-	
Readmissions within 30 days		7469	68744	10.90%	10.87%	-0.28%	11.23%	12.57%	13.39%	-1171	-	

Source CHKS July 16 – June 17 – Welsh peer

At the Health Resource Group level, the UHB's effectiveness is assessed against a non-London teaching Hospital peer group, all of which are based in England. Whilst this inevitably gives rise to issues with the tail of the distribution not being similar, the top 25 HRGs for non elective adult admissions where there is an adverse bed day used impact indicates scope for improvement in the management of trauma rehabilitation, sepsis, pneumonia, heart failure, COPD and AF.

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On an elective basis, the HRGs providing where the benchmarking indicates there is potentially the greatest opportunity for further efficiencies are in the complex / tertiary surgical areas and in haematology cancer services, where notably the Health Board has the best clinical outcomes in the UK.

Continued work is being undertaken across all clinical and service board areas throughout the UHB – as detailed in the following chapters of this Plan in section 2 - further assessing and identifying opportunities, with our partners, to target our services where the need is greatest, improve patient outcomes and deliver efficient services that provide value for money. The benchmarking information has also been utilised in the development of the priority areas in our Transformation Programme.

Whilst specific risks are identified through the Corporate Risk and Assurance Framework (CRAF) a number of broad themes emerge as challenges for the UHB.

The challenges faced by the UHB in part drive the need to change what we do as both a commissioner and a provider of services to our local population and beyond. Our key challenges can be summarised as:

- How we best join up care to reduce inequalities in health which arise because of inequalities in society; particularly how we manage risk factors and conditions which will have the biggest impact on our local population now and in the future; and
- How we ensure that the services we provide now and those we expect to provide in the future are sustainable.

The following is a summary of the key overarching risks and challenges that impact on the development of the 2018/19 – 2020/21 IMTP plan. The delivery chapters of this Plan describe how the UHB aims to meet the challenges, eliminating, mitigating or managing these risks.

3.7.2 Key Service Challenges

The key challenge is balancing delivery of sustainable services and improving performance whilst also securing sustainable long term change required to meet the changing needs of the population. The key service challenges that are the focus of the UHB's plan include:

- Responding to significant population growth and demographic change in the resident population
- GMS sustainability
- Providing adequate capacity to meet appropriate demand in key areas:
  - Primary care — plans to increase capacity as well as providing alternative support in the community are a priority.
  - Medical bed capacity remains routinely significantly over-occupied but benchmarking and day of care audits have highlighted a significant proportion of these inpatients do not require hospital care – much of the UHB's collaborative plans working with partner

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UHBs, local authority and third sector colleagues comprise a range of connected services targeted at providing a more appropriate and timely response to better meet the health and social care needs of these patients.
  - Planned care – capacity to meet RTT targets is significantly challenged in a number of key specialities notably, Orthopaedics, Ophthalmology and Neurosurgery. Significant attention is being given to these services to address demand and enhance capacity – both at a local and regional level.
  - Main theatre capacity at UHW – opportunities continue to be progressed to increase theatre utilisation through a range of initiatives (ongoing) and extend the working day through longer sessions or three session days as will interim capital improvements which will provide options to increase capacity for higher acuity casemix;
  - Critical care capacity remains a significant constraint and further measures are required to improve utilisation and make better use of capacity as a priority;
  - Diagnostics – Endoscopy, radiology modalities and some laboratory services (e.g. histopathology and genetics) are experiencing significant increased demand – some of this will be addressed though improved referral criteria, alternative pathways, improved productivity, regional collaboration with partners and some increased capacity.
  - Specialist services – the sustainably of some of the UHB's smaller tertiary services, particularly in Paediatrics, provide a significant challenge to maintain in terms of recruiting to viable and attractive job plans and rotas.

3.7.3 Key Workforce Challenges

Culture challenges:

- Engaging with staff to ensure they are on-board with the changes being made and can shape the way services need to look in the future.
- Supporting the health and wellbeing of staff – they are our most important asset.
- Supporting integrated workforce re-design across the professions and support staff
- Services are planned and developed collaboratively taking account of protected characteristics and Welsh language
- Improvement in undertaking Appraisal (PADR) and Statutory and Mandatory Training
- Influence the Shape of the Workforce through innovative workforce transformational change and develop new workforce models to support the Transformation Programme
- Meeting deanery expectations to deliver educational contract requirements for medical trainees in key specialties e.g. in obstetrics, medicine (acute medicine, geriatric and gastro), and changes to consultant supervision arrangements in some surgical specialties
- Implementing and further developing national workforce strategies e.g. modernising scientific careers, advanced practitioners and healthcare support workforce development, resilient primary care

- Ensuring that we are living our values through our agreed set of behaviours which are informed by the experience of our patients and staff.
- Building transformation capability
- Access to leadership and management programmes

Recruitment challenges:

- Shortage in doctors and inability to recruit in areas such as Psychiatry, GPs (out of hours), Radiologists, Acute Physicians, Emergency Medicine and Occupational Health
- Shortage in a number of other workforce groups; Newly qualified nursing, Cardiac Scrub Nurses, Operating Department Practitioners, AHPs including Physiotherapists, Occupational Therapists, Radiographers, Sonographers, Clinical Neurophysiologists, Bioinformaticians, Qualified Mechanical and Electrical tradesmen
- Shortage of suitable applicants with breadth of experience required for Executive and Senior Management posts
- Understanding retention issues to avoid unnecessary turnover, loss of skill and experience

Affordability and ineffective use of resource challenges:

- Continue to sustain switch off of expensive agency and locum expenditure to underpin savings identified in financial framework
- Reduce sickness absence further to meet the UHB stretch targets
- Improve the Staff Seasonal Flu Vaccination target
- Avoid financial penalties resulting from an inability to monitor Junior Doctor Rotas

3.7.4 Key Infrastructure Challenges

There remains a significant challenge in ensuring that the UHB infrastructure (buildings and critical medical equipment) is fit for purpose. The UHB continuously reviews the estates maintenance and medical equipment replacement backlog programme in order to ensure that safety and compliance priorities are identified in a timely fashion, however challenges remain including:

- Significant backlog maintenance for core infrastructure to maintain existing service provision;
- Significant stock of capital and revenue medical equipment which is beyond its recommended life span;
- Theatres – capacity to support demand, functional suitability and compliance risks particularly plant;
- Radio-pharmacy – re-provision of inadequate facilities at UHW to meet local and regional service need – statutory regulatory compliance requirement;
- Mortuary facilities – infrastructure improvements required to address HTA inspection requirements;

- Timeliness of availability of hybrid theatre – critical to support regional service centralisation plans;
- Blood, Marrow and Transplant Unit – significant urgent environmental improvements required in order to meet JACIE accreditation requirements;
- Genomics capacity – immediate lab capacity to meet increasing demand and suitable accommodation solution to support Welsh Government Task Force anticipated requirements and participation in 100K genomes project;
- Critical care - capacity and functional suitability;
- Cystic Fibrosis Unit – capacity and functional suitability;
- Primary Care – capacity and functional suitability of some premises;
- Mental Health - functional suitability of some community premises;
- Community service estate – conditional, functional suitability and utilisation;
- Modernisation of our information technology infrastructure to provide an appropriate digital platform to support the service transformation requirements; and
- Replacement of existing defibrillator stock that will no longer be maintained by the supplier at the end 2018.

In response to these challenges, this Plan identifies some schemes to mitigate the above risks where possible and the UHB is in the process of developing a strategic clinical services plan and estates plan with Cardiff University and our local authority partners and a programme business case for services in our communities in order to identify the necessary capital investment to facilitate change and to address the estates risks we face.

3.7.5 Key Financial Challenges

The UHB is facing a number of financial challenges in the delivery of its Plan however the key challenges are set out below:

- **Securing IMTP approval –** The IMTP aims to restore in year financial balance in 2020/21. A key aim of the UHB is to achieve IMTP approval. A fundamental component of the Financial Plan its approval is the financial support requested from Welsh Government and further discussions will be required in order to progress this.

- **Achievement of the efficiency plan target** – the CIP target set is at the top end of what is achievable being 4% in 2018/19 and 2019/20 and 3% in 2020/21 of which 1% each year will be non-recurrent. The UHB will need to give this concerted attention in order to ensure delivery. T

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- **Management of Cost Pressures –** the UHB will be expecting its budget holders to manage all carried forward and unfunded cost pressures within the totality of resources delegated to them. Whilst this was successfully achieved in 2017/18 but does pose a significant challenge, especially given the scale of efficiency savings being sought. Similarly the containment of growth pressures is also a financial risk where costs need to be contained within allocated resources.

4 High Level Overview of Clinical Service Strategy and Significant Service Change

Through the implementation of Shaping Our Future Wellbeing, the UHB has set out at a high level the whole system service model that is required in order to deliver sustainable services that meet the changing needs of the local and regional populations, and meet the strategic objectives of the strategy.

Our approach to delivering the strategy is a phased one, over the next twelve months we will be completing the next level of detail in our clinical services plan.

Phase Zero	Phase One	Phase two	Phase three	Phase 4
Develop and Publish Long Term Strategy				
Development of Primary and Community Model				
	Complete SoFW Community Programme Business Case (Q1 2018/19)	FBCs Submitted for tranche one of Community Infrastructure Programme (Q2 19/20)	Construction of tranche one projects (Wellbeing Hubs and Health and Wellbeing Centres)	
		Development of tranche two of community projects (Wellbeing Hubs and Health and Wellbeing Centres)		
	Engagement on clinical services strategic plan model (UHW/ UHL)			
	High Level Service Model (Q3 2018/19)	Develop Programme Business Case		
			Strategic Business Case for UHW Site	Outline Business Case for UHW
2015-17	2018-19	2019-20	2020-21	2021-22

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The UHB has already made significant progress in developing our model for primary and community care and will be submitting our programme business case 'Shaping Our Future Wellbeing in the Community' to Welsh Government early in 2018/19. The model for primary care reflects the national work programme, and the aspirations of our local primary care clusters to ensure that our services are sustainable in light of the ageing population, the increasing burden of disease and the local population growth, and the changing requirements of those involved in the delivery of primary care services.

The Programme Business Case and associate business cases for the community infrastructure developments needed reflect set out how we will move to implement the 'perfect locality model' set out in the strategy. We will also continue to work with primary care providers to support GPs to produce plans to develop sustainable accommodation solutions to meet changes to the primary care model and meet population growth. Our community programme and locality approach also sets out working with local authority partners and we know there is more work to do as we develop our plans in delivering connected services in particular for older people.

Clarification about how the balance of care shifts from hospitals to closer to home will be accelerated, reflecting the points above, building on and expanding the end to end care pathways of care that integrate across traditional primary and specialist hospital care boundaries. This will be a central component of the UHB's outpatient modernisation programme where the UHB is focussing on expanding the range of alternatives to a traditional outpatient clinical model of service delivery for those needing specialist input into their care and treatment plan.

We have already begun work to clarify the distribution of services across the UHB's two acute hospital sites, with the first clinical engagement session held. Significant engagement with clinical groups will take place early in 2018/19 to develop a high level clinical model by the autumn of 2018. Further planning with partner UHBs and wider stakeholders to describe how UHW will operate as a specialist centre providing increased levels of centralised complex care within a regional network of care for key specialties where the current service model is not sustainable from either a resource or standards/patient outcomes perspective. This will mean that other secondary care services that can be provided at regional partner hospitals, to balance the capacity demands from complex specialist service centralisation, will be provided on a reciprocal basis with regional partner hospitals e.g. Royal Glamorgan and Princess of Wales Hospitals, where appropriate. These services will be developed to optimise the benefits of networked care to optimise outcomes for patients.

The UHB's tertiary services provider plans will be developed in partnership with ABM UHB and WHSSC in order to provide a coherent and sustainable range of services across the two tertiary centres in South Wales, and working in partnership with English centres where the volumes of activity and super-specialist nature of the service indicates that this is the most appropriate approach.

The outcome of this work means that we will be firming up over the first year of this plan a number of service changes on which we probably need to engage our key stakeholders.

- It is anticipated there will be an increase in the number of primary care practice mergers so that larger providers are formed able to deliver more sustainable services and introduce new service models. This will mean that some patients have to travel to different places to receive some of their services.

- As plans for locality-based services are finessed and the infrastructure is developed through the proposed model of locality and cluster service hubs, community services will be consolidated on fewer sites and also optimising sharing assets with partners, releasing some of the UHB's estate. This will also contribute to efficiency and cost reduction programmes, as some of the UHB's current infrastructure is both in poor condition and poorly utilised.

- The UHB will continue to shift services into the community, building on the work instigated in diabetes, ENT and cardiology and technology will be used to support new service models. The pace of change will be somewhat dependent on the implementation of the infrastructure programme, with some temporary solutions needed whilst the Shaping Our Future Wellbeing in the Community programme is implemented on a phased basis over the next ten years.

- The role that wards at St David's Hospital and Barry Locality Hub will play as part of our locality based model of care will be confirmed through continuing stakeholder engagement. This may mean that the role of these beds will change with a more focused provision of active rehabilitation, with more long-term rehabilitation and reablement and ongoing care provided in the community as described in the regional Area Plan.

- Our plans will require us to relocate some services across our two acute hospital sites, particularly planned surgery, complex care needing critical care back-up and 'acute' rehabilitation.

- The regional planning work currently underway in relation to vascular, ENT and key elective specialties will also result in the need to redistribute some services across hospitals across the region, balancing the needs of local communities to access routine care as close to home as possible and to receive timely access to specialist complex care when it is needed. Building on existing successful service models, clinicians will work on an increasingly networked basis to 'in reach' and 'out-reach' across health board boundaries to support new models of regional care.

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SECTION 2

Delivery Priorities

Prevention
Primary & Community Care
Urgent & Emergency Care
Planned Care
Collaborative Regional Service Redesign
Major Health Conditions
Maternal & Child Health
Mental Health
Health & Social Care of Older People
Veterans

Avoiding Waste, Harm & Variation

Framework for Care Quality, Patient Safety & Improvement
Programme for Transformation
Delivering Value Based Health Care

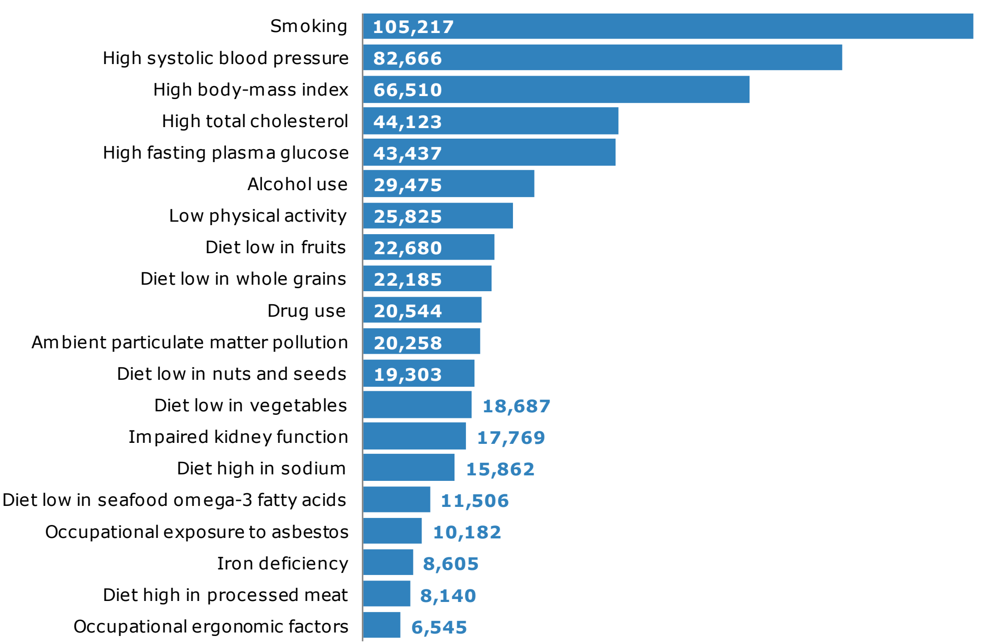
5 DELIVERY PRIORITIES

The Delivery section of this plan outlines the UHBs current position in delivering these services and identifies the key priorities for delivery over the next 3 years in line with national, regional and local priorities and also in the context of our strategy.

5.1 Prevention

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 relatively small number of modifiable behaviours in the adult population contribute to a significant amount of illness and early mortality in the population, notably **tobacco use**, **food** and **physical activity**. Our preventative actions therefore have these factors as their major focus, along with **immunisation** as a cost-effective intervention to prevent significant disease. Morbidity due to influenza, for example, is a major contributor to seasonal pressures on primary and acute services, and a significant factor in seasonal excess mortality. A recent review of the main contributors to Disability Adjusted Life Years (DALYs) in Wales by PHW 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.



We have chosen our prevention priorities because with targeted action they will lead to the biggest health benefits for the local population. Through a targeted approach to reduce inequalities, many also contribute to the reduction of poverty, including child poverty. **Making Every Contact Count** is a methodology which supports the implementation of the priority areas. Our priorities are also aligned with those in the NHS Wales Delivery Framework, and those of Public Health Wales NHS Trust.

The Cardiff and Vale Local Public Health department provides strategic co-ordination of prevention programmes locally, with delivery increasingly embedded within routine Health Board care pathways, with support from other NHS, local authority, university and third sector partner organisations. We work across a number of settings, including primary care clusters, pre-schools and schools; dementia-friendly communities, Food Cardiff and Food Vale, and workplaces. In terms of partnerships we work closely with the Public Services Boards in Cardiff

and the Vale, Clinical Boards and corporate departments in the UHB, and Public Health Wales colleagues including in health protection and Help Me Quit. We also work directly with a number of local third sector organisations.

Working with and helping develop **primary care clusters** is a key part of programme delivery, and supports Public Health Wales' priority to support clusters. During 2018-21 we will continue this approach within the team by increasing the emphasis on geographical working first, with a topic-based approach following on from this as appropriate to the particular geographic area. We are increasing cluster-based reporting and information and use this to identify the best interventions for each area, reducing inequalities. We are reviewing how our various workstreams contribute to **reducing Adverse Childhood Experiences (ACEs)**, and identifying the optimal routes and methods to influencing ACEs, e.g. through partnership approaches in the Public Service Boards, Regional Partnership Board and future Children's Zones.

The full three-year work plan, key performance indicators and trajectories, and outcomes are detailed in the Cardiff and Vale Local Public Health Plan for 2018-21. Priority areas for action are summarised below.

Key actions:

Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Tobacco			
• All patients to be asked smoking status on booking/admission and offered referral to smoking cessation services • Increase the number of community pharmacies offering a level 3 enhanced scheme for smoking cessation • Increase the number of schools implementing 'Smoke Free Gates' programme	Reduce the number of people smoking, through smoking cessation services and smoke-free settings		
KPI 1 (a) The percentage of adult smokers who make a quit attempt via smoking cessation services	*1.6%*	*2.2%*	*2.7%*
KPI 1 (b) The percentage of those smokers who are CO-validated as quit at 4 weeks	*65%*	*68%*	*68%*
KPI 2. Percentage of adults who report being a current smoker	*14.5%*	*14.0%*	*13.5%*
Immunisations			

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Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
• Regularly identify through the escalation process GP practices with outlying uptake of vaccinations, and work systematically with them to identify issues and improve recorded uptake • Work for time-limited periods of 3-6 months with specific primary care clusters to identify pan-cluster approaches to improve immunisation uptake and decrease inequalities in uptake • Increase links with schools, teachers and governing bodies through School Nursing and Education, sharing data on uptake among pupils using school profiles and piloting primary care delivery of catch-up vaccinations in a school setting	Improve uptake of childhood and adult immunisations, to prevent serious disease		
KPI 1 (a) Uptake of 6 in 1 (previously 5 in 1) by age 1	*95.0%*	*95.0%*	*95.0%*
KPI 1 (b) Uptake of MMR2 by age 5	*90.0%*	*92.5%*	*95.0%*
KPI 2 (a) Uptake among at-risk under 65s	*50.0%*	*52.0%*	*55.0%*
KPI 2 (b) Uptake among over 65s	*70.0%*	*72.0%*	*75.0%*
KPI 2 (c) Uptake among pregnant women	*80.0%*	*80.0%*	*80.0%*
KPI 2 (d) Uptake among staff with patient contact	*66.0%*	*70.0%*	*72.0%*
Healthy eating			
• Develop and expand Sustainable Food partnerships across Cardiff and the Vale of Glamorgan • Implement healthy eating in pregnancy programmes along with a focus on breastfeeding • Increase proportion of food available on UHB premises which is healthy from 75% to 80%	Support people to make healthy choices around food		
KPI 1. Percentage of adults eating five or more portions of fruit and vegetables the previous day	*31%*	*31%*	*31%*
KPI 2. Compliance with restaurant and retail food standards	*>75%*	*>75%*	*>75%*
Physical activity			

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Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
• To deliver and support multi-component interventions in pre-school and school settings, and workplace interventions across the UHB • To support primary care staff to develop and promote physical activity opportunities with patients • To ensure that environment-focused policies and plans impact positively on physical activity rates (e.g. planning applications, Clean Air Strategy)	Support people of all ages to be active more, and more often		
KPI 1. Adult participation in physical activity *Percentage of adults who reported being active for at least 150 mins in the previous week*	*59%*	*60%*	*61%*
KPI 2. Adults who are inactive *Percentage of adults who reported being active for less than 30 mins in the previous week*	*27%*	*26%*	*25%*
Health inequalities			
• Continue the roll out of the School Holiday Enrichment Programme across Cardiff and Vale, including special schools, expanding provision through the number of schools and/or Key stages (currently just Key Stage 2) • Work with GP practices and primary care clusters to identify approaches to improve immunisation uptake and decrease inequalities in uptake (see Immunisation programme for more detail) • Increase the number of community-based smoking cessation programmes in areas of high deprivation	Reduce health inequalities in Cardiff and Vale by taking a targeted and 'proportionate universalism' approach to support		
KPI 1. Number of children accessing the School Holiday Enrichment Programme per year in schools across Cardiff and Vale	*750*	*900*	*1000*
KPI 2. Variation in pre-school immunisation uptake	*15.0%*	*12.5%*	*10.0%*

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Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Difference in uptake of MMR2 by age 4 between highest and lowest primary care clusters in Cardiff and Vale			
Alcohol			
• Provide Alcohol Brief Intervention training to professionals across Cardiff and Vale, increasing skills to undertake screening and advice. • Provide substance misuse education sessions which include alcohol to children and young people across Cardiff and Vale in a variety of settings • Act as a Responsible Authority under the Licensing Act 2003, making representations on applications where necessary, and working in partnership with licensing teams and local license holders	Reduce the harm from alcohol consumption		
KPI 1. Percentage of adults drinking above weekly guidelines	*23%*	*22%*	*22%*
KPI 2. Number of people attending Alcohol Brief Intervention training	*120*	*120*	*100*
Falls prevention			
• Provision and support of community based strength and balance exercise opportunities for older people • Delivery of Falls Brief Intervention training to key professionals working with older people, giving them the skills to identify and address falls risks and signpost to support • Working with the UHB to improve falls pathways, enhance community level falls prevention intervention and improve screening of older people at risk of falling	Reduce the number of falls among older people		
KPI 1. Hip fractures amongst people aged 65 and over per 100,000	*550*	*550*	*500*
Dementia			

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Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
• To train frontline health and social care staff in dementia awareness • To develop dementia friendly communities across Cardiff and Vale • To develop a communications plan to reduce the risk of dementia in our communities	Reduce the risk of dementia and ensure people with dementia and their carers get the care and support they need		
KPI 1. Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care	*61.6%*	*70.0%*	*75.0%*

Additional actions on inequalities are included in Clinical Board plans, including reducing inequity of access to services by reviewing DNAs and length of stay by deprivation quintile; improving services for dental patients with hearing loss; encouraging staff to undertake Making Every Contact Count (MECC) training; and developing an integrated service model for vulnerable groups.

5.2 Primary & Community Care

This chapter outlines the key deliverables within primary and community care services on which the UHB will focus during 2018-19 and the 2 years following as part of the evolving transformation agenda that underpins the UHB's approach to delivering ''Shaping our Future Wellbeing.

This section is focussed on the specific primary and community services priority areas which either sit either exclusively or largely within primary and community services or are led by the primary and community service teams.

The section briefly outlines:

- Background to the proposed development of Primary and Community services
- Key Achievements and impact
- Primary & Community Care Prevention Priorities
- Primary & Community Care Urgent & Emergency Care Priorities
- Primary & Community Care Planned Care Priorities

There is a wide range of further service priorities that involve a contribution from Primary and Community services that can be found in later chapters of this document including Urgent & Emergency Care, Planned Care, Major Health Conditions, Health & Social Care for Older People and End of Life Care but they are not presented in this section to avoid duplication.

In addition, there are a number of infrastructure enablers – both facilities and digital solutions - on which the success of the Primary & Community Services delivery ambitions depend; these are reflected in the Infrastructure and Digital Health Care Chapters of this Plan.

Finally the financial and workforce implications are incorporate into the UHB's Finance and Workforce Framework chapters.

Background

The Welsh Government 'Primary Care Plan for Wales up to 2018' provides a clear vision for Primary Care services.

A primary care service for Wales, based on the principles of prudent healthcare and made up of a wide range of professionals working as a coordinated and integrated team of GPs, nurses, pharmacists, midwives, health visitors, dentists, optometrists, physiotherapists, podiatrists, healthcare support workers, social workers and others, will become the mainstay of the NHS: tackling the root causes of ill health, preventing people from being admitted to hospital unnecessarily, helping those who have been admitted to get home quickly with the right support; motivating and supporting people with chronic conditions and long - term illnesses to manage their health at home ". Primary Care Plan for Wales up to 2018, (Welsh Government).

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The key objectives underpinning the UHB's primary and community services are described in the UHB's strategy and shaped by the national and local priorities earlier in this document. Further drivers in developing our plan for primary and community services over the next 3 years include:

- Implementation of the WG **Primary Care Workforce Plan** – the implementation of this is pivotal to the UHB
- **GMS sustainability** – the primary care model is being reworked within the UHB to respond to the unprecedented pressures in sustaining GP delivered services
- The development of **Clusters and Cluster Networks** are at the heart of primary care sustainability and our evolving future system of care; they provide a foundation for much of the UHB's Transformation plans and Shaping Our Future Wellbeing in the Community Programme Business Case. This will include the requirement to work particularly closely with Cardiff Local Authority in developing integrated service and estates/infrastructure plans as the Local Development Plan residential developments continue to be implemented – this impacts particularly in North & West Cardiff.
- **Applying learning from Canterbury** will help to shape our approach to accelerate clinical pathway development and support the transformation approach

5.2.1 Key Achievements 2017/18

- **Community Diabetes** - Embedding the Community Diabetes Model through cluster working by developing a primary care Diabetic Specialist Nurse Team approach involving work across clusters.
- **Cluster Pharmacists** - Experienced cluster pharmacists have been recruited to within clusters and objectives agreed with GP practices.
- **Primary Care Nurses for Older People** - Primary Care Nurses for older people have been appointed to work with cluster practices to support vulnerable members of the community, in the North and West Cardiff Locality and now the South and East Cardiff Locality. Nurses have worked across health and social care boundaries to ensure patients on the caseload receive the right care, at the right time, in the right place.
- **Inverse Care Law** – has commenced at a cluster level, following approval of the business case, with a focus on an overall reduction in prevalence of cardiac disease and premature CV disease mortality within Cardiff.
- **Social Prescribing** - Wellbeing coordinators have commenced in clusters across Cardiff and Vale to promote the social model of care and public health priorities within clusters. In addition to the Wellbeing coordinators a number of cluster based social prescribing initiatives have commenced.
- **Acute Response Team** - Supports discharge from both inpatient areas and referrals from GPs by providing clinical interventions e.g. IV therapy, antibiotics at home. This service has relocated to St David's Hospital, with plans to expand its clinic based service.

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- **Ambulatory Care Sensitive Pathways -** 90% sign up to the pathways, including 100% sign up from five clusters.
- **Cancer Pathways** – successful roll out to all 49 Vision practices.
- **Locality based MSK service** – Central Vale First-contact MSK physiotherapy pilot completed, aim is to achieve a single point of entry for all shoulder, knee and spinal referrals from primary care.
- **Developing a General Practice Support Team -** a dedicated multi-professional team who work with practices to transform good ideas into sustainable solutions which will improve and deliver quality services for the patients and residents of Cardiff and the Vale.
- **General Practice Workforce Planning** established a validated baseline of GMS workforce information (Independent Contractors) for 2016/17. The only Health Board in Wales to take this approach.
- **Choose Pharmacy & Common Ailments** – The Common Ailment Scheme (CAS) has been rolled out to approximately 40 practices during Sept, Oct 2017. Installation of the choose pharmacy IT platform has taken place over September/October.
- **Family Planning** - Additional local family planning and STI screening services have been provided at weekends (and some bank holidays) from two central locations.
- **Dental pathway -** Dental Referral Centre has commenced, two pathways have been completed and approved for implementation. Bariatric service is running and the Domiciliary Service is being tendered. The MCN and UHB will monitor outcomes to ensure the pathways are moving services to primary care.
- **Mind in Vale -** Following excellent year one outcomes for the Central Vale cluster, and additional commitment to invest in the scheme has taken place with ongoing funding in Central Vale.
- **Phlebotomy/District nursing expanded capacity through the introduction of domiciliary phlebotomists** within each District Nursing team. These Phlebotomists now undertake approximately 90% of District Nursing venepuncture requests, allowing District Nursing to spend more time with the most frail and vulnerable housebound patients.

Demonstrating the Impact of Achievements

- **Prescribing and Medicines Management NPIs -** A multifaceted approach, to work with prescribers, to minimise variation and improve prescribing was undertaken. CAV were the lowest in Wales on several prescribing indicators.
- **Antibacterial Prescribing -** In the year to March 2017 antibacterial usage fell by 7% in Wales. CAV continued to decrease by 5.98%. The proportion of cephalosporin prescribing decreased in all Health Boards; Prescribing in Cardiff and Vale showed the greatest reduction in proportion at 12.2%. Cardiff & Vale is now lowest prescriber in Wales as items per 1000 patients and is lower than the English average for this indicator.
- **Stoma Pathways -** Measured prescribing costs per practice – 34 patients, savings achieved approx. £11,500 per annum, £340 per patient per year.
- **Medication Review and Medicines Management Processes Review in Care Homes**: Between Oct 2016 – Oct 2017 475 medication reviews have taken place across 10 care homes: 279 medicines that patients were actively taking have been stopped; the dose, timing of the dose or formulation of the medicine were changed for a further 239 medicines.
- **GP Out of Hours Improved Skill Mix** – Improved OOHs performance due to skill mix, MDT/partnership approach, Clinician of the year 2016, Frequent Flier working group awarded Outstanding Contribution to Prudent Health Care.
- **Cluster Health Fairs** – Numerous health fairs have taken place with engagement with cluster populations through health checks, health talks, health information, flu jabs and other activities.

Whole System Impact of Achievements

Eye Care - An optometric advisor has been employed to support the delivery of care closer to home. As at 30 September 2017, 1,169 patients have been discharged from secondary care into primary care under the post cataract scheme.

Cluster Paediatric Pathway Development - 9% fewer DNAs reported in Q1.

Cardiff based Community Assessment Unit – has established with six beds (increased during the winter period). Target LOS of 14 days is being maintained, 99.6% of patient admitted are discharged home, patient satisfaction is high. Up to September 2017, 74 patients were referred to the unit. In quarter one, 65% of patients had reduced ongoing care needs and this increased to 69% in quarter two.

The Bay Reablement Unit – has established with six beds, there has been an improvement to the person's level of independence and a substantial saving to both the UHB and the Vale of Glamorgan Local Authority. Up to September 2017, 22 patients were referred to the unit. There was a reduction in ongoing care need in 100% of patients in both quarter one and quarter two. In quarter two 89% of patients had all goals achieved on discharge from the unit.

Community Resource Team expansion - teams have been significantly expanded which has allowed the teams to operate 7/7 including bank holidays to help support facilitated discharges and community support (admissions avoidance) every day of the week. 457 were patients supported over the weekends during the first year operating as a seven day a week service.

Provision of Falls Awareness to Care Homes - Sessions delivered to over 200 members of staff in 21 care homes in the Vale of Glamorgan, raising falls awareness and putting preventative mechanisms in place.

Pulmonary Rehabilitation - Cluster service fully evaluated, leading to further programmes being planned and delivered. As part of the evaluation the St George's respiratory patient outcomes questionnaire saw a mean improvement of -15 better than that achieved by the hospital service. Mean improvement in anxiety and depression scores also positive and bigger improvements than seen by the hospital service. Patient satisfaction continues to be very positive with 99% of pilot scheme patients satisfied with the programme.

Gastroenterology, creating opportunities to improve care - GPs can now request additional tests following pathway work undertaken between primary care in liaison with gastroenterology.

5.2.2 Primary & Community Services - Prevention

Much of the UHB's prevention activity is delivered in the primary and community care environment, often with our public and third sector partners. Much of this work is now core business and is also being delivered through our collaborative working arrangements with local authority partners and third sector.

The priorities described in the following sections in this chapter identify those service areas where service transformation and/or pathway redesign that are being led within primary and community care but often are supported or delivered in partnership with other clinical services and/or external partners. The priorities in this section are not exhaustive and some service priorities being progressed by the UHB may feature in other chapters e.g. Unplanned, Planned or Health & Social Care for Older People but are not included in this chapter to avoid duplication.

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Primary & Community Services Prevention Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Improved Screening and Immunisation uptake			
Through **Wellbeing Co-ordinators** improve public uptake of illness prevention and health promotion services including **social prescribing**.	• Improvement in screening compliance (breast, cervical and bowel) • Improvement in immunisation uptake for childhood vaccinations and flu • Increase in referrals to Third Sector support services *2017/18 Performance = see Public Health Prevention section (above)*		
Chronic Condition Management – Home First			
Continue Roll Out of **Pulmonary Rehabilitation** on a Cluster Basis *Target Performance: Mean Improvement = -15*	Continued patient satisfaction (already 99%) & improved outcomes using St George's Respiratory Questionnaire *2017/18 Performance: Mean Improvement = -15*		
Embed the **Community Diabetes** model using cluster based Diabetic Specialist Nurses to raise prevention awareness and support patients. Develop pathway for identification of at risk population in order to refer to Foodwise Programme (including minority communities)	Ultimately these services will support the UHB's aim to reduce the incidence of diabetes which is impacted by a wide range of variables. The success of these initiatives will be directly monitored by the uptake of the programmes.		
Community Falls			

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12 month trial proposed for two schemes to test the impact on reducing the number of preventable falls in the community: **Community Falls Prevention Clinics**: • GP/Comm nurses to refer at risk patients for rapid access specialist holistic falls risk assessment. Increase use of GP Falls pathway and exercise decision-making tool through GP cluster plans. Target Performance = Number of refs Patient Wellbeing – EQ5D5L QOL measure **WAST/CRT Falls Response team** Patients referred via 999 for urgent same day home based assessment by paramedic and CRT therapist to assess and signpost to appropriate service Target Performance = Number of refs Patient Wellbeing – EQ5D5L QOL measure	The trial projects aim to evaluate the impact that these services will have on the management of falls risk in the community which should not only benefit individuals in the community but should reduce demand in the unscheduled care pathways for the UHB and WAST. The projects will be evaluated and rolled out over 2019-21 if they can demonstrate patient benefit, affordability and improved service value. *In the event that these services are rolled out into 2019-21, the target delivery profile will be established for future performance reporting.*
Reducing Health Inequalities	

Improving Standards and Monitoring of Prison Healthcare The healthcare team at HMP Cardiff provides a range of health services for up to 800 male prisoners. Weekly, a variety of Health Board services input into the Prison but the performance of these services is difficult to monitor and progress is difficult to track. **Identification and Referral to Improve Safety (IRIS)** Collaborative service with South wales police to provide referral pathway to specialist domestic violence services.	This project aims to bring together the management and delivery of services for vulnerable people to: • Improve service delivery • Improve clinical pathways *Outcome aims to provide year on year continuous improvement in patients experience measured through patient surveys* Enhance the experience of hard to reach groups across the Locality. • Review of how Systm1 is utilised & coding • Review of workforce and career structure • Understanding of provision of mental health services Maintain and roll out general practice based domestic abuse and sexual violence training and referral programme within available resources.

5.2.3 Primary Care – Urgent & Emergency Care Priorities

Primary and Community services have an absolutely pivotal role in the UHB's evolving Transformation programme for Unscheduled or Urgent & Emergency care. Many of the service improvement of transformation actions being delivered in primary and community services are part of wider pathway improvement plans with other partner services within the UHB and other public and third sector partners. For this reason, some of these priority schemes are presented in other sections of this document to avoid duplication.

There is a particular emphasis on clinical pathway redesign where the focus for improvement includes:

- Ambulatory Care Sensitive (ACS) Pathways – See *Urgent & Emergency Care section*
- Cancer pathways – See *Cancer Section in Major Health Conditions Section*
- CRT/ECAS/Day Hospital remodelling – see *Health & Social Care for Older People Chapter*
- MEAU pathway to VCRS – See *Urgent and Emergency Care Chapter*

In addition, there are specific services where access and capacity are critical to the sustainability of urgent and emergency care services to support our strategic goal of Home First and to provide value based, prudent care. Those critical services are:

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- GMS Sustainability – See below
- Primary Care Out of Hours – modernising the service model – see below for detail
- Development of a Care Home Integrated Support Team (CHIST) - see *Health & Social Care for Older People Chapter*
- District Nursing HSCW framework - new role development reengineering existing resource to meet increasing demand – see below
- Customer Contact Centre (CCC) – enhancing Single Point of Access – see below for detail
- Discharge to Assess Units (One in Cardiff and one in Vale) – see *Urgent & Emergency Care section*
- Cluster Frailty nurses – see *Health & Social Care for Older People Chapter*
- CRT support to patient flow – *Urgent & Emergency Care section*
- Provision of appropriate access to Continuing Health Care (CHC) - see *Health & Social Care for Older People Chapter*

Urgent & Emergency Care Primary & Community Care Priorities	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Addressing GMS Sustainability: Proactively address GMS sustainability issues to ensure that there is a resilient workforce and robust future plans in place to provide safe and effective patient care through modern service provision. Working with practices whilst recognising the independent contractor status, will set the foundations for change through facilitated and proactive discussions to consider new ways of working and new models of care. The development of the 'Cardiff & Vale Offer' is key. In further supporting primary care sustainability there are infrastructure challenges which will also need to be addressed over the life of this Plan in order to provide the requisite capacity to accommodate the growth in demand associated with significant residential developments in Cardiff. *(for detail see Infrastructure Chapter)* *Target: No unplanned practice closures*	• Accessibility to services - open lists and managed boundaries enabling practices to work across each other within the cluster. • Working at scale – fewer small practices with a sustainable workforce • Improved workforce – establish workforce plans at practice and cluster level • Improve services delivered to patients - able to access a wide range of GMS services on a practice and/or cluster level • Policy on branch surgery closures - consolidated service provision on a smaller number of sites. • Services delivered out of fit for purpose buildings *0*	*0*	*0*
Primary Care Out of Hours:			

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Urgent & Emergency Care Primary & Community Care Priorities	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
There are a number of potential areas for service change and development in the out of hours service that can have an impact and benefits on the wider health system. In modernising the service model, systems and provision the service can begin to change the way that care on evenings and weekends is delivered to patients. Key areas for development include: • Delivering care to patients that is appropriate to need, through a modern workforce in premises that are fit for purpose and support staff and patient health and wellbeing; • Consider service models that enable partnership working with other Health Boards, limiting the service risk and improve patient experience and provide improved information; • Identify the potential scope for a model that works across unscheduled care systems that provides improved patient care and more integrated working within the Health Board • Implementation of a fit for purpose IT solution that aligns with other Health Boards in Wales, supporting regional working and implementation of 111, and improving the current working conditions within the service.	• Improved performance against WG national OOHS standards. • Improved patient experience • Increased patient messaging via social media • More robust IM&T infrastructure to support service delivery • Contributes to improved recruitment and retention to the service through the development of a more sustainable service and workforce model *Continued year on year improvement in shift fill rates and performance against WGOOHs standards*		
Customer Contact Centre The purpose of this project is to further enhance the Single Point of Access to support the efficient delivery of community services to provide information, advice and, where appropriate, onward referral to a range of health and social care services in the community. *Target: year on year increase in refs managed via ccc*	• Increase in the number of referrals managed via CCC. • Production of case studies • Feedback questionnaires for callers Regular discussions with service leads in relation to statistics, SLA compliance, improved patient outcomes *10% increase*	*10% on previous*	*10%*

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Urgent & Emergency Care Primary & Community Care Priorities	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
District Nursing HCSW framework Improve the efficiency and resource utilisation of the District Nursing service to manage the increasing demand, by establishing a band 4 HCSW role Develop and implement framework for Band 3 development and review establishments	• Improving staff morale/engagement • Succession planning and opportunities for development • Improve service effectiveness		
Target:	*Year on year reduction in vacancy rates*		

5.2.4 Primary & Community Care – Planned Care Priorities

Primary and Community services provide an important contribution to a number of key improvement areas within the UHB's Planned Care Transformation Programme although most of these are led from other service areas. For this reason, most of these priority schemes are presented in the Planned Care section of this document to avoid duplication.

The Planned Care schemes which involve the Primary and Community service teams include:

- Optometry – *See Eye Health in Major Health Conditions Chapter*
- Oral Surgery – *See Oral Health in Major Health Conditions Chapter*
- GP Support to pathway redesign in RTT hotspot areas e.g. gastroenterology - *See Planned Care section*

There are specific service priority delivery areas which are delivered by Primary and Community Care, specifically:

- Acute Response Team (premises based care project) – see below
- Community Resource Team – planned facilitated discharge at the weekend – *See Urgent & Emergency Care section*
- Wound healing – see below
- Erectile Dysfunction (with Surgery and Specialist services) – see below

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Urgent & Emergency Care Primary & Community Care Priorities	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Acute Response Team premises based care The purpose of the project is to enhance the Acute Response Team (ART) capacity which will in turn assist in improving patient flow and maintain people in their homes thereby reducing hospital admissions. *Target: Increase number of OP IV treatments*	• Patients requiring IV therapies treated in ART Clinic as day patient • Audit of patient experience of being treated as an outpatient rather than an inpatient • Case mix of patients seen at home or hospital depending on their acuity *Deliver to full utilisation of OP IV slots*		
Wound Healing – Prudent service delivery Team provide an assessment service for patients with complex wounds in the community. Currently experiencing an increase in referral demand impacting negatively on waiting times for assessment and treatment plans. This delay in best practice care being delivered increases healing time, increases potential costs (dressings etc.) and results in a reduction in quality of life for patients. Waiting times currently at 10 weeks.	Development of affordable business case in 2018/19. • Non-complex wounds are healed before 12 weeks • Reduction of spend on antimicrobials • Reduction in year-end spend on dressings • District Nurses to treat non-complex wounds only • Fewer visits and quicker treatment time • Staff wellbeing – less MSK related sickness absence		
Target waiting time:	*4 weeks*	*2 weeks*	*2 weeks*

5.3 Urgent & Emergency Care

Whilst some good progress has been made in stabilising unscheduled care performance within the UHB, delivery against national targets remains challenging. There has been continued incremental improvement against the Tier 1 Access to Emergency Care targets in the context of rising demand for emergency and urgent care.

Tier 1 Target	2015-16	2016-17	*2017-18 ytd (8/12)*

95% patients within 4 hours	81%	84%	*86%*
0 patients waiting > 12 hours	1101(92 mthly av)	685(57 mthly av)	*278 (35 mthly av)*
65% Cat A ambulance monthly response time	68%	88%	*78%*
70% Cat A ambulance rolling 12 month response time	72%	83%	*84%*
Local Tier 1			
100% Ambulance handover within 15mins	58%	49%	*51% (Nov)*
100% Ambulance handover within 60mins	91%	88%	*92%(Nov)*

The nature of the clinical needs of patients presenting at A&E is also increasing in acuity with as well as on volume. There has been a change in the casemix split between majors and minors from 58% majors 42% minors in 2014-15 to 64% majors and 36% minors in 2017/18. Whilst there has been a welcome reduction in the number of patients presenting with minor injuries and illness as a result of the range of initiatives developed in primary care and integrated community services and also with WAST, there has been a significant **15% increase** in the volume of patients presenting as majors in the last 3 years which reflects a UK wide trend although this is partly influenced through changes in data recording. Demand for paediatric A&E also continues to increase (7% in the last 4 years) partly due to the increase in this cohort in the local population.

A&E Activity

Activity	2014-15	Major/ Minor Split	2015-16	Major/ Minor Split	2016-17	Major/ Minor Split	*2017-18 ytd*	Major/ Minor Split
Majors	61,543	58%	61,029	57%	69,511	64%	*53,209*	64%
Minors	43,516	42%	45,270	43%	39,685	36%	*29,488*	36%
Paediatric	31,059		31,967		32,755		*24,848*	
Total	136,118		138,266		141,924		*107,505*	

The UHB is committed, with partners, to continuing its transformation programme to develop and implement a safe, seamless and integrated model of urgent and emergency care with value-based healthcare at its heart. The emphasis on prevention and risk reduction and bringing care closer to home. The transformation of unscheduled care (USC) is being driven through the USC Board within the UHB's Transformation Programme. The role of the USC Board is to ensure that the priority areas of focus and delivery align with the UHB's strategy and those of the National Programme for Unscheduled Care. The USC Board's aim is to maintain a continuous improvement in terms of the UHB's unscheduled care performance – the detailed quarterly profile for 2018/19 for which can be found at Appendix C1.

The UHB aims to eliminate > 12 hour waits from 2018/19 and deliver continuous improvement on the other targets.

USC	Target	2017/18 planned outturn	2018/19 planned outturn	2019/20 planned outturn	2020/21 planned outturn
Patients waiting over 12 hour waits in A&E	0	73*	0	0	0
Patients seen within 4 hour in A&E	95%	86%*	87-88%	90-92%	93-95%
Cat A Ambulance response times	65%	65%*	>65%	>65%	>65%
Ambulance Handover within 1 hour	100%	92%*	93%	96%	100%

**As at end Dec 2017*

There has been some excellent work progressed in Primary and Community services, working with partners to provide increasing alternatives to admission and support for discharge *(see Primary & Community Services Chapter and Integrating Health & Social Care Chapter).* There has also been some successful **redesign of in-hospital emergency pathways** focussed on delivering improved value-based care including:

- The introduction of dedicated emergency general surgery and urology services which have been separated from elective stream thus providing a more responsive emergency service with a senior clinical decision maker immediately available for specialist opinion, to attend specialty theatre for both emergency and urgent elective cases, improving patient discharge leading to better patient experience, reduced emergency admissions and length of stay.
- The Ambulatory Emergency Care (AEC) Unit has provided a dedicated stream for minor illness and specific medical pathways
- Medical Assessment Unit at UHW ensures that performance for same day discharge rates for emergency medical referrals from primary care and A&E is good at around 50%.
- Adult emergency admission rates for the resident population remain the lowest in Wales.

It is well understood that the successful transformation of urgent and emergency care is **a whole system and multi-agency challenge** and the focus of our service transformation and improvement priorities that are in train or planned over the next three years reflect this.

There are a range of community based service transformation priorities that contribute significantly to the Urgent and Emergency Care transformation agenda that are presented in other Chapters of this document and, to avoid duplication, are not replicated here.

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- Development of Community Falls service - *See Primary & Community Chapter*
- Customer Contact Centre (CCC) – enhancing Single Point of Access – Primary & Community Chapter
- WAST pathways – see below
- Ambulatory Care Sensitive (ACS) Pathways – See below
- CRT/ECAS/Day Hospital remodelling – see *Health & Social Care for Older People Chapter*
- Primary Care Out of Hours – modernising the service model – *See Primary & Community Chapter*
- Trauma pathway redesign – see below
- MEAU pathway to VCRS – See below
- Single Point of Entry – Acute Paediatrics
- Development of a Care Home Integrated Support Team (CHIST) - see *Health & Social Care for Older People Chapter*
- Discharge to Assess Units (One in Cardiff and one in Vale) – see below
- Cluster Frailty nurses – see *Health & Social Care for Older People Chapter*
- CRT support to patient flow – see below
- Provision of appropriate access to Continuing Health Care (CHC) - see *Health & Social Care for Older People Chapter*

Service-specific Urgent & Emergency Care priorities include:

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
PRE-HOSPITAL URGENT & EMERGENCY CARE			
Ambulatory Care Sensitive Conditions (ACS) Pathways ACS conditions pathways have been developed in order to provide a standardised approach to primary health care associated with ACS conditions in the community. The UHB scheme will continue to incentivise practices to adopt agreed pathways as good medical practice and demonstrate impact for: - Diabetes - Advanced Care Planning	The key aim is for GPs to proactively manage patients with these conditions to improve patient outcomes and reduce avoidable emergency admissions for patients with these conditions. Increase uptake of pathways by GPs from 80% to 100% over the IMTP period through continuous engagement with GPs via the monthly CD forum and embedding Outcomes Manager into the practices		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
- Atrial Fibrillation - Chronic Obstructive Pulmonary Disease	UHB has lowest admission and re-admission rates for the basket of chronic conditions in Wales		
Target:100% GP Practice Uptake	*88% GP Uptake*	*95% GP Uptake*	*100% GP uptake*
Elderly Care Assessment Service (ECAS), Day Hospital and Community Resource Team: Service pathway redesign to re-engineer existing resources to optimise service capacity and capability to provide appropriate assessment and intervention in a more timely way for our identified frail elderly citizens.	To provide a prudent service model to deliver a more clinically integrated approach which is more proactive and patient centred. The service model will be developed and trialled during 2018 through the USC workstream of the UHB's Transformation Programme and performance trajectories and targets will be set.		
HOSPTAL EMERGENCY CARE			
Direct-Access Pathways via WAST Develop and implement additional 'direct-access' care pathways via WAST: • *Fractured NOF* • *Ambulatory Emergency Care* • *Emergency Gynaecology (PV bleed)* • *Cardiology care building on successful pilot during winter 17/18* to reduce the number of patients unnecessarily conveyed to A&E	The pathway improvements proposed will improve outcomes for patients by getting them to the right person more directly, avoid unnecessary ambulance conveyances and delays and reduce congestion in A&E.		
Target	TBA	TBA	TBA
Review and redesign MEAU clinical pathways at UHL Building on early successes in 2017/18 and also learning from the AEC model at UHW – clinical and workforce model to be redesigned to reduce avoidable admissions as part of the UHB's USC transformation programme.	Develop service model, operating protocol and service pathways.	Implement & develop performance targets and trajectories	Embed and develop as appropriate

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
The opportunities to align wider service changes, such as the relocation of services from Rookwood hospital e.g. elderly care and day hospital services, will be included in this review and redesign	Trial and assess.		
Medical Emergency Assessment Unit Pathway to VCRS at Barry Hospital. As part of the above, trial new pathway from UHL's medical emergency assessment unit (MEAU) to the Vale Community Resource Service (VCRS) based in Barry community hospital thorough the redesign of an integrated community based service collaboration with primary care, therapy, home care, nursing and voluntary sector	Develop service model, operating protocol and service pathway. Trial and assess.	Implement & develop performance targets and trajectories	Embed and develop as appropriate
Optimising Surgical Emergency Flow Separate ENT Emergency and elective consultant service provision to improve timeliness of specialist care to emergency patients and specialist opinion in A&E in preparation for regional service centralisation in 2019/20	Improved outcomes for patients and improved use of beds through avoidance of unnecessary admissions by providing more timely access to specialist clinical assessment/opinion and treatment as appropriate.		
Trauma Pathway Redesign clinical pathway to improve access for trauma patients at UHW	Improved access to theatre and further improve emergency length of stay as well as patient outcomes and experience.		
Target: Year on year improvement 2017 baseline: 12.2 days	*12 days*	*11.5 days*	*11.5 days*
Single Point of Entry for Paediatric Emergencies	Integrating the two separate clinical teams will enable for efficient use of clinical workforce resource as well as		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Provide single acute hospital receiving service for acutely unwell children (currently A&E and CAU).	reducing waiting times for children in A&E and reducing the number of children cared for in CAU overnight. This is dependent on the infrastructure to enable this provision. This will be considered as part of the wider infrastructure solution to support the implementation of major trauma service model assuming successful support following public consultation.		
INPATIENT PROCESS & DISCHARGE MANAGEMENT			
Focus on Good Practice Continue to apply rigorous oversight of inpatient and discharge management practice in line with USC priorities to ensure timely are and prevention of decline through continuation and monitoring of: • Daily board rounds • Planned Date of Discharge for all emergency admissions • Utilisation of Community Resource Team capacity • Develop programme to extend the 'model ward'	Supports the range of initiatives to reduce general medicine LOS and Delayed Transfers of Care at both UHW and UHL		
COMMUNITY PATHWAYS			
Community Assessment and Reablement Unit Provide additional community based capacity to support the diversion of admissions and facilitate timely hospital discharge through the provision of an 8 bedded Short Stay Unit within a care home in Cardiff.	This service provides an important alternative to admission for frail elderly patients, as well as facilitating more timely discharge. It is therefore one of a range of service improvements designed to prevent avoidable decline in this vulnerable population, support our value-based, home first strategy as well as contributing to the LOS reduction at UHW and UHL.		
	>50%	>50%	>50%

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Target : Continue to demonstrate a reduction in ongoing care needs in >50% of patients referred			
Vale Community Reablement Unit Provide the 6 Intermediate care beds at 'The Bay' Reablement Unit commissioned by the Vale of Glamorgan Council and the UHB utilising the Intermediate Care Fund.	This service provides an important alternative to admission for frail elderly patients as well as facilitate more timely discharge		
Community Resource Team continued development The CRTs have established seven day working to improve patient flow. However there are a number of areas where further improvement work will continue, these include: • More formal links with MEAU (see above) • PARIS/PMS developments to improve hospital/community communication • Working closely with wards where late cancellations have been problematic and effected available homecare capacity	This service and referral pathways will be further developed to optimise the available capacity by working across clinical boards and other service partners to improve timely and effective discharge from hospital. Further work to achieve activity targets.		
Target: 100% CRT capacity utilisation	*100%*	*100%*	*100%*

5.4 Planned Care

The UHB is committed to improving planned care services at every stage of the pathway and to drive a **prudent, value-based approach** across all specialties and to deliver a sustainable planned care service. Service and system improvements focused on improving planned care performance are overseen by the UHB's Planned Care Board (PCB) as part of its Transformation Programme. The PCB addresses both local and national priorities that include:

- Capacity, demand and activity planning consistently and rigorously across all specialties and sub-specialties and identifying cross pathway/specialty impacts.
- Clinical value prioritisation –national pathways and guidance on procedures of limited clinical effectiveness (or Do Not Do – DNDs) are applied as a priority where this is not already the case. (Eye Care and MSK are also driven through the Planned Care Board)
- Improving Integrated Care delivery – for the past three years the UHB has commissioned GP leads in priority service areas to work alongside secondary care consultants to redesign pathways and shift the balance of care. The approach to collaborative pathway planning is well established in the UHB e.g. Urology and Diabetes.
- Moving to 'Best in Class' –the UHBs average costs for surgical elective care continue to benchmark below the Welsh average. The PCB oversees the participation of the UHB in the National Planned Care programme and relevant national audits.
- Implementation of PREMS – this being delivered in line with the national programme.

The UHB has consistently delivered its commitments in the last 3 years to improve performance in terms of referral to treatment time (RTT).

The UHB's forecast outturn for 2017/18 is 800 patients waiting more than 36 weeks and 987 patients waiting more than 8 weeks for diagnostics.

- There has been a 12% increase in new outpatient activity in core surgical specialities in the last 4 years
- Scheduled outpatient clinical utilisation and scheduled theatre utilisation is good (on target) in most specialities
- Elective length of stay in most specialties benchmarks well and continues to reduce across all specialties.
- The number of patients waiting more than 52 weeks for treatment has dramatically reduced.

However,

- Demand for elective care and diagnostics continues to increase in line with population growth
- In-year, non-recurring funding being provided to support elective services resulting in non-recurring, and therefore poorer value, service solutions being adopted
- Admission on day of surgery rates benchmark poorly for some key specialities e.g. General Surgery, ENT
- Outpatient follow up and DNA rates showing little improvement – 2.4 and 11% respectively
- There remains some capacity gaps to provide a sustainable planned care service including Neurosurgery, Endoscopy and sub-specialties within Orthopaedics and Ophthalmology.

Through our Planned Care Board, the UHB has an established an annual planning cycle. This is specialty specific demand analysis and bottom up capacity planning, translating into annual and quarterly specialty specific plans. To receive assurance that all specialties will deliver to the agreed plan, in-quarter monitoring against the target profile will continue as a standard measure. Actual versus profile will also continue to be monitored by specialty on a weekly basis so that mitigating actions can be agreed if any of the specialties are 'off plan'. This approach has been successful to date, with the UHB delivering its IMTP RTT quarterly profile target for the last twelve consecutive quarters.

The UHB faces a number of challenges in developing sustainable services, including: in-year delivery versus longer term transformation; recruitment to key posts, particularly to posts known to be hard to recruit to UK wide; the opportunity to increase elective capacity is constrained in part by infrastructure capacity in theatres; and demand increases. These form part of the assessment undertaken as part of the Annual Planning Cycle. Whilst speciality specific plans contain solutions to address demand and capacity gaps on a sustainable basis and also solutions to address the backlog, the balance of short-term solutions versus longer-term sustainability varies by specialty. This is in the context of having to consider both the deliverability and affordability of each within the context of the Planned Care Plan for the UHB.

The UHB has explored a range of options and considered the activity required to either maintain the position achieved at the end of 2017/18 or to continue to improve the reduction in the number of RTT patients waiting over 36 weeks and 26 weeks, and diagnostic waits over 8 weeks

The scenarios developed have formed the basis of on-going consideration within the UHB to ensure that the implications and impact of each of the scenarios are clearly understood.

INSERT TABLE OF SCENARIOS

In addition, the plans are dependent upon a number of assumptions:

- The control of demand and increase in capacity assumed through pathway and productivity improvements are achieved.
- WHSSC fund the delivery of key WHSSC business cases (Neurosurgery)
- Some outsourcing of outpatient and treatment capacity will continue as an option but will have limitations (both volumes and casemix).

The extent to which the UHB can further improve waiting times will in part be dependent upon infrastructure constraints: in particular theatre and some diagnostic capacity. Existing plans mean each of these supporting resources will be at maximum capacity (or over-subscribed) during 2018/19, the UHB will accelerate collaborative options to mitigate these constraints working with regional partners. Detailed plans to both redesign service delivery to improve outcomes and better match demand and capacity as well as secure capital investment in critical infrastructure are being developed in 2018/19 for implementation during 2019/20 and beyond.

The UHB is currently implementing interim capital plans to improve and expand theatre facilities across UHW and UHL sites and intends to submit further capital investment bids for theatres, in order to meet service need and provide accommodation which is safe and fit-for-purpose in the short to medium term (next 2 to 10 years). The impact of this complex programme requires some theatre capacity to be vacated for refurbishment, which is a risk to performance during 2018-20. This is being managed through the increased utilisation of theatres by extending scheduled capacity into the evenings and weekends.

It is well understood that the successful transformation of planned care is **a whole system and multi-agency challenge** and the focus of our service transformation and improvement priorities that are in train or planned over the next three years reflect this.

There are a range of community based service transformation priorities that contribute significantly to Planned Care transformation that are presented in other Chapters of this document and, to avoid duplication, are not replicated here. There is also a range of digital solutions that will support the overall modernisation of outpatient service delivery which include: structured roll out of e-advice, electronic referrals, clinic booking modernisation (using Fully Automated Booking and text messaging) that are described in the Digital Health Chapter of this Plan.

The priorities being progressed in 2018/19 and beyond address the challenges in planned care through:

- Structured pathway redesign to provide alternative to secondary care referral e.g. e-advice, community-based and/or non-medical interventions
- Creating additional capacity through efficiency and productivity improvements
- Investing in additional capacity to meet demand
- Developing collaborative options with partner UHBs re. all the above (for Orthopaedic, Ophthalmology and Diagnostics).

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Optometry/Eye Care The aim is to support the longer term movement of services from secondary care to primary care	*See Eye Health section in Major Health Conditions Chapter*		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
GP led pathway redesign GP Leads have been identified to work within areas where waiting times are most challenging: Urology, Dermatology and Gastroenterology. Progress is good with individual pathways developed and training and development sessions undertaken. Further priority pathways to be identified. *Target: baseline to be established*	This programme is focussed on improving primary care capability to improve appropriateness of referrals for specialist opinion/intervention that will mitigate increasing demand for outpatient services. • Improved patient experience • Improved primary, secondary care communication (e-advice) reducing avoidable referrals to secondary care • Improved knowledge of secondary care issues in primary care and improved knowledge of primary care issues in secondary care.		
Oral surgery The purpose of this change is to bring services traditionally delivered in secondary care into the primary care setting	*See Oral Health section in Major Health Conditions Chapter*		
ART Premises Based Care The Acute Response Team support discharge from inpatient areas and referrals from GPs providing clinical interventions for patients requiring Intravenous therapy/antibiotics at home (IVABS), management of DVT and monitoring of patients with unstable INR (anticoagulation). *Target: baseline to be established*	These clients can be seen in premises thus increasing the efficiency of the resource and the capacity of ART. For example some clients require the ART nurse to be present throughout IV therapy for up to an hour, in addition to travel time. Running this in a clinic environment would allow multiple patients at any one time to be supervised. It would also enable line insertion to transfer from EU or patients home which is often unsuitable. *Year on year improvement*		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Community Audiology Building on successful transfer of previously hospital-based services to community facilities in Barry, the aim is to continue to roll out this provision on 2 further community sites	• Review locations that have been identified as best fit for the local population. Engage with stakeholders on proposed sites and test for value optimisation of transfer to community and agree sites. • Produce transfer plan and implement by Q4 • Performance baseline and trajectory to be developed	Transfer appropriate provision of audiology outpatient services in the community: Target: • 1875 new patients (Adult) • 3600 follow-up patients (Adult) • 275 paediatric patients	
Self-referral for patients with Hearing Loss, Tinnitus and Balance issues As part of the second phase of the implementation the ENT department will develop a plan with GP colleagues and the primary care management team to introduce a direct patient referral to audiology for the above conditions.	• Following development and implementation of Community Audiology transfer – agree referral pathways for Hearing Loss, Tinnitus and Balance. • Performance baseline and trajectory to be developed	Reduce avoidable demand for primary care - Current level of demand indicates that there are over 3300 new patients presenting each year to the GP (27% of all GP ENT consultations).	
Paediatric Pathway Redesign The final development associated with the second phase of the implementation plan involves a revised model of care for children with hearing loss. This group of patients are currently treated through consultant led clinics	Children currently seen in the existing poor community sites will be seen in the new Primary sites with improved soundproofing and equipment – stakeholder engagement on the revised service	Increased capacity for care in community premises and improvement in patient experience as a result of service delivery in fit for purpose facilities.	

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
within UHW. The aim will be to manage these patients in the future in a community setting with audiologist delivering the patient care required. This service will however have direct access to consultant surgeons when it is deemed necessary for a small number of more complex patients.	model and configuration of facilities will be undertaken. Implementation plans will be produced for Q4 following engagement	Current information suggests that in total this equates to 384 new patients and 540 follow-up patients. Performance baseline and trajectory to be developed	
Development of Day Of Surgery Admission (DOSA) Area Provide dedicated area for all appropriate elective surgical admissions to improve pathway management and overall efficiency of elective surgical provision and better patient experience. *Current baseline DOSA 40%*	• Appropriate area to be secured and commissioned Q1. • Aim to reduce LOS and increase % patients admitted on day of surgery (DOSA)	80% DOSA rate	85% DOSA rate
Neurosurgery In order to address immediate capacity constraints, provide additional theatre operative capacity by running extended session days and weekend operating with the aim of reducing waiting times for elective neurosurgery Current baseline > 52 weeks	• Maintain extended working week to offset lack of 3rd dedicated Neurology theatre. • Develop theatre capacity solution as part of UHB's UHW theatres redevelopment programme – this will include review of all theatre physical and workforce capacity.	Develop clear implementation plan between Surgery & Specialist services for theatre and workforce capacity within theatre redevelopment programme to meet on-going demand to deliver and maintain access to elective neurosurgery to achieve 26 week maximum wait by 2020-21	

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Ophthalmology, Orthopaedics and Diagnostics The approach to addressing the backlog and capacity shortfall in these specialties in the medium to longer term will be developed collaboratively through the SE Wales Regional Planning & Delivery Forum	See next Chapter (Collaborative Regional Service Redesign) for outline of key proposals in these services. There is significant work being undertaken in these services areas and more detailed plans are anticipated in Q1 2018 which will provide more specific deliverables and estimated timescales.		

5.5 Collaborative Regional Service Redesign

5.5.1 South East Wales

The South East Wales Regional Planning & Delivery Forum is directing the planning and implementation of the following service redesign projects.

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Support regional changes of flow of **Paediatric Emergency Inpatients** as the outcome of the South Wales Programme is implemented	Royal Glamorgan Hospital (RGH) inpatient paeds service relocates to Prince Charles Hospital – Paeds Assessment Unit replaces service in RGH. UHW receives displaced flows from RGH from Summer 2018		
Support regional changes of flow of **Obstetrics** patients as the outcome of the South Wales Programme is implemented	Royal Glamorgan Hospital (RGH) consultant obstetrics service relocates to Prince Charles Hospital – Freestanding Midwifery Led Unit (FMLU) replaces service in RGH. All Cwm Taf Obs flows are directed to PCH until UHW obstetrics unit expansion scheme is completed – early 2019	Diverted Obs flows (around 680 women) are repatriated from PCH from Feb/Mar 2019	New flow pathways embedded
Support regional changes of flow of **NICU** patients as the outcome of the South Wales Programme is implemented	Royal Glamorgan Hospital (RGH) NICU service relocates to Prince Charles Hospital	Additional NICU capacity associated with additional Obs flows – 4 cots from Spring 2019	Additional cot capacity is commissioned on a phased basis to reduce NICU occupancy in line with BAPM* *(*Dependant on WHSSC funding)*

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Centralise **ENT Emergency** service provision and complex elective activity for South Central (RGH, PCH and Princess of Wales Hospital – POWH) at UHW and establish centres of excellence for less complex elective activity at regional centres.	• Design operational plan to implement agreed service model to ensure sustainable service model for emergency ENT services (including balancing reciprocal elective activity). • Public engagement/consultation requirements to be confirmed. • Identify further opportunities to improve networked service approach for elective treatments to optimise sustainability and improve quality and access to services for patients.	Implement agreed ENT network model	Embed agreed ENT network model.
Phase the agreed centralisation of **complex elective vascular** (arterial surgery) services for South East Wales at UHW	• Establish interventional radiology rota for SE Wales • Test deliverability of the ambition for the Aneurin Bevan / Cwm Taf and Cardiff and Vale centralisation of arterial surgery at UHW service plan to be under taken in a single phase during 2018/19. Dependant on deliverability either: • Develop and implement single phase Aneurin Bevan / Cwm Taf and Cardiff and Vale reciprocal service plan for the transfer of arterial surgery to UHW. or • Develop two phase service plan for the transfer of arterial surgery to UHW, and	Further implement reciprocal service plans to enable the transfer of arterial surgery to UHW	Embed full centralisation of all arterial surgery for SE Wales at UHW including the completion of the hybrid theatre.

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	implement the Cwm Taf and Cardiff and Vale reciprocal service plan.		
Regional **Ophthalmology** Project - Collaborative, clinically-led redesign programme to work collaboratively to optimise use of existing workforce and infrastructure assets across SE Wales and produce options for a prudent and sustainable regional service solution that will address the current and future capacity shortfall.	• Share and implement good practice across UHBs to maximise workforce & theatre capacity and system efficiency – including new workforce roles, booking and pre-assessment practices • Based on a the UHBs' demand and capacity assessments – develop regional approach to collaborative commissioning and/or deployment of resources to improve value and improve outcomes • Review option for an electronic patient record to support new ways of working • Develop options for longer term capacity solution for consideration for both capital and revenue investment	• Roll out and embed good practice • Develop a regional service model to address theatres and workforce capacity issues. • Secure support & investment for regional solution(s)	Commence implementation of regional solution

Regional **Orthopaedics** Project – aim as Ophthalmology (above)	• Ensure that links are established with the National Planned Care Board to ensure:
	  • Criteria and threshold work on all-Wales basis to inform regional model;
	  • Consistent demand and capacity planning approach and tools.
	• Share and implement good practice across UHBs to maximise workforce & theatre capacity and system efficiency
	• Based on a the UHBs' demand and capacity assessments at sub-speciality level – develop regional approach to
		• Roll out and embed best practice
		• Develop a regional service model to address theatre and trauma capacity issues.
		• Secure support and investment
			Commence implementation of regional solution (this may include the construction of WG Capital Schemes)

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	collaborative commissioning and/or deployment of resources to improve value and improve outcomes • Develop a regional service model to address theatre and trauma capacity issues.	for regional solution (s)	
Regional **Diagnostics** Project – aim as Ophthalmology (above) with focus on: MRI Endoscopy	• Share and implement good practice across Health Boards • Finalise regional demand and capacity analysis with support of the Delivery Unit and develop immediate shared operational priorities • Complete scoping study with recommendations to support timely regional provision of endoscopy services. • Design and implement transformed early cancer diagnostic pathways across the region building on lessons learnt. Agree the plan and implementation programme for Phase 2 of the Diagnostic Hub at the Royal Glamorgan.	• Agreement of regional plan and operating model for mobile MRI • In light of Diagnostic Hub Phase 2 programme, finalise further opportunities for shortening the diagnostic phase of patient pathways across the region	Redeployment of C&V UHB Mobile MRI capacity to provide optimal regional capacity.

5.5.2 South Wales

The NHS Wales Collaborative is currently coordinating a work programme including the following:

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Major Trauma Network model proposed for South Wales and South Powys with UHW recommended at the site for the Major Trauma Centre (MTC)	Assuming public consultation supports UHW as MTC – service pathways, workforce and infrastructure plans will be developed with key stakeholders to support a phased implementation of the MTC service. The requirements to support timely repatriation to nominated trauma units as well as well as potentially the need to identify reciprocal routine elective work will form part of this planning and engagement. Commence infrastructure planning to support MTC capability.	Conclude planning and engagement for MTC. Begin phased implementation to introduce MTC service. Develop & submit capital proposals for critical supporting infrastructure.	Continue infrastructure development in line with major capital business case requirements.
Sexual Assault Referral Centre (SARC) Service. High Level service model has been developed for proposed implementation across S Wales.	C&V UHB will coordinate a South Wales multi-agency implementation planning group (pending formal support from all commissioning parties) to establish an approach to enable detailed implementation plans to be developed with appropriate input from all service stakeholders to provide sustainable solutions in the short, medium and longer term for this important but complex service. These plans will need to respond to the standards and requirements of the service model specification but provide enough flexibility to meet variable local requirements. Immediate sustainability issues re. the development of Regional (S Wales) Acute Paediatric Service model to be urgently	Implementation plans developed	Phased implementation of South Wales SARC service (Operational arrangements to be determined through implementation planning)

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
	implemented subject to multiple commissioner support (C&V as lead provider)		
Cellular Pathology: The UHB is recommended as one of 2 sites in South Wales to host a Cellular Pathology Department.	Cardiff and Vale UHB is responding to the recommendations of work undertaken on behalf of the All Wales Pathology Collaborative. The UHB will respond to the national Pathology Strategy "The Future Delivery of Pathology Services in Wales 2018 onwards: Strategic Direction" and the Statement of Intent. The UHB will also monitor the impact of the ETTF digital Cellular Pathology Project on potential configuration of regional services.	Support the development of Pathology SOI. Consider opportunities for further regional life science integration and innovation with Cardiff University.	Continue HEART planning with Cardiff University to develop a health science campus.

Tertiary Service Provision – the UHB is developing a tertiary services strategic plan as part of the wider clinical services strategic plan. This exercise will be informed by collaborative planning being undertaken with ABMU UHB and WHSSC to assess the sustainability of a range of services.

5.6 Major Health Conditions

The aim across all chronic disease is to enable individuals to proactively manage their own health to improve their outcomes. Through focus on major health conditions we want to reduce inappropriate use of hospital services and have an impact on health inequalities. Major Health Conditions have National Delivery Plans to support improvement across Wales, we have developed local delivery plans in response which are available on the UHB website. In this section we are not seeking to replicate the detail of our local delivery plans but articulate the priorities for this IMTP period, setting out some key milestones for delivery in response to the national plans, national priorities and our population need.

http://www.cardiffandvaleuhb.wales.nhs.uk/delivery-plans

5.6.1 Diabetes

Good progress has been made in implementing our diabetes delivery plan, our teams have been recognised for both the quality of the care they deliver and work in empowering individuals with diabetes, in particular young adults. The Diabetes Team of the Year Award was won by the Children's Hospital for Wales Paediatric Team who were commended for data driven Quality Improvement utilising multiple initiatives in paediatric diabetes and the Empowering People with Diabetes award was won for our SEREN structured education programme

Importantly improvement has been made in foot care, which was a national priority, and the team have been recognised in the Patients as Partners Award: Welsh Prudent Health Award, 'Supporting individuals to take control of their care' - STANCE Project: Diabetes Foot Health Engagement and Empowerment to Self-Care one of three finalists (award to be announced in 2018).

We are continuing to embed the Community Diabetes Model, in line with the national priority, through cluster working by developing a primary care Diabetic Specialist Nurse Team approach involving work across clusters. We are also improving Integrated Care delivery – for the past three years the UHB has commissioned GP leads in priority service areas to work alongside secondary care consultants to redesign pathways and shift the balance of care. The approach to collaborative pathway planning is well established in the health board

The UHB hosts the:

- National Clinical Lead for Diabetes;
- National Foot Lead; and
- Diabetes Adult Network Co-ordinator;
- Three of the four national champions.
- Paediatric Network Co-ordinator;

Local priorities *(Action plan and Project team in place)*

- Think Glucose (also part of planned care programme)

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- Transition service from paediatrics to adult service (new standards launched November 2017 – separate internal workstream set up)
- Foot care (need assessment tool to be approved by NMB and embedded into dashboard)
- Community model (as part of Locality workstream)

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continue to roll out Think Glucose/hypoglycaemia - to provide better support for patients with diabetes *National priority- compliance with care processes, inpatient care support*	Reduction in incidents of patients suffering from poor control of diabetes, particularly those admitted to non-medical wards (e.g. patients admitted for elective procedures).		
• Provide a diabetes foot service which consists of a screening service, a Foot Protection service and a Multi-disciplinary Foot Service • Implement and roll out diabetic foot-screening tool in all in-patient settings to aid identification of existing problems and support the pressure score risks. Target: % appropriate staff trained in foot risk assessment – *National Priority- implement foot screening tool*	Introduce through Perfect Ward workstream and develop dashboard to monitor. Increase the % of staff who have undertaken diabetic foot risk awareness training to ensure that patients with active foot disease are identified and referred to the MDT foot care team to reduce avoidable morbidity.		
Continue to roll out community service model	See primary care chapter.		
Embed the All Wales structured education module (SEREN) for newly diagnosed children and young people: currently available for age 11+ (key stage 3) with modules for years 7-11 *National Priority- Self management and e-learning*	Improve awareness and capability for children and young people to understand and manage their condition. Target is to provide access to SEREN to 100% newly diagnosed for all appropriate ages groups		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Review service models and workforce needs to meet the growth in demand for nutritional and general education interventions in specific areas of diabetes care *National Priority- self management*	Xpert and Xpert Insulin courses available currently, supply and demand activity to be monitored. DAFNE also available but currently demand exceeds supply. Provision of structured education to be more closely aligned to demand. Ward staff education to be reviewed and improved.		
Implement standards for Transition of Diabetes Care from Paediatric to Adult Services in Wales *National Priority- meeting transition service standards*	Reduced admission rates and improved clinic attendance for this patient cohort will be used as proxy measures for the success of improved transition services		

5.6.2 Dementia

It has been a strong year in for dementia services, the early onset dementia service picked up a HSJ award and the community crisis team were commended at the BMJ Awards. For 2018/20 priorities for mental health services have been set through the Local Partnership Forum with the ambition to continue the improvement trajectory, this includes the piloting of the RAID model in hospitals.

Further priorities will be informed by the Welsh Government Dementia strategy – to be published imminently. This will support the Cardiff and Vale 10 year dementia plan and a revision of the commissioning and delivery arrangements for the Cardiff and Vale service collaborative. The Dementia Action Plan for Wales is due for imminent publication and will seek to support UHB integrated arrangements to deliver improvements in diagnostic rates, training, early intervention and support for carers.

Action Plan in place which will be revised following publication of revised strategy.

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Increase the % GP practices that complete Mental Health DES in dementia care or other direct training	To improve the identification of citizens with dementia		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
% >65s with dementia who are diagnosed: Current: 63.4% % GP practices with MH DES or other training in dementia: 30.3%	68% 35%	70% 40%	75% 45%
Continue to implement the dementia care bundle in hospital and the community to ensure patients are on the most appropriate care pathway	To continue to improve the quality of care for patients with dementia and to improve appropriate admission and effective discharge		
Roll out "Read About Me' – person centred tool for patients with dementia in clinical areas	All medical wards at UHW & UHL	All Wards at UHW & UHL	All appropriate clinical areas
Expand the network of dementia champions across all clinical boards	40% of cohort staff trained in dementia awareness	55% of cohort staff trained in dementia awareness	75% of cohort staff trained in dementia awareness

5.6.3 Cancer

Delivering improvement in the cancer pathway remains a key commitment, progress is being made in sustaining performance as can be seen in the information across this plan. The UHB met both national cancer targets at the end of March 2017 (for the first time since November 2013) with reported compliance 98.79% for NUSC 31 day and 95.37% for USC 62 days. Improvements in service provision are focussed along the whole pathway from prevention, earlier detection, access to diagnostics and treatment as well as improved patient experience and ongoing or palliative care.

Site specific action plans in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Roll out primary care pathways for Ovarian. Lung and GI cancer across 49 Vision practices using the C&V Clinical Decisions Support tool (Outcomes Manager) to ensure	Roll out of pathways for Ovarian, Lung and GI cancers and establish baseline and performance improvement trajectories to deliver year on year improvement in detection. Once embedded		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
consistency with NICE guidance, support earlier detection and diagnosis and provide data to enable the GP Clusters to monitor and evaluate effectiveness. *National Priority- diagnosing and detecting cancer earlier*	for Ovarian, Lung and GI, develop further pathways. Key to delivering intended benefits of Single Cancer Pathway.		
Implement Single Cancer Pathway *National Priority- meeting cancer waiting times and developing single cancer pathway*	Shadow form from Jan 2018 and action plan developed for roll out	Implement pathway from April 2019	Pathway fully implemented
Develop plan for integrated acute oncology facility working with Macmillan Cancer Care and Velindre clinical partners – concept to reengineer existing space within footprint at UHW to provide better care for patients presenting to acute services with either a new diagnosis of cancer, or with complications of an existing cancer diagnosis – key to delivering the intended benefits of the single cancer pathway *National Priority- sustainable acute oncology service*	Develop agreed service model and facility design solution	Secure Macmillan capital support to commence construction works	Continue/complete works for Acute Oncology Unit to provide improved pathway based care for acute patients with a diagnosis of cancer
Standardise chemotherapy regimen to support e-prescribing *National Priority- e-prescribing*	Continued reduction in variation and potential dose banding		
Continue to review and redesign as appropriate systems and pathways to deliver compliance against current national cancer targets and also focus on implementing the required single diagnostic pathway to optimise turnaround times for patients referred with cancer or suspected cancer; *Current Baseline* *31 day NUSC: 94% (End Q2)*	Work currently ongoing with all key internal and external stakeholders to scope and plan for the requisite systems and capacity to support the single cancer pathways, particularly for diagnostics.		

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
62 day USC: 84% (End Q2) *National Priority- Meeting Cancer Waiting times (*based on current cancer pathway standard)*	*USC: 98%* *NUSC: 93%* *No patients to wait > 10 days for diagnostics by 2021*	*98%* *95%**	*98%* *95%**
Develop a Prehabilitation Model of Intervention for Cancer as part of the National Lung Cancer Initiative Prehabilitation and Optimisation Programme with Occupational therapy, Physiotherapy and Nutrition and Dietetics to optimise patients' health and functional status prior to treatment to support best outcomes following chemotherapy / radiotherapy of surgery.	The National Programme aim is to improve the long term survival outcomes for patients with lung cancer in Wales by ensuring they are in the best health status possible prior to their treatment – performance improvement targets to be determined through National Programme		
Develop plan with South Wales UHBs for the provision of a sustainable regional Endoscopic Ultrasound Service (EUS) as first priority in developing a sustainable regional surgical service model for upper GI cancers in response to the All Wales Cancer Network review recommendations *National Priority- regional service planning*	Develop and implement sustainable regional EUS	Develop and engage on wider Upper GI Cancer surgical service model options	Implementation of agreed South Wales Upper GI Cancer surgical service

The UHB remains committed to working closely with Velindre NHS Trust to ensure that the proposed Transforming Cancer Services Programme and the redevelopment of the Velindre cancer Centre are appropriately considered and integrated into the UHB's commissioning and delivery priorities to provide optimal cancer services for the UHB's resident and patient populations.

5.6.4 Stroke

Progress has been made during the year. There has been improvement both in the number of eligible patients thrombolysed and the door to needle thrombolysis times. The Health Board's Overall SSNAP score has improved from 16 in Q3 of 2013 to 79 in Q4 of 2016 giving a B-rating. The percentage of stroke patients who spend up to 90% of their stay on Acute Stroke Unit has increased and the provision of CT scan within 12 hours and within 1hour (target 95% and 50% respectively) has remained consistently above target and 30 day hospital survival has improved.

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In delivering further progress an atrial fibrillation project supported by Welsh Government has excelled and will be rolled out across Wales and has been shortlisted for a National Award (Oct 2017).

Focus will continue on reducing door-to-needle time, four hour admittance target and improving patient flow. On the national priorities:

- Thrombectomy service / interventional radiology UHB is currently working with other Health Boards across Wales and WHSSC to establish if this service can be commissioned on a sustainable basis. In the meantime, the UHB has developed a pathway to provide a service to Cardiff and the Vale of Glamorgan residents only until a sustainable service is in place.
- Early Supported Discharge ('ESD'): The UHB is progressing this work within the framework of the new Community Neurorehabilitation Model in conjunction with Community Resource Teams. The Clinical lead has now been appointed and will be developing an action plan which will focus on ESD in the first instance.

Local Priorities

- Sustainable Hyper Acute Stroke Unit ('HASU') model and mechanical thrombectomy service- *National Priority*
- Completion of Cardiff and Vale AF Stroke project- *National Priority*

Action plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continue implementation of 1000 + Lives Project to improve prescribing for patients with Atrial Fibrillation *National Priority- identification of individuals with AF*	Continuing reduction in stroke incidence		
Continue to review Code Stroke processes to identify opportunities to improve performance including working with WAST on refining pre-hospital pathways to reduce door to needle time *Current baseline for 45mins: 25%* *National Priority- reconfiguration of stroke services in Wales*	50% appropriate patients to receive thrombolysis within 30mins and 90% within 45mins *40%*	*50%*	*75%*

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continue to monitor and improve front door assessment process and the sustainability of the mixed admission facility at UHW to optimise utilisation of acute stroke bed capacity. Explore and engage on options to develop single site hospital stroke service provision to streamline pathways and improve effective and efficient deployment of clinical resource in hospital and the community.	Develop and engage on stroke service reconfiguration options to collocate hospital provision and enhance community team support.	Develop service and associated infrastructure redesign plans	Implement stroke service redesign plans (may be phased depending on redesign solution.
Current baseline:			
Admission to Acute Stroke Unit <4hours = 57%	*70%*	*75%*	*80%*
CT scan <12 hours = 96%	*100%*	*100%*	*100%*
Assessed by Stroke consultant < 24 hours = 80%	*80%*	*95%*	*95%*
National Priority- reconfiguration of stroke services in Wales			

The UHB will continue to engage with South Wales UHB providers for acute stroke services regarding the development of options for a regional hyper acute stroke service unit through the Stroke Implementation Group and NHS Wales Collaborative.

The UHB will continue to work closely with WHSSC in exploring opportunities for developing a strategic relationship with North Bristol to secure access to thrombectomy procedures for patients from South and West Wales, and to provide further support to the interventional neuroradiology service provided by the UHB.

5.6.5 Critical Care

National priorities

The Post Anaesthetic Care Unit (PACU) continues to provide ring fenced critical care capacity for high risk post-operative elective patients. PACU has had a significant impact on reducing cancelled operations, LOS and DToC and delivered improved outcomes for patients. The Critical Care Directorate with Information Management have undertaken considerable modelling on demand capacity plans. Initial work to better utilise our footprint will commenced in May 2017 and further development of strategic plans for workforce and capacity growth which reflect the demand capacity models. The Critical Care Outreach service has continued to support further roll out and implementation of NEWS, RRAILS and Sepsis 6.

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DToC from Critical Care in Cardiff and Vale UHB remains a real challenge. A DToC action plan to use on an organisation wide basis to support the reduction in patients unnecessarily in a Critical Care bed has been produced. In addition a new clinical workstation tool has been developed and is currently being introduced across the unit to notify the patient access team of patients requiring ward beds and real time data on patient status, bed allocations and other clinical requirements.

The UHB will continue to develop and implement mechanisms within the UHB to recognise critically ill patients in timely manner. A pilot project funded by the Critical Care Network will provide an opening to explore how we better respond to the unwell patient.

Action plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Develop and/or extend the operational hours of Critical Care Outreach teams, to 24/7, in sites with acute medical and surgical admissions. *National Priority: Support care of deteriorating patients*	Improved % Compliance with 24/7 Outreach		
Critical Care at UHL Develop options for sustainable enhanced acute care service model for UHL to test collaborative provision with acute and respiratory physicians, anaesthetics, specialist nursing and clinical governance oversight from critical care intensivists	Develop service model options through re-engineering existing workforce to provide more sustainable model of 'enhanced acute care' at UHL to support both appropriate acute medical and post-operative surgical patients to maintain acute service model until UHW strategic site re-provision has been implemented (10 years +). The retrieval model for patients requiring intensive care will continue to be provided from UHW in the meantime.		
Reduction of Intensive Care Unit Acquired Weakness (ICUAW) All patients will receive assessment of the rehabilitation needs of all patients within 24 hours of admission to Critical Care and eligible patients on discharge from critical care will receive a rehabilitation prescription	Rehabilitation will be part of daily ward round for each patient receiving input		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Delayed Transfers of Care Continue focus on developing improved communication and pathways within the hospital and between hospitals to *National Priority: Delayed Transfer of care*	Increased bed capacity for appropriate admissions Target *Target : no more than 5% bed occupancy list to DTOC*		

5.6.6 Heart Conditions

The Health Board has seen significant improvements made through the implementation of its Heart Disease Delivery Plan. Implementation of the Welsh Patient electronic Referral System (WPRS). This has enabled a modernisation of our triaging of GP referrals to cardiology such that 20% of referrals are assessed and managed by specialist nurse and physiologist services, 10% are dealt with quickly by advice only and 60% are booked into a Consultant cardiology clinic. This has reduced the total number of patients waiting to see a Cardiologist from ~1,200 to ~500 patients. Weekly community cardiology clinics have been established at two GP practices in North and East Cardiff. The clinics are providing a one stop assessment process which is supported by 2 GP champions and a specialist team from the University Hospital of Wales.

Local Priorities

- Development of acute heart failure service
- Redesign ACS service
- Rapid Chest Pain service
-

Action plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Atrial Fibrillation Pathway in Primary Care *National Priority- development of clinical pathways*	*See Primary Care Chapter*		

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
ACS Pathway Implementation Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days. *National Priority- Development of Clinical Pathways for ACS*	*Target: All ACS patients to meet 72hr target from admission to angiography (+/- PCI)*		
Continue to develop integrated clinical workforce model and clear clinical pathways between acute medicine and cardiology at UHL. *National Priority- Development of clinical Pathways*	Ensure that acute medicine patients admitted as emergencies to UHL are able to access a timely cardiology opinion to prevent avoidable morbidity		
Acute Heart Failure Develop pathways and supporting service & workforce model to ensure that all patients diagnosed with HF are seen by a cardiologist within 24 hours. Baseline to be established. *National Priority- Development of clinical Pathways*	Delivery options to be developed and tested and appropriate performance improvement trajectories agreed	Model to be adopted	Model embedded

The UHB will work closely with WHSSC over the next 12 months on the WHSSC-led pathway redesign programme to explore opportunities to reengineer surgical investment into alternative minimally invasive/ preventative interventions and new technologies with specific reference to cardiac ablation (for which patient access in South Wales is a significant concern) and also trans-catheter aortic valve implantation (TAVI) where access to this procedure in South Wales is also an issue.

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5.6.7 Respiratory Conditions

The UHB has continued to make progress in the implementation of the Respiratory Delivery Plan. The standard of Spirometry training has improved with Llandough becoming an approved training centre. A number of specialist services have recently been established at the UHB and continue to provide vital services, such as the Interstitial Lung Disease (ILD) Service. The UHB has led the way in the development of all Wales guidelines inhaler prescribing for COPD and asthma. The UHB was the first Health Board in Wales to institute seven day working amongst respiratory physicians.

Action plan in place

See Prevention Chapter and Public Health Plans for additional detail on the UHB's Tobacco Action Plan

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Sustain Primary Care based pulmonary rehabilitation service and embed ACS pathway for Chronic Obstructive Pulmonary Disease	*See Primary Care Chapter* This service provision will contribute to the UHBs already good performance in low admission and readmission rates from chronic conditions		
Re-engineer roles to Implement nurse/AHP led asthma clinic providing direct specialist support for asthma patients and also to provide advice and training to other clinical professionals building on the existing model of care provided by The Community Respiratory Resource Team *Baseline target to be established*	This service will improve capacity to support patients to self-manage in line with NICS standards and British Thoracic Society guidelines and also contribute to the reduction in medication costs through improving adherence and inhaler technique.		
Non-Invasive Ventilation Service: Options for the provision of a dedicated unit for the provision of NIV c6 bedded unit on B7 have been developed but are currently unaffordable as substantial additional revenue investment is required *National Priority- responding to NCEPOD report on acute non-invasive ventilation*	This is a desirable service development which would benefit complex patients with acute ventilatory failure reducing the requirement to admit to High Dependency/Intensive Care Test NIV unit proposals to explore opportunities to develop and fund service through reengineering existing resource to reduce additional investment requirement		
Cough Assists: Scope the service across Wales for provision and ongoing management for patients with Cough Assists to reduce avoidable delays in discharge	Develop guidelines agreed across Wales for the provision and ongoing management for patients with Cough Assists. Scope current practice to make recommendations for future		

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5.6.8 Neurological Conditions

The UHB continues to make progress in the implementation of the plan, there has been a significant reduction in waiting times for wheelchairs and neurophysiology testing. A paediatric rehabilitation services has been development. 80 staff working across the neurological and stroke care pathways have been trained in the Bridges evidence based programme that enables multidisciplinary teams to build and sustain a shared approach to supporting self-management.

Action plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Community Neuro-Rehabilitation Services Integrate existing community neurological services to one service providing highly specialist therapy intervention and long term condition management for all patients with a diagnosed neurological condition *National Priority: Implement a co-productive approach to service development*	This approach will provide a sustainable workforce model with integrated leadership and improved pathways for patients with a neurological condition.		
Neurosurgery Neurosurgery – The UHB will continue to develop and implement plans to increase surgical capacity in the short and medium term to meet demand for this service	*See Planned Care section*		
Interventional Neuroradiology The UHB continues to work closely with WHSSC to develop a strategic relationship with North Bristol to provide further support the INR service provided by the UHB. *National Priority: Implement a co-productive approach to service development*	Planned appointments and strategic partnership arrangements should enable the UHB to stabilise this service which has been difficult to maintain with only 3 consultant posts (one of which was vacant).		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Neuro- Rehabilitation Policy The UHB will continue to work closely with WHSSC and other UHBs to address pathway issues impacting on the ability to repatriate patients. *National Priority: Pathway development*	In order to support the implementation of the Major Trauma Network this policy will be agreed and implemented when the network model goes 'live'.		
Increasing Demand for Equipment and Appliances The UHB will work closely with WHSSC to explore and evidence the impact of growing demand for specialist prosthetics and wheelchairs from the Artificial Limb and Appliance Service (ALAS) and also for Alternative & Augmentive Communication (AAC) aids	Ensure that funding is made available to support and sustain the vulnerable patient groups dependant in this equipment.		

5.6.9 End of Life Care

The UHB has made progress in improving the quality of care provided at the end of life. This IMTP period will be a continuation of this progress with programmes established to support the delivery of end of life care in the community, supporting care at the place of choice and reducing length of stay.

Palliative care research was a national priority in the last plan period and through the support of Marie Curie a Palliative Care Research Centre has been established at Cardiff University and is supported by the UHB.

Action plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
End Of Life Care – Locality Transformation Scheme The UHB has established a project to take a whole system pathway approach to improve the quality of end of life (EOL) care in the community and prevent admissions to hospital (for end of life patients) where this is not the patient/families' wishes. When admitted to hospital the aim will be to only stay for as long as is necessary, and ensure discharge options are available to ensure end of life patients can be discharged to be cared for and die in their preferred place. The project should therefore deliver: • Increased number of GP practices signed up to undertaking the Advanced Care Planning • Maximal use of the Care Home Enhanced Service • Macmillan Facilitators to deliver training across Clusters/Practices • Reduced admissions/readmissions from Nursing/Residential homes for EOL *National Priority- Advance Care Planning, reduced admissions*	% increase in ACP data recorded as part of CANISC. Improved public awareness of ACPs % increase in care home residents with an ACP recorded by GP ONS data on admissions in last year of life for CVUHB patients % increase in the recording of CANISC data on preferred place of care and death		
	The project will be developed and training programme will be delivered in 2018/19	The baseline measures, improvement trajectories and roll out plan will be produced in 2019/20.	Programme rolled out across UHB
EOL Medicines • Improve agreed EOL medicines access procedure • Further develop and implement scheme for anticipatory prescribing of EOL medicines *National Priority- Advanced Care Planning, Reduced Admissions, Hospice at Home*	Improves patients' access to medication to meet foreseeable and urgent need for symptom relief and Measures: District nurse/GP/Out of hours data on anticipatory medicine prescribing All Wales/CVUHB End of life Care Audit of patients in hospital		
Children's EOL Pathway	Improved patient choice		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Apply NICE guidance for Children's End of life care and implement the agreed Fast Track pathway			

5.6.10 Liver Disease

The Health Board is performing well in comparison to Wales's average figures for alcohol attributable and alcohol specific hospital admission rates. However, mortality rates from chronic liver disease and alcohol related liver disease are at par with national average. Access to routine hepatology services has improved, referral to treatment times for routine waits are now significantly under 36 weeks. A primary care referral pathway for abnormal liver function tests or suspected chronic liver disease has been developed. This aims to strengthen the referral process and reduce the number of inappropriate referrals as it helps the primary care physicians to identify, investigate and refer to secondary care hepatologists. Use of the pathway should reduce the number of unnecessary investigations and improve access times to see a specialist. The Gastroenterology and Hepatology Directorate are now using the Welsh Patient Referral System (WPRS) to receive referrals from primary care and also give e-advice to GPs. Liver referrals are now all streamed to consultant hepatologists rather than being split amongst all Gastroenterologists.

To support the national priority on public awareness a brief intervention training programme is now in place for front line staff, this is provided by public health staff and designed to provide staff with the skills and knowledge to undertake alcohol brief interventions. A BBV clinic has been set up, this will complement the progress made as part of the BBV action plan. Expert Patient Programme (EPP) is now available for patients and their families with liver disease, supporting and educating them on how to manage, recognise and control their symptoms in a timely fashion.

Action plan in place

Priority	**Planned Outcome 2018-19**	**Planned Outcome 2019-20**	**Planned Outcome 2020-21**
• Provide Alcohol Brief Intervention training to professionals across Cardiff and Vale, increasing skills to undertake screening and advice.	Improved Staff Brief Interventions compliance		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
• Provide substance misuse education sessions which include alcohol to children and young people across Cardiff and Vale in a variety of setting • Act as a Responsible Authority under the Licensing Act 2003, making representations on applications where necessary, and working in partnership with licensing teams and local license holders			
Revise Hepatology Day Case Model	Reduce cancellation and inpatient admission rate		

5.6.11 Organ Donation

Cardiff and Vale UHB has the highest donation rates in the region covered by NHSBT South Wales Organ Donation Services Team. It also has the only transplant centre in Wales and has the following transplantation rates, 43.5 per million population.

In order to meet the requirement of referral demand the SNOD team have been trialling an extended work pattern to ensure availability for collaborative approaches and legislative awareness. The National Organ Retrieval Service (NORS) have a well-established Cardiff scrub team and looking at expanding to allow for a perfusionist. The extension to the service has enhanced the activation of the retrieval team and benefits the donation process in terms of time management and minimal delays.

The Health Board has an action plan to support the delivery of Taking Organ Transplantation to 2020 Strategy and monitors achievement through its Organ Donation Committee which includes the UHB chair.

- Take action to address variation in application of best practice to maximise deceased donor rates;
- Take action to address variation in referral/access for patients with kidney failure for pre-emptive live kidney transplant;
- Develop targeted outcomes for individual transplant patients;
- Implement clear pathways to ensure facilitation of donation from the emergency department;
- Implement clear pathways to ensure facilitation of donation from neo-natal and paediatric donors; and
- Implement a comprehensive communications strategy for organ donation and transplantation, including living donation.

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Improve Communication and Pathways to Improve Donor Rates • Collaborative working between clinical boards to ensure that all opportunities to deliver this service are taken across all our services • Further develop existing relationships with key stakeholders e.g. Critical Care, Theatres, Emergency Unit, Transplant Unit, Bereavement, Mortuary, Neonatal intensive Care • Continued legislation awareness – supporting and teaching clinical staff • Improve organ donation consent rates across the University Health Board • Strive towards 100% referral rate in all departments, to eliminate risk of missed potential (Baseline 91.1% 2016/17) • Explore missed opportunities of organ donation • Hot desk within ED and Paediatric Critical Care • Utilise local and national promotional opportunities	Consent Rate where patient Organ Donation Register Status was unknown 2016/17- 38.2% (UK Target 70%) Consent Rate where patient Organ Donation Register Status was known 2016/17- 79.3% (UK Target 70%)		

5.6.12 Rare Diseases

The UHB continues to provide leadership in a number of specific disease areas with good engagement in the following areas as an example;

- Newborn screening and availability of testing to ensure All-Wales services.
- Inherited Metabolic Services – Adult and Children's Services
- Collaborative working with Genetic Services working across boundaries with Cardiff University.

The All Wales Genetic Laboratory has introduced genomic analysis using Next Generation Sequencing (NGS). As a result, more patients with rare diseases are able to access genomic sequencing results, and therefore receive a diagnosis, appropriate treatment and management.

Cardiff and Vale UHB has a unique opportunity to work with Cardiff University to strengthen their joint working and this could include both original research innovations.

Priorities:

- Identify and improve the pathway for patients with unknown or delayed diagnosis;
- Ensure better use of patient feedback, best practice and evidence to improve pathways for primary, secondary and specialist services;
- Improve reporting of rare disease information including epidemiology, significant event analysis and shared learning.

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Refresh Research and Development Strategy in collaboration with Cardiff University	Increase clinical trials capacity for rare diseases		
Continue to support the development of the All Wales Genetic Testing Laboratory	Improved access to genetic testing		

5.6.13 Eye Health

Improvement is being made in supporting access to eye care services with improved uptake of Eye Health Examination Wales and Low Vision Services, the UHB has also employed an optometric advisor to support the delivery of care closer to home. The UHB is continuing to improve the skill mix across primary and secondary care services to sustainably deliver eye care services in the community. We are working with the subgroup of the ophthalmology planned care board to implement the revised outcome target measures for eye care.

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continue to support the longer-term movement of services from secondary care to primary care thereby building capacity, treating patients closer to home, improving patient experience and ensuring prudent use of resources. *Target: Numbers of patients discharged to Optometry - baseline to be established*	• Discharge of patients following routine cataract surgery into primary care optometric practice. • Discharge of low risk, glaucoma suspect and ocular hypertensive (OHT) patients into primary care optometric practice. • Develop ophthalmic diagnostic and treatment centres in primary care optometric practices for the shared care of glaucoma patients in the community. • Build on the work of integration within the primary care clusters for improved uptake of Eye Health Examination Wales (EHEW) and Low Vision services. • Reduces avoidable demand for outpatient services *Year on year improvement*		
Progress regional work to develop regional centre of excellence for cataract treatments (potentially on a single South East Wales site)	Collaborative plan under development through the SE Wales Regional Planning & Delivery Forum – Project led by Aneurin Bevan UHB		

5.6.14 Oral Health

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Good progress has been made in the implementation of the UHB Local Oral Health Plan, robust governance is in place through the Dental Clinical Board and progress reports are submitted to Welsh Government. The UHB have maintained the high level of green (RAG score) on the Tier 1 Welsh Government targets across all domains, including 85% of staff completing their mandatory training.

The UHB has seen the continued success of the Designed to Smile Oral Health programme. Further emphasis has been placed on moving services to the community, which has seen the roll out of digital radiography throughout the Community Dental Service and installation of a new cone beam scanner and the transfer of Peripheral Hospital Dental Services to Community Dental Service.

This year will see a focus on the final year of delivery of the 20 National Oral Health Programme objectives set by Welsh Government. There will be a continued focus on sustaining the improved performance seen over the last year, with a focus on defining pathways in a number of areas.

- Deliver the requirements of the National Oral Health Plans Outstanding areas;
- Further roll out of the Designed to Smile extension with renewed focus on under 3's being delivered by health visitors;
- Out of hours training session with regards to mouth cancer;
- E-referral system to be implemented on an All Wales basis, along with dedicated referral hubs within the CDS settings;
- Improved access to dental services; and
- Implementation of dental contract reform.

Local Oral Health Plan in place

Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Oral surgery The purpose of this change is to: • Bring services traditionally delivered in secondary care into the primary care setting; • Improving access for patients and ensuring the delivery of prudent healthcare by implementing an intermediate oral surgery service;	• Improved access to specialist services in primary care • Reduce the number of patients attending hospital for oral surgery extractions that could be delivered through an intermediate oral surgery service; • Improved quality of referrals and feedback to GDPs through peer feedback; • Positive patient experience of receiving more specialist services in a primary care setting		

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Priority	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
• Improve service accessibility with a clear referral criteria which can be audited to support peer development and education. *Target: baseline to be established*			

5.7 Maternal & Child Health

This chapter outlines the key deliverables within Maternal & Child Health services on which the UHB will focus during 2018-19 and the 2 years following as part of the evolving transformation agenda that underpins the UHB's approach to delivering ''Shaping our Future Wellbeing.

This section is focussed on the specific Maternal & Child Health services priority areas which either sit either exclusively or largely within Children's & Women's services or are led by their service teams.

The section briefly outlines:

- Background & Key Achievements of Maternal & Child Health services
- Maternal & Child Health Prevention Priorities
- Maternal & Child Health Urgent & Emergency Care Priorities
- Maternal & Child Health Care Planned Care Priorities

There is a wide range of further service priorities that involve a contribution from Maternal & Child Health services that can be found in other chapters of this document e.g. planned or urgent and emergency care but they are not presented in this section to avoid duplication.

In addition, there are a number of infrastructure enablers – both facilities and digital solutions - on which the success of the Maternal & Child Health Services delivery ambitions depend; these are reflected in the Infrastructure and Digital Health Care Chapters of this Plan.

Finally the financial and workforce implications are incorporated into the UHB's Finance and Workforce Framework chapters.

Background & Achievements

The development of maternity and children's services is shaped particularly by the Strategic Vision for Maternity Services in Wales Strategy, the Healthy Child Wales Programme, Together for Children & Young People (T4CYP) alongside our local strategy Shaping Our Future

Wellbeing. There are also particular challenges from a workforce perspective in our Obstetrics, Paediatrics and Neonatal services, particularly in terms of doctor training and recruitment for which a number of workforce schemes and support have been developed.

- Planned secondary care for children's and women's services has demonstrated significant improvements in the delivery of referral to treatment times with no patient waiting more than 52 weeks for their treatment and a considerable reduction in the numbers waiting more than 36 weeks.
- Improvements have also been achieved in the waiting times associated with access to the Neurodevelopment services and compliance with the Primary Mental Health measure the standard was achieved for the first time in October 2017.
- Absence rates have continued to fall across the Clinical Board and there is a demonstrable improvement in the ability to recruit to all staff groups.
- Staff within this service area have been recognised across the UK for their skills, dedication and achievements and have represented the UHB at many award ceremonies and conferences worldwide.
- The Childrens Research Facility was opened this year by the Cabinet Secretary for Health, Wellbeing and Sport and the facility is already attracting activity from across the UK.
- Through implementing new ways of working, nurses and pharmacists have been trained as independent prescribers and are supporting children in the Neurodevelopmental team
- Collaborative working with Local Authority colleagues has delivered integrated support for children with complex needs as part of the Disabilities Futures programme and with adult mental health to establish the Integrated Autism team.

5.7.1 Prevention Priorities in Maternal & Children's Services

The UHB's aim is to reduce health inequalities and deliver outcomes that matter to people. Many of the maternal and children's services are targeted to improve outcomes in terms of healthy lifestyle for example Flying Start, Community Midwifery services and elements of the Families First contract. Much of the work in this area is taken forward with local authority and third sector partners. The UHB will continue to place service users and their families at the centre of service developments and work in partnership to deliver services that reduce inequalities in health.

The UHB's aim to continue to focus on increasing childhood vaccination rates (particularly in the hard to reach groups) and smoking cessation for pregnant women is covered in the main Prevention chapter of this plan.

Maternal & Children's Services Prevention Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continue to develop and strengthen team of 'Elan' midwives supporting vulnerable women within Cardiff and Vale. Includes women at risk of domestic violence, asylum seekers, where there are safeguarding concerns, young families and women with mental health issues	The target for this service is to continue to increase the number of pregnant and vulnerable women that access these services to provide them with additional support during pregnancy (in some cases before they are dispersed across Wales) *Baseline and performance trajectory to be determined*		
Pilot a Community Child Health neighbourhood approach to meeting needs in an area of Cardiff identified as a 'Children First Zone as part of the Capital Ambition	Map services and understand neighbourhood specific issues and pilot new ways of preventative working to support long term change.	*Baseline and performance trajectory to be determined based on pilot outcomes*	

5.7.2 Urgent & Emergency Care Priorities in Maternal & Children's Services

The UHB aims to have an unplanned care system that provides the right care, in the right place first time. It is recognised that a proportion of patients are admitted who, with better systems, pathways, access to specialist advice and diagnostics in primary care could have been more appropriately treated without requiring admission. Plans are being developed for a range of both community and secondary care based service improvements which it is anticipated will provide increased capacity.

Maternal & Children's Services Urgent & Emergency Care Priority Action	Planned Outcome
Single point of entry (SPE) for Paediatric patients - replacing the current two site arrangements with a combined unit to deliver SPE for acutely unwell children who require assessment and intervention	This development will support a better use of clinical workforce and more general resources as acutely unwell children currently present at both A&E and the Children's Assessment Unit depending on the source of referral. The UHB's ambition is to integrate these two services – the

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Maternal & Children's Services Urgent & Emergency Care Priority Action	Planned Outcome
	service model is being developed for completion by 2018. An appropriate infrastructure solution will be designed to support the agreed service model. This will also need to support the proposed additional emergency paediatric flows proposed by Cwm Taf UHB in 2018/19.
Develop options for the provision of dedicated CEPOD for gynaecology emergencies and also for paediatric surgical emergencies taking account of potential capacity opportunities created through additional obstetrics theatre as part of the UHW NICU & Obstetrics Unit capital development.	Include considerations in the UHB's wider theatres infrastructure refurbishment and redesign programme to optimise existing infrastructure and capacity development schemes to support increasing demand, reduce reliance on external planned care provision and better meet CEPOD requirements/standards.
Continue to keep PICU demand under review with WHSSC	Working collaboratively with specialist commissioner and regional providers to ensure that PICU capacity for South Wales is able to reasonably meet demand from South Wales' residents.

5.7.3 Planned Care Priorities in Maternal & Children's Services

The UHB aims to have a planned care system in place where demand and capacity are in balance, where waste, harm and variation are reduced and we sustainably make the best use of the resources available. Value-based and prudent health care are central themes in the service's approach to planned care service improvement. Constraints linked to theatre capacity will continue to be mitigated by efficiency. The UHB ensures that capacity, demand and activity planning is undertaken rigorously across all specialties to ensure most efficient deployment of resource and there will be a programme of clinical and clerical validation undertaken regularly and to agreed standards in all areas. A continued drive to reduce DNA rates for paediatrics in particular and related work to reduce cancellations and no shows will be required to manage the demand effectively; further improvements in theatre utilisation delivered across all specialities are also expected as a result of an ongoing focus on productivity and improved efficiencies. The UHB will continue to work collaboratively with WHSSC to secure additional resource where appropriate to deliver specialist services

Maternal & Children's Services Planned Care Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Redesign Uro-gynaecology pathway to reduce avoidable hospital visits and improve patient access	*Baseline position to be determined, following which improvement trajectory will be established.*		
Review and redesign current ante-natal scanning arrangements to include frequency criteria, referral management, and timeliness of access, IT modernisation, list utilisation and workforce flexibility	*Baseline position to be determined as part of review, following which improvement trajectory will be established.*		
Redesign continence and soiling pathway between primary and secondary care based on locality model	*Baseline position to be determined as part of review, following which improvement trajectory will be established.*		
Embed locality based model for Children's Primary Mental Health care with partners *Target: 80% provision of PMH assessment within 28 days*	Improved access to assessment to meet target *80% <28 days*	Maintain target performance *80% <28 days*	Maintain target performance *80% <28 days*
Review Neurodevelopment service pathway and joint care provision with CAMHS and pool referrals by Locality to improve access to services *Target: 80% referrals seen < 26 weeks*	Improved access to assessment to meet target *80% <26 weeks*	Maintain target performance *80% <26 weeks*	Maintain target performance *80% <26 weeks*
Review and redesign Children's Audiology service with ENT and primary care to develop a patient-centred and sustainable model to better meet demand.	*See Planned Care Section*		
Maintain and further develop stabilisation plan for paediatrics surgical workforce	Continue to work with Royal College of Surgeons and Deanery and WHSSC to provide a sustainable model of Welsh Specialist Paediatric surgical services and continue to reduce waiting times for this service		

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5.8 Mental Health

This chapter outlines the key deliverables within Mental Health services on which the UHB will focus during 2018-19 and the 2 years following as part of the evolving transformation agenda that underpins the UHB's approach to delivering ''Shaping our Future Wellbeing.

This section is focussed on the specific Mental Health services priority areas which either sit either exclusively or largely within Mental Health services or are led by their service teams.

The section briefly outlines:

- Background & Key Achievements of Mental Health services
- Mental Health Services Prevention Priorities
- Mental Health Services Urgent & Emergency Care Priorities
- Mental Health Services Care Planned Care Priorities

There is a wide range of further service priorities that involve a contribution from Mental Health Services that can be found in other chapters of this document e.g. Older People's Health & Social Care but they are not presented in this section to avoid duplication.

In addition, there are a number of infrastructure enablers – both facilities and digital solutions - on which the success of the Mental Health Services delivery ambitions depend; these are reflected in the Infrastructure and Digital Health Care Chapters of this Plan.

Finally the financial and workforce implications are incorporated into the UHB's Finance and Workforce Framework chapters.

Background & Achievements

The development of Mental Health Services is shaped particularly by the following:

- **All Wales strategy 'Together for Mental Health'** - which runs until 2022. The second delivery plan comes to an end in October 2017 with a new delivery plan for the second phase published at the same time. This new 3 year delivery plan reinforces the importance of current areas of Welsh Government investment in mental health services, targeting specialist services such as liaison MHSOP services, Peri Natal Mental Health (including the positioning of a new in patient unit in South Wales), the delivery of Psychological Therapies supported through the impending MATRICS Cymru all Wales Psychological Therapies delivery framework and Primary car mental health and a focus on dementia.
- **Shaping Our Future and Wellbeing Strategy** – as the UHB community focussed vision for the future supporting services to consider their element locality and cluster hubs.
- **Specialist targets for Mental Health** - On-going delivery of the Mental Health Measures for Wales. There has been an additional target set from the PMHSS team to provide a required intervention based on the assessed need within 56 days of referral. The service is currently preparing itself for a new specialist target related to referral to treatment times for psychological interventions in specialist secondary mental health services with a 26 week target in addition to a more demanding target that ensures people discharged from hospital are followed up within 5 days of discharge.
- **Social Services Wellbeing Act** - came into force in April 2016 aiming to promote independence, give greater control, provide more information and focus on prevention and early intervention.
- **The Welsh Government Dementia strategy** – to be published imminently to the Cardiff and Vale 10 year dementia plan and a revision of the commissioning and delivery arrangements for the Cardiff and Vale service collaborative.
- **Dual Diagnosis Strategy** – with a focus on prevention, collaborative working and training to undertake these focussed roles.
- **Benchmarking** - results UK wide in Mental Health has influenced plans for Mental Health services for Older People's bed numbers which have come into effect at the end of the 2017 period - as well as supporting whole system community services reviews. Related objectives for the 2017/8/9 period point to reducing waiting times for psychological therapies, focussing on DTOC's and LOS in both MHSOP and Adult services, simplifying access, managing demand, delivering psychological based interventions appropriately and monitoring health improvements in service users more effectively
- **IM&T** – The MHCB has been supported by IM&T to consider the potential developments in the context of the C&V strategy with a focus on tele-health, , e-advice and e-prescribing.
- **LDP & Demand Increases** – Again this period is faced by increases in population numbers in key areas of Cardiff with associated increased demand on services in Cardiff cluster areas.
- **Third sector Commissioning Guidance** - Current public sector thinking in relation to whole systems leadership, outcomes based commissioning, and co-production will also be built into the commissioning framework.

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- **All Wales Police Concordat** – led by the Police to support people with mental health needs to be seen in the right environment for those needs, including initiatives to improve training of front line officers with mental health issues and signposting, minimizing the numbers of individuals assessed in police custody and developing alternatives to hospital assessments for people with lower level needs.

5.8.1 Achievements 2017/18:

- A locally agreed Charter for Mental Health with service users, carers and partner organisations
- Public consultation and engagement on MHSOP strategic changes across Cardiff and the Vale of Glamorgan – resulting in colocation of community services, decommissioning of the Iorwerth Jones and Bed Closures
- Engagement to seek Clinical agreement on new models of care in community services
- ICF capital funding secured to develop fit for purpose, modern locality based co-located and integrated contribution to the well- being hub in the Vale of Glamorgan for adult community services pilot
- Reconfiguration of Inpatient services over a 10 year + period – resulting in a 35% reduction in beds and shift of resources into the community – 16 beds closed 2017/8
- Welsh government funding for a range of specialist mental health service developments – including RAID, LPOP,
- Repatriation of out of area placements allowing for resources to be diverted into the community
- Local Authority support to establish integrated management arrangements in CMHTs
- MHSOP Day service reconfiguration – integrated /tiered model with LAs
- Expanded Perinatal Psychiatry Community Team
- Improved Access to Psychological Therapies with WG Funding
- Peer Support workers in CMHTs
- GP Liaison model – pilot / DGH - RAID model for dementia care
- Autism service
- Expanded Complex Care Commissioning Team
- Flexible Hospital DGH Liaison Team
- Expansion of REACT and MHSOP Community Model
- Reopening of Llanfair Unit with ICF monies to collocate and expand MHSOP community services

Resulting in:

- Shorter lengths of stay in adult acute services
- Larger number of adult admissions being dealt with in a significantly smaller number of beds
- Increased community support and care home liaison supported by a much smaller MHSOP bed base
- Speedier assessment processes with a range of alternatives to hospital admission in place
- Impact on DGH Cognitive Impairment pathway with LOS and prevention
- Major increase in people seeking help for mild to moderate mental health conditions through primary mental health support service
- People looked after closer to home with shift in the balance of investment / and repatriation of out of area placements

The mental health service has completed another year of transformational work with a further reduction in acute bed stock in parallel with community investment and WG investment in community services. The mental health service in Cardiff & Vale is coming to the end of a decade that has seen 144 beds reduced with no increase in out of area placements mainly due to preservation of rehabilitation beds. Cardiff and Vale was one of only two mental health services in Wales to reduce costs on the national commissioning framework. Staffing numbers of WTEs during that time have not reduced but have transformed into mostly specialist community teams. Mental health now looks after approximately 97% of its specialist caseload in community settings although this accounts for little over 50% of its overall budget. It looks after up to 40 of its service users for the equivalent resource of a single inpatient.

Referrals into mental health services continue to rise with a fourfold increase over a decade and the 16/17 period continuing to show that incremental increase. The service has not increased its size to manage this demand instead relying on transformation. Experimental models in primary mental health services such as PMHSS alongside counselling and nor primary care liaison continue to be evaluated but early signs indicate that the referral rates into secondary care community services are levelling out.

Quality indicators for services are comparatively good on bench marking with C&V showing low vacancies, low turnover, low use of bank and agency temporary staff and competitive sickness rates with other Mental Health services.

Concern and further exploration is required why community caseloads and face to face contact time in community services remain low and the efficiency of patient flow in our services requires improvement following such a focus on transforming the services.

5.8.2 Prevention Priorities in Mental Health Services

The UHB's Mental Health Service will continue its collaborative working in key areas of illness prevention and promotion of wellbeing. In particular, the **Suicide & Self Harm** collaborative for the Cardiff and Vale region and chaired by the UHB has undertaken a needs assessment and a practice guide for practitioners working or volunteering in any area of the mental health field is being developed. Similarly, the

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aspirations in the all **Wales Police Concordat** for collaborative agencies will look to deal with mental health issues at source for those who present to public services in mental health crisis, including training and alternatives to arrest under the mental health act. The **Mental Health Measure PMHSS** will continue to expand its role to the supervision of third sector providers to support the evidence based delivery of mild to moderate psychological interventions to reduce demand pressures on GPs and specialist mental health services. Recent Welsh Government investment into liaison services will have the opportunity to test new preventative models for the **'flexible hospital resource team'** in supporting physical older peoples' pathways pre-hospital admission. These models have been tested for fitness for purpose during the UHB's unscheduled care 'perfect weeks' during the second half of the 17/18 period.

The Dementia Action Plan for Wales is due for imminent publication and will seek to support UHB integrated arrangements to deliver improvements in diagnostic rates, training, early intervention and support for carers.

Diagnosis of Mental Illness

According to the GP registers in Cardiff and the Vale as at March 2016, there were 4,372 people with a diagnosis of a serious mental illness.

There were also 2,947 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Deprivation

Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in the Vale of Glamorgan is largely clustered around Barry and 2% of the Vale areas fall into the 10% most deprived in Wales. In contrast, areas of deprivation in Cardiff are mainly in the southern arc of the city and nearly a fifth of Cardiff's areas fall into the 10% most deprived in Wales. Cardiff includes some of the least deprived areas of Wales (e.g. in Cyncoed) and some of the most deprived (e.g. in Splott), which partly explains the large gap in healthy life expectancy in males (24.4 years) within the local authority.

Prevalence

According to the Welsh Health Survey 2014-15, 13% (age-standardised) of adults in Wales reported currently being treated for any mental illness, the prevalence was 14% and 11% for Cardiff and Vale respectively.

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This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness. In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,372 people on primary care registers with these conditions, which is 0.9% of the total GP list size.

A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 61 new cases of psychosis per annum, between the ages of 16-64.

In Cardiff the number of persons age 30 and over predicted to have dementia in 2017 was 3,799 rising to 6,104 by 2035. In the Vale of Glamorgan, the number of persons age 30 and over predicted to have dementia in 2017 was 1,920 rising to 3,344 by 2035

In 2016, there are 2,947 people with a diagnosis of dementia on GP registers in Cardiff and Vale. When adjusted to take account of the age structure of the population in 2013, the dementia rate is 2.9 per 1,000 people, compared to 2.7 per 1,000 people for Wales as a whole.

Service usage

Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.

The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

Suicide

During the period 2014-2016, European age-standardised rates (EASRs) (aged 10+) in Cardiff and Vale ranged from 14.7 per 100,000 in the Vale of Glamorgan to 11.7 per 100,000 in Cardiff, similar to the Wales rate of 11.3 per 100,000 persons. This is a decrease in the suicide rate from the 2013-2015 period where the rates for The Vale of Glamorgan and Cardiff were 16.4 and 13.3 respectively.

Mental Health Prevention Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Psychological Therapies Develop clear & agreed pathways for treatment and support of people with emotional disregulation and deliberate self-harm Collaborative development of group based and individual PIs	Increase Psychological Therapy compliance in adult MH CMHTs – 26 week RTT compliance ER Groups in operation in all localities	Established PT Pathway with referral criteria The development of new roles for high intensity psychological therapists within adult CMHTs – one per locality	Redesigned Workforce to increase the availability of Matrics Cymru compliant psychological therapy practitioners

Mental Health Prevention Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Cluster Based Counselling Redesign of the Primary Care Counselling Service to create cluster based teams.	Increase availability of Matrics compliant psychological therapists To have cluster teams of primary care counsellors	Compliance with 26 week target Increased equity of waiting times across CMHTs Primary care counsellors in clusters working from shared waiting lists. Development of condition –specific psychological therapy pathways with appropriate information and choice and clear step up step down criteria	
Suicide & Self Harm Project Establish a Multi-agency project group to develop information and practice guidelines for all staff as well as awareness raising, improved assessment and collaborative work to reduce opportunities to commit suicide. Target: Reduced suicide & self harm rates	Implementation of Suicide and Self Harm Strategy – Talk to Me 2 Establish improved multi professional suicide risk management strategies and plans. *Baseline & Performance trajectory to be determined,*		

5.8.3 Urgent & Emergency Care Priorities in Mental Health Services

Demand on all public services is increasing with changing public expectations and primary care GP services are in the front line of that demand. A pilot experimental model in MH will be tested during the 17/18 period which will place mental health practitioners alongside GPs to support with chronic condition management and complex problems. This **Primary Care Liaison project will be supported by third sector** to reduce MH prescribing and reduce referrals to specialist services. This project will help to ease demand on specialist community services allowing the implementation phase of the **Community Adult Services Review** to take place with an ICF funded pilot for a centralized base in Barry Hospital. This will require the appropriate level of engagement and consultation. In MHSOP many of these changes have already occurred with a next phase focus on **reinvestment in community MHSOP services**, an **integrated UHB and LA model** and a potential **SPOE for all community MHSOP services**. (See Older People's Integrated Health & Social Care chapter for detail).

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Mental Health Urgent & Emergency Care Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Mental Health & Primary Care Liaison Pilot Deliver a pilot of mental health practitioners working within a GP cluster area and supported by a 3rd sector SLA Target: Reduction in mental health frequent self-referrals to GPs Improvement in referral conversion rate onto secondary care caseloads from GPs	Give additional specialist support to and/or signpost people with chronic and complex mental health problems to the right support Provide tiered low to medium complexity psychological support to people on GP caseloads Undertake pilot in 2018/19 *Baseline & Performance trajectory to be determined based on pilot and decision roll out*		
Community Mental Health Team Review Following engagement with service users, wider stakeholders and the CHC produce agreed approach for a pilot of a locality based health and well-being service for people with mental health problems in the Vale locality	Completion and collaborative sign up to description of preferred model Public engagement with CHC Completion of Capital ICF project in Barry Hospital Pilot locality model in Cale *Target: Baseline & Performance trajectory to be determined through pilot*	Implementation planning and roll out of CMHT locality model across the UHB localities	Improved and quicker access to specialist mental health services Improved patient health and well-being outcomes

5.8.4 Planned Care Priorities in Mental Health Services

The UHB has undertaken many high impact changes in recent years with a forthcoming opportunity to focus more on harm, waste and variation in both inpatient and community settings. This will, in particular, concentrate on benchmarking results in areas such as **LOS and DTOCs with patient flow**, the **repatriation** agenda and the performance with **value from outpatient activity**. The collaboration of Mental & Physical Health has potential areas for development around cognitive impairment and dementia in all preventative settings, such as CRTs, primary care and emergency screening settings. Recently and currently published mental health relevant strategies such as the **Dementia Strategy for Wales**, the new **Duel Diagnosis Strategy** and the **Psychological Therapies (Matrics Cymru**) plan will impact on the delivery of mental health services in the coming IMTP period.

For the forthcoming strategic period, the importance of focussing on developing an **integrated collaborative service for younger people between 14 and 25 years** will be the most challenging inter clinical board and inter agency working to progress. Expanding the ability of the service to ensure that all younger people receive a standard of service comparable to the FEP service is paramount and planning this in the context of a CAMHS repatriation, the IAS and transitional practices will all be an important factor in this.

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Mental Health Planned Care Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
MHSOP Day Services With Cardiff Local Authority, service users, wider stakeholders & the CHC develop an agreed approach to test the proposal for integrated health and social day care centre in Grand Avenue, Ely, which will support patients who would otherwise attend Turnbull Day Hospital or ARU.	The building will be available from June 2018, with a joint planning approach to develop a combined health and social care service. No funding required from UHB for premises, although to develop the service to its full potential options to move to move the SOLACE Carer support team from Park Road to Grand Avenue, will require capital investment through a joint ICF bid. Identify and introduce available and accessible psychological and psychosocial provision for service users attending MHSOP Day Services and consistent with the Matrics. Avoid duplication and waste with appropriate mental health services (Part 1) ensuring that existing services (PMHSS and PCCS) are available and accessible for service users.	Implement a one-stop service where patients and carers can receive support for health and social needs. Vacate No 1. Park Road, Whitchurch and Turnbull Day Hospital, Barry. This will reduce the number of isolated Mental Health units in the service Establish and implement performance management and routine monitoring across all multi-disciplinary delivered psycho-therapeutic clinical practice. Develop a culture of clinical governance and supervision and evidence based practice (as per Matrics Cymru)	

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Mental Health Planned Care Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Dual Diagnosis Plan Deliver the Cardiff and Vale Dual Diagnosis Action Plan & establish joint working protocols for dual diagnosis *Target: Number of service users with joint case management between Adult Mental Health & Addiction Services – baseline tbc*	Improve treatment outcomes for service users with a dual diagnosis *Performance trajectory to be determined,*		
Younger People/Transition Establish a collaborative commissioning and delivery structure for Young People at risk	Develop options for the provision of 'Younger People at Risk' service integrating the transitional work, IAS and FEP services to reduce service barriers for younger people & to ensure that younger people with mental health problems being cared for and treated by appropriate specialists	Clear commissioning and delivery model for transitional care targeting 15 – 25 year olds.	

5.9 Health & Social Care of Older People

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The UHB has been working closely with local authority partners and third sector to develop the service models and supporting infrastructure and processes to truly transform care for older people living in Cardiff & the Vale of Glamorgan. The Cardiff and Vale of Glamorgan Integrated Health & Social Care Partnership, under the direction of the Regional Partnership Board, has developed a Market Position Statement and Commissioning Strategy in response to the local population needs assessment published in March 2017. The Market Position Statement outlines the approach the Partnership is taking to develop a clear and joined up approach to commission and deliver a integrated service across the public, private and third sectors to meet the prevention, care and support needs of our diverse population making best use of our combined resources.

The combined resources of the 2 local authorities and the UHB committed to delivering health, social care and housing support services to older people exceeds £220m.

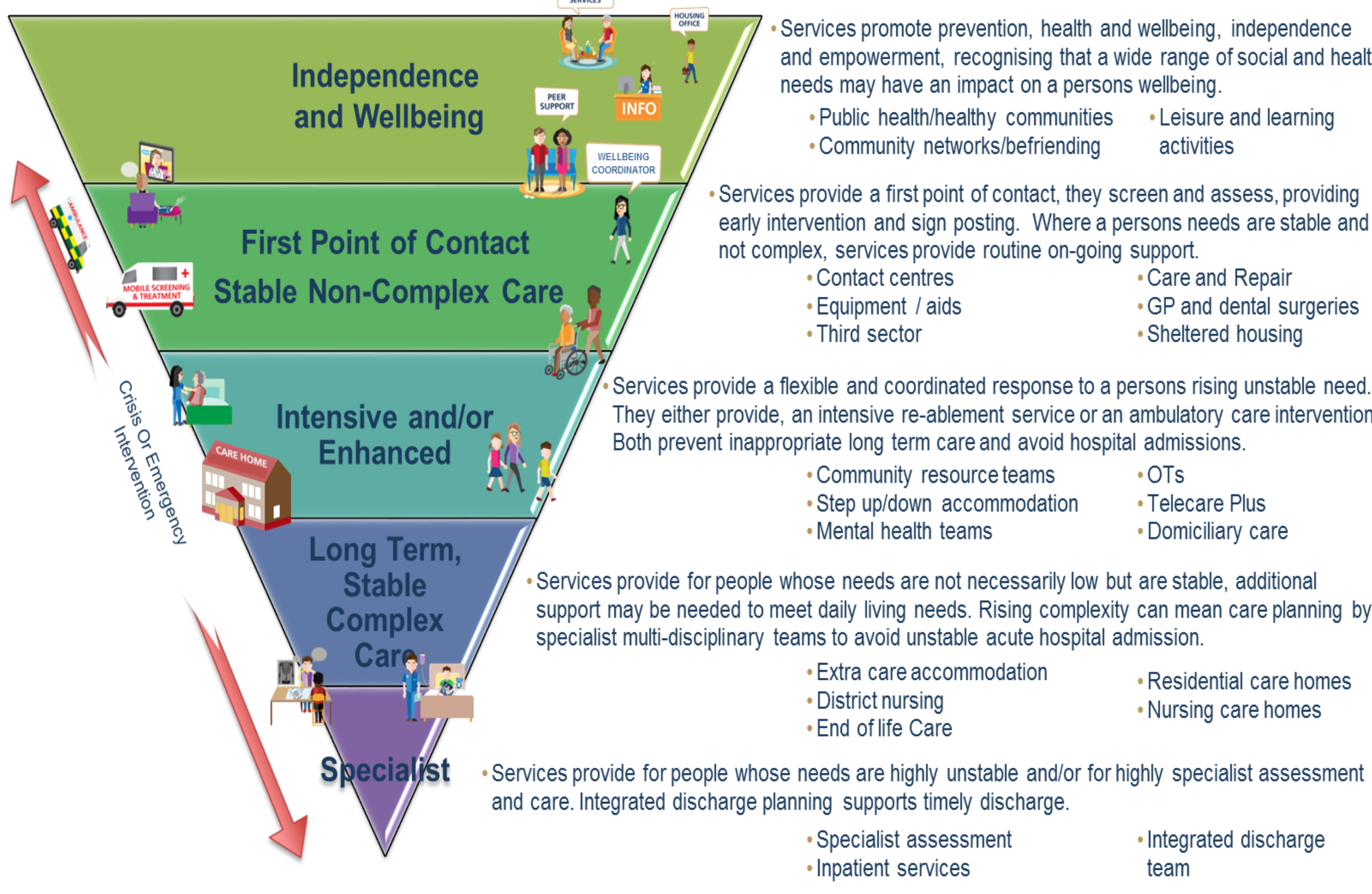
The Market Position Statement and Commissioning Strategy has been developed around 4 key 'design principles' which partners will be expected to consider and support when developing future services. These include:

- **What Matters to Me -** *Listening and working with people in need of care and support to jointly find solutions to meet their needs;*
- **Home First -** *Enabling people to live at home, or as close to home as possible, in accommodation appropriate to their needs and where they can live well, thrive and remain independent;*
- **Sustainable and Prudent Use of Resources -** *Promoting prevention and early intervention, and developing quality outcomes and value for money solutions which meet care and support needs;*
- **Avoiding Harm, Waste and Variation -** *To ensure high quality care across all services.*

Following the approval of the Market Position Statement and Commissioning Strategy by partner formal decision making processes, the document will be used to inform the longer term commissioning plan across partners over the next 3 years starting with the pooling of budgets of around £46m for commissioning care accommodation for older people including those whose care is funded by NHS Continuing Health Care (NHS CHC), Funded Nursing Care (FNC) and local authority funded long term care home placements.

The integrated planning across health and social care has become the way we do business in Cardiff & Vale and the service model underpinning our collaborative agenda is illustrated below:

OLDER PEOPLES SERVICE MODEL



Tier	Description
Tier 1 Independence and Well-being	Services promote prevention, health and well-being, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a person's well-being.
Tier 2 First Point of Contact Stable Non-Complex Care	Services provide a first point of contact. They screen and assess, providing early intervention and signposting. Where a person's needs are stable and not complex, services provide routine on-going support.
Tier 3 Intensive and/or Enhanced	Services provide a flexible and coordinated response to a person's rising, unstable need. They provide either an intensive reablement service, or an ambulatory care intervention. Both prevent inappropriate long-term care and avoid hospital admissions.
Tier 4 Long-Term, Stable Complex Care	Services provide for people whose needs are not necessarily low, but are stable. Additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital admission.
Tier 5 Specialist	Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.

A person's pathway through the service model or 'system' will not always be linear. They could move up and down the different tiers, or jump some altogether, depending on their current needs and situation.

Our intention is to develop the whole pathway of advice, support, care and treatment for older people and their carers and families, to ensure that the right response is given, in the right place and at the right time.

Tier 1 Priorities

Older People's Tier 1 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Community Resilience • Develop strategies for preventative services to support their long-term sustainability, in the context of financial pressures on all agencies • Develop the social value sector, including social enterprises, through greater delivery of community based services	Help build resilient communities with local services, infrastructure and strong community networks to meet local needs where older people live.		
Cluster Frailty Nurses Improve the holistic care provided to the frail elderly patients residing in the South and East Locality (two clusters) through the employment and embedding of cluster Frailty Nurses in the cluster service model. Target: Contribution to reduction in demand for A&E and OOHs	• Improve patients and carers levels of independence • Improved overall health and wellbeing and quality of life for frail individuals • Less reliance on GPs and other healthcare providers Monitor patient satisfaction, referrals and discharges to develop evaluation metrics.	More effective support for older people to underpin community resilience	
Dementia Friendly Community Further promote the development of 'dementia-friendly' communities and achieve 'dementia-friendly' status on a regional level	• Increased number of dementia friends • Increased awareness by children and young people • Up-skilled workforce to deliver improved citizen outcomes		
Flexible & Appropriate Accommodation Work together with partners to jointly plan and provide a range of future accommodation options	• Review of local housing strategies in light of current provision and development of joint regional accommodation with care and support strategies to meet demand and enable people to remain at home for as long as possible		

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Tier 2 Priorities

Older People's Tier 2 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Communication and Pathfinding Building on the First Point of Contact and Single Point of Access services, further develop digital services along with easily accessible telephone, online and face-to-face access points for the region, for both professionals and the public	Continued improvement in accessing appropriate health and social care services see Primary & Community Care Chapter • Ongoing development of Dewis Cymru's content and functionality to ensure information is comprehensive, up-to-date and accessible • Greater public and workforce awareness of information and advice services, particularly for those who are not currently accessing services.		

Tier 3 Priorities

Older People's Tier 3 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Culture of Communication & Co-production Develop improved assessment, diagnosis and care planning practices which are built on genuine collaboration with older people and their families and carers, so that their plans reflect what is important to them and achieve the outcomes they seek	• The application of a strength- and not deficit-based approach • Increased use of outcomes based commissioning • Increased undertaking of integrated assessments in partnership with older people and their families and carers • Proportionate level of assessment in the most appropriate location		
Discharge to Assess	• Further development of 'Discharge to Assess' models of care		

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Older People's Tier 3 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Only use hospitals to diagnose and treat older people and increasingly undertake assessments closer to home in community settings			

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<table>
<tr><th>Older People’s Tier 3 Priority Action</th><th>Planned Outcome 2018-19</th><th>Planned Outcome 2019-20</th><th>Planned Outcome 2020-21</th></tr>
<tr><td>Mental Health Services for Older People (MHSOP) Community Services

Co-develop a single pathway/point of entry and integration with Local Authority colleagues. Develop an ICF bid for the development of a RAID Community team

Reinvest in evidence based community service to avoid admissions from ward closure savings</td><td>Monthly multi-disciplinary led clinics held within the Care Homes. Ensure staff are appropriately trained to the Newcastle Model and form part of the MDT Align staffing requirements with gaps identified in the patient pathway. Multidisciplinary team working

Benchmark and audit future psychological and psychosocial provision with current provision. Establish and implement performance management and routine monitoring across all multi-disciplinary delivered psychotherapeutic clinical practice. Develop a culture of clinical governance, supervision and evidence-based practice (as per Matrics Cymru). Routine use of outcome measures for service improvement for all condition specific pathways (e.g. depression, suicidality).

Baseline & performance trajectory TBC</td><td colspan="2">Joint commissioning of 3rd Sector services. Joint planning of services. Improve Physical Healthcare: shared expertise and advice across Clinical Boards to improve physical health care in Mental Health services, and Mental Health Care in other Clinical Boards

Shared training opportunities. Joint working in outpatient clinics, e.g. Gerontology. A separate team from LPOP RAID, to work with patients in the community to provide support from a multi-disciplinary team.</td></tr>
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Tier 4 Priorities

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Older People's Tier 4 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Pooled Budgets Develop pooled budgets, and, through exploring joint commissioning, identify opportunities to use resources more effectively	Creation of a pooled budget for older people (over 65), including those whose care is funded by NHS Continuing Health Care (NHS CHC), Funded Nursing Care (FNC) and local authority funded long term care home placements.		
Elderly Care Assessment Service (ECAS), Day Hospital and Community Resource Team Service pathway redesign to re-engineer existing resources to optimise service capacity and capability to provide appropriate assessment and intervention in a more timely way for our identified frail elderly citizens.	To provide a prudent service model to provide a more clinically integrated approach which is more proactive and patient centred. The service model will be developed and trialled during 2018 through the USC workstream of the UHB's Transformation Programme and performance trajectories and targets will be set.		
Development of a Care Home Integrated Support Team (CHIST) A WAST and the Cardiff Community Resource Team (CRT) project to provide targeted multi-disciplinary support to those care homes that use WAST and EU most frequently. • Individual assessments of the relevant issues in each care home • Based on the results of these assessments, the provision of targeted, relevant support by the relevant professional groups in the CRT (e.g.	Building on work already undertaken in the CRT, this project outline document outlines the potential for developing the Cardiff CRT to undertake further work in respect of supporting care homes to reduce the number of calls they make to WAST and the number of residents who are admitted to the Emergency Unit *Baseline and performance trajectory to be determined*	Roll out dependant on outcomes of project. More effective management of those at risk of admission has benefits to individual wellbeing in enabling residents to stay at home as well as reducing the demands on UHB and WAST services.	

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Older People's Tier 4 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Physio, Nursing, OT, Speech & Language Therapy, Dietetics) and WAST. • The provision of multi-disciplinary information and awareness sessions to each home to improve appropriate use of the CRT and WAST Target: to reduce 999 calls to WAST and reduce WAST conveyance rates			

Tier 5 Priorities

Older People's Tier 5 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Continuing Healthcare - Sustainable Service Model There is huge growth in the care sector both in terms of those patients being cared for in the Independent Sector care homes and those eligible for continuing NHS funding. Develop integrated plan for sustainable CHC/FNC service model. Develop dynamic procurement process that supports community CHC placements	Develop integrated approach to provide trained and competent NHS nurse assessor staff to support high quality assessment and care for CHC patients within the Independent Sector and patients' own homes. *Baseline and performance trajectory to be determined*	Roll out of sustainable and integrated service model for complex care. Improved patient experience with more timely assessments and reviews for FNC and CHC. Contributes to reduced LOS in medicine beds.	

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Older People's Tier 5 Priority Action	Planned Outcome 2018-19	Planned Outcome 2019-20	Planned Outcome 2020-21
Target; Improved performance against the All Wales Indicators			

5.10 Veterans

Cardiff and Vale UHB are committed to deliver the Armed Forces Covenant Framework for Wales (2015) providing services to the Armed Forces community, and the structures to deliver and embed the Armed Forces Covenant in Wales.
The Cardiff and Vale Armed Forces Community Covenant Partnership is led by Cardiff and Vale University Health Board, drawing together public service delivery partners to understand and respond to key issues relating to the service community at a regional level. In addition the UHB is also a member of the UK veteran's covenant hospital alliance demonstrating commitment to delivering the manifesto, and a 2017 silver award winner of the defence employer recognition scheme. A detailed action plan for 2018-19 is included in the appendices. This will be reviewed and updated annually with partner organisations

6 AVOIDING HARM WASTE & VARIATION

6.1 A Framework for Care Quality, Patient Safety & Improvement

Our Quality, Safety and Improvement Framework 2017/2018-2019/2020 sets out our priorities for the next three years. It builds on the excellent work that is already taking place. During 2017 we have started the work to embed the Framework across the UHB. There have been a number of positive achievements:

- High quality Healthcare Inspectorate Wales inspections and a positive annual report.
- 69% of concerns are now managed informally and less than 1% are converted to formal concerns.
- The 30-day response rate to formal complaints is currently 62% and a trajectory is in place to improve this to 70% by March 2018.
- A very positive Ombudsman report.
- The introduction of Happy or Not machines and ward feedback kiosks means we have received over 60,000 real time feedback opportunities using these methods.
- A significant reduction in the number of open Serious Incidents with WG. The UHB currently has 73 SIs open with WG. This contrasts with a position in October 2016, where the UHB had 230 SIs open.
- Increased our compliance with Patient Safety Solutions to 90% and have undertaken considerable work to embed the National Safety Standards for Interventional Procedures.
- Implemented a robust process for implementation of the Nurse Staffing Wales Act 2016, is in place.
- Successful development of the multi-agency Safeguarding Hub in Cardiff.
- Multi-agency development of Violence against Women, Domestic Abuse and Sexual Violence Strategy in partnership with the Local Authority.
- Put in place a robust programme of regular unannounced inspections to provide continuous assurance on quality and safety of services.
- Positive internal audit reports in relation to QSE governance arrangements across the UHB and also in processes for Revalidation of Nurses.
- Publication of the Annual Quality Statement which was also provided in a variety of formats for service users.

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 patients pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings. What really matters for our patients carers and citizens must be central to our decision making, so that we can use our time, skills and other resources

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more wisely. There is no simple solution to improve safety and no single intervention, implemented in isolation that can fully address the issue (Patient Safety 2030)[1].

The framework will provide a vehicle for quality assurance and improvement across all our services in primary, community, hospital and mental health services. It will support and be integral to delivery of the Integrated Medium Term Plan and embraces the philosophy of Caring for people, Keeping People Well; supporting the broad organisational objectives of our overall UHB strategy –
Our priorities are aligned with some of the key domains within the Health and Care Standards framework 2015, recognising that our colleagues in Public Health and in Workforce and Organisational development will be taking forward their own work to support the embedding of Standards within other domains. We are also mindful of work streams and priorities emerging from the 1000 lives programme and will work closely with the 1000 lives team to ensure that the UHB is supporting with and driving the national priorities for improvement. We recognise that we must consistently search for new ideas and better ways of working to improve the quality and safety of the care and services we provide and to deliver outcomes that really matter to people. There is more we need to do and areas of focus for 2018 -2019 relate to infection, prevention and control and further improvement in our compliance with patient safety solutions; specifically the UHB needs to implement an electronic solution for the production of wristbands from the Patient Management System. Other specific safety and quality issues which have given cause for concern during 2017 relate to paediatric surgery, interventional radiology services, endoscopy surveillance and compliance with the Human Tissue Act (HTA).

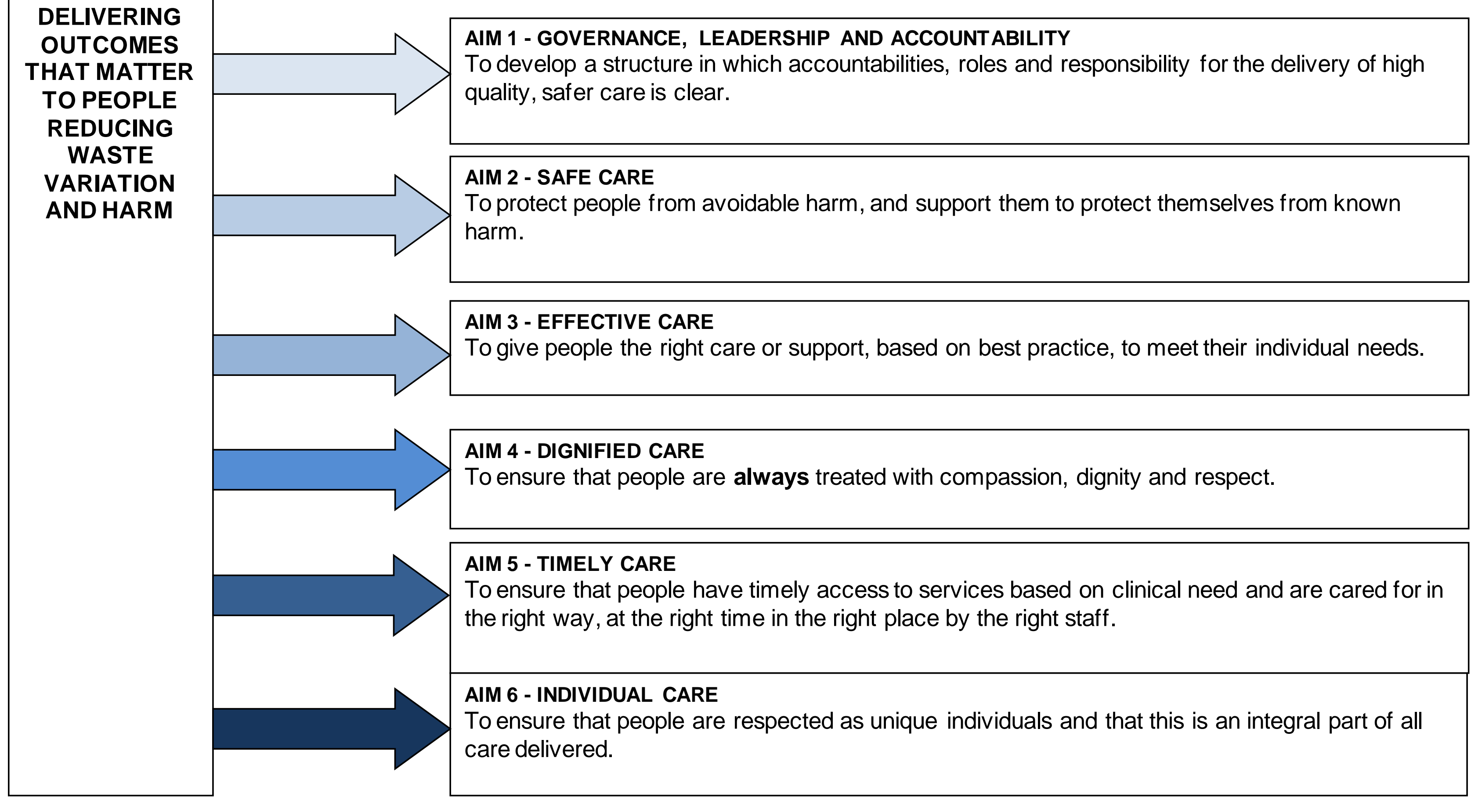
What are we trying to accomplish?
Our aim is to be one of the safest organisations in the NHS – delivering high quality, seamless care where people have a great experience every time they use our services. Our ageing and increasing population coupled with our desire to provide more care in community based settings, while driving innovation and the use of health technologies, brings new challenges. 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.

We have 6 broad aims:

[1] Darzi et al (2016). Patient Safety 2030. NHIR patient Safety transactional research centre at Imperial College London and Imperial College Healthcare NHS Trust

Aim 1	• To develop a structure in which **accountabilities, roles and responsibility** for the delivery of high quality, safer care is clear.
Aim 2	• To protect people from **avoidable harm** and support them to protect themselves from known harm.
Aim 3	• To give people the **right care** or support, **based on best practice**, to meet their individual needs.
Aim 4	• To ensure that people are **always treated with compassion, dignity and respect.**
Aim 5	• To ensure that people have **timely access to services based on clinical need** and are cared for in the right way, at the right time in the right place by the right staff.
Aim 6	• To ensure that **people as respected as unique individuals** and that this is an integral part of all care delivered.

The UHB continues to support the work of the National Quality and Safety Forum and to contribute to the development of the National Quality Delivery plan for the next four years. Cardiff and Vale is leading a piece of work to develop a set of Quality Triggers for the NHS in Wales.



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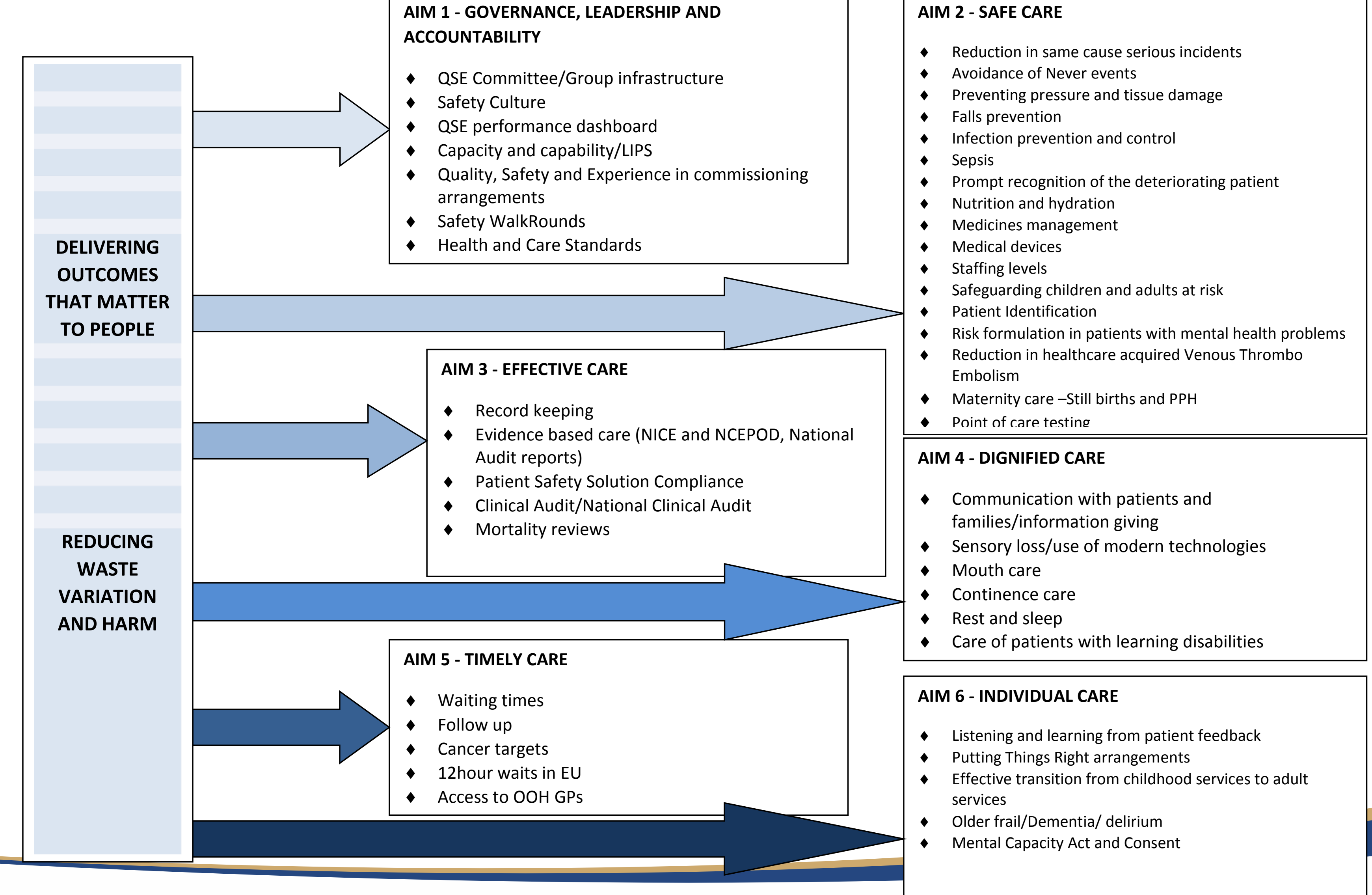

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6.1.1 Key priorities within the Objectives of the Framework

Below is a summary of the key aims and priorities within the 6 main aims of the Patient Safety and Quality improvement Framework

AIM 1 - GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY
To develop a structure in which accountabilities, roles and responsibility for the delivery of high quality, safer care is clear.

The delivery of safe, high quality care is not just about systems, but also the culture, values and behaviours that exist within the organisation. We understand that it is this which has the greatest impact in ensuring all patients and service users get the very best standards of care. The Board is committed to developing an appropriate culture which is cultivated within the organisation and that it reflects the core values of NHS Wales. This is demonstrated in the values of the organisation, our revised strategy which aims to ensure that we provide a great place to work. We want to know that:

- **staff put quality and safety above all else:** providing high value evidence based care for our patients at all times;
- **improvement is integrated into everyday working** and that we take positive steps to eliminate harm, variation and waste;
- **we focus on prevention, health improvement and inequality** as the key to sustainable development, wellness and wellbeing for future generations of the people of Cardiff and the Vale;
- **we work in true partnership** with partners and organisations and with our staff; and finally that; and
- **we invest in our staff** through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

During 2017/2018 a great deal of progress has been made in terms of embedding Quality, Safety and Experience arrangements across the UHB. All of our Clinical Boards report on a regular basis to the UHB Quality, Safety and Experience Committee, providing assurance across the breadth of services delivered by the UHB. 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 this year, work has been undertaken to develop a Nursing Dashboard, which will support quality improvement at ward level and also support implementation of the Nurse Staffing (Wales) Act 2016. This is due to go live in February 2018.

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

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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.
An Internal Audit of governance arrangements across all Clinical Boards provided a high level of assurance, with all Clinical Boards rated with either Reasonable or Substantial assurance and a follow up Audit in 2017 confirms these ratings. Further work is now required to build on this and embed arrangements at Directorate and Locality level.

Leading Improvement in Patient Safety (LIPS) - The UHB is committed to creating staff capacity and capability in leading improvements for patient safety, to deliver the outcomes that matter to people. The introduction of LIPS is contributing to the UHB patient safety improvement capability, based on the work of the Institute for Healthcare Improvement (IHI), the work of the Health Foundation through its Safer Patient Initiative (SPI) and more recently the NHS Institute's own programme of LIPS. LIPS is designed with an evidence based structure, content and learning styles. The aim of LIPS is to support achievement of local improvement plans by:

- Increasing the capacity and capability to lead and deliver improvements;
- Contributing to the culture change within the UHB to 'can do';
- Making measurable improvements;
- Return on investment.

This targeted and focused learning concentrates on how to improve safety and helps staff to acquire a skill set that is heavily associated with higher quality outcomes and lower cost. Skills delivered through LIPS include:

- Effective leadership skills;
- Collaborative problem solving skills;
- Improvement skills;
- Communications skills; and
- Non-technical human factor management skills.

LIPS continues to receive international recognition and another presentation has been accepted for the Institute of Health Improvement (IHI) international Conference in Amsterdam in 2018.

LIPS has also strengthened relationships with external partners including the Wales Deanery and 1000 Lives Improvement.

There have been two cohorts per year for the last three years and we now have in excess of 700 senior clinicians, managers and frontline staff from primary, community, mental health and acute care, completing the programme and working on improvement projects. Two similar sized programmes are planned for 2018/19. Ensuring we are meeting required standards of effective care is vital. The evidence that reliable care processes lead to improved outcomes is often well understood, but not translated consistently into practice. Monitoring key areas where the process/outcome link is clear is an effective indicator of a wider commitment to delivering consistent care standards. The UHB will introduce

an agreed set of measures to assess whether we are providing safe care. Safety measures can never be fail-safe, and can always be improved. Improvements should be detectable in reductions in avoidable mortality and harm while recognising that increasing levels of incident reporting can also be a strong positive indicator of safety awareness and focus.

WalkRounds™ (WRs) are an important component of the Cardiff and Vale University Health Board (UHB) governance and assurance framework. They provide an opportunity to gain insight and understanding of patient safety and service delivery issues and to identify areas of good practice to share and celebrate. They enable the Board and other senior people in the UHB to demonstrate visible leadership and to sense the impact of the work to translate values into action across the organisation. They were originally designed by the Institute for HealthCare Improvement (IHI) and introduced to the UK through the Safer Patient Initiatives. They were implemented across NHS Wales from April 2008 through the 1000 Lives Campaign. Having realised the benefits of WRs they were mandated by Welsh Government in Achieving Excellence, The Quality Delivery Plan for NHS Wales 2012-2016 which was published in May 2012.

A considerable amount of work has been undertaken during 2017/18 to further embed the Heath and Care Standards for Wales ('the Standards'), with much greater ownership of the Standards being taken by specialist leads and groups throughout the UHB. Work planned for 2018/19 centres on the further alignment of the Standards with well-established groups/committees who can take responsibility for full implementation and for providing assurance to the board during the self-assessment process.

The UHB is proud of its open and transparent culture and intends to continue to provide increasingly transparent communication with the public that it serves, for example, with internet content; publication of Board and Committee level papers; processes around the Annual Quality Statement and other such important components of the quality agenda.

The Annual Quality Statement for 2016/17 was published at the end of July 2017 and was made available in a variety of different formats. Progress against our objectives will be reported this year in our Annual Quality Statement for 2017/18. Going forward, the Annual Quality Statement will be used to report delivery of the QSI Framework 2017-2020.

AIM 2 - SAFE CARE
To protect people from avoidable harm, and support them to protect themselves from known harm.

There is compelling evidence that while healthcare brings enormous benefits, errors occur and patients are sometimes harmed. We are engaging in opportunities to understand the nature and scale of harm in the UHB. It is estimated that worldwide, hundreds of thousands of people die or experience severe harm as the result of a patient safety incident (Vincent, C, 2010. Patient Safety. 2nd edition). It is now widely established and accepted that in advanced healthcare systems, between 8 % and 12% of patients experience harm; half of which is probably preventable. We will triangulate the UHB data with other sources of intelligence to inform improvement priorities and will support further development of harm measurement as it becomes mainstream in NHS Wales.

The UHB is currently exploring alternative models and approaches to patient safety and during 2018-2019 there will be a greater focus on developing human factors training and embedded this approach in our patient safety initiatives. In light of the increasing demands in the system and the growing complexity, we wish to move away from an approach in which we strive to ensure that 'as few things as possible go wrong' to one in which we focus on ensuring that 'as many things as possible go right' Hollnagel (2015)[2]

The UHB has continued to work hard to improve the process around the reporting and management of serious incidents and Never Events. There is a very well embedded process and the UHB and we have continued to work closely with the Delivery Unit to ensure good governance around the management of Never Events. Welsh Government have highlighted the quality of the assurance provided during the closure of Serious Incidents. This is a reflection of the commitment throughout the organisation to respond effectively when things go wrong and to take all reasonable action to prevent a recurrence. In order to reinforce the principles of Being Open with patients and their families, we have reviewed processes following significant untoward incidents to ensure a consistent approach in responding to such matters. This includes early consideration of actions necessary to be open and put supportive measures in place for patients and staff. There is an expectation that Clinical Boards will continually strive to embed principles of openness and transparency within their Quality, Safety and Experience frameworks.

In identifying our safety priorities we have focused on cross cutting themes and trends which apply across the UHB although there will be specific issues which will require significant focus and attention during 2018 and these include and follow up processes,
Our approach to reducing Healthcare Acquired Infections is to ensure that is everybody's business and a zero tolerance of preventable infections is expected within the UHB. The Welsh Government code of practice outlines the minimum necessary arrangements and standards for NHS organisations and we have adopted these.

Two key Welsh Government documents underpin the work of the UHB:

- Commitment to Purpose: Eliminating Preventable Healthcare Associated Infections (HCAIs). December 2011 http://wales.gov.uk/docs/dhss/publications/111216commithcaien.pdf ; and

[2] Hollnagel, E et al (2015) From Safety 1 to Safety 11 –a White Paper: Australian Institute of Health Innovation

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- Code of Practice for the Prevention and Control of Healthcare Associated Infections. June 2014 http://wales.gov.uk/topics/health/cmo/publications/cmo/2014/cmo-june14/?lang=en .

It should be noted that Cardiff and Vale UHB has made good progress against the 2012-13 baseline numbers with an overall 52% reduction in *C.difficile* cases and over 21% reduction in *S.aureus* cases. However six months into the 2017-18 reduction expectation period Cardiff and Vale UHB is not on trajectory to meet the reduction expectation targets. Even so the Health Board had fewer cases of *C.difficile* in April – September 2017 compared to April – September 2016.

C. difficile

- The rate *C.difficile* rate for September 2017 is 30.94 per 100,000, 13 cases over the reduction expectation for the time period.

S. aureus bacteraemia

- The S.*aureus* bacteraemia rate for April – September is 35.83 per 100,000 population.

***E. coli* bacteraemia**

- The *E.coli* bacteraemia rate for April – September 2017 is 74.09 per 100,000 population.

Chart 1. Cardiff and Vale University Health Board maximum cumulative monthly numbers of C. difficile to achieve the 2017/18 reduction expectation and current cumulative monthly numbers for Apr to Oct 17

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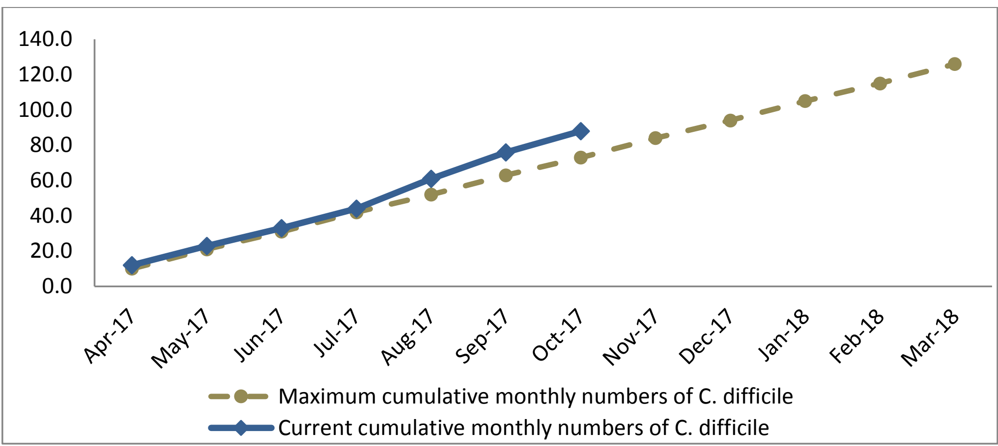


Chart 2. Cardiff and Vale University Health Board maximum cumulative monthly numbers of S. aureus bacteraemia to achieve the 2017/18 reduction expectation and current cumulative monthly numbers for Apr to Oct 17

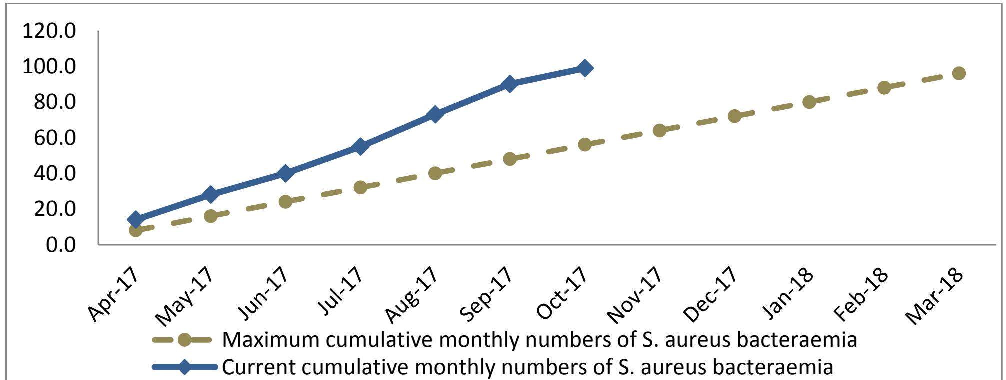
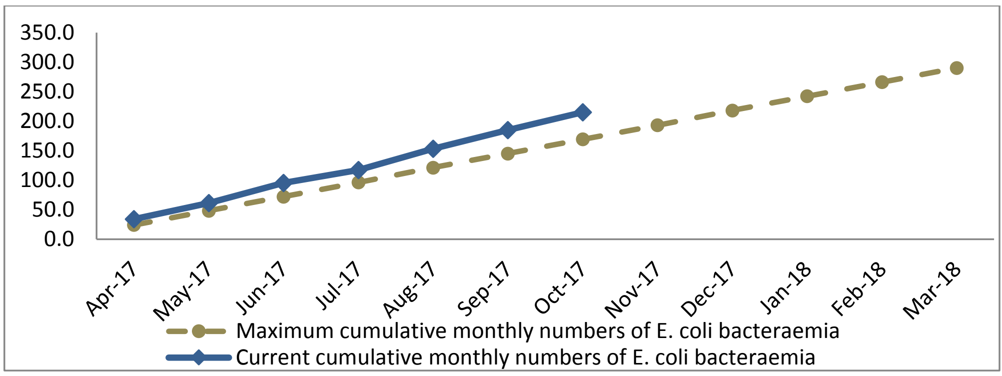


Chart 3 - Cardiff and Vale University Health Board maximum cumulative monthly numbers of E. coli bacteraemia to achieve the 2017/18 reduction expectation and current cumulative monthly numbers for Apr to Oct 17



What actions are we taking to improve the position and when will they start to take effect?

Although the UHB is currently not on trajectory to achieve the reduction expectation there is much work and progress being made across the Health Board. This work is outlined below:

***S. aureus* and *E. coli* bacteraemias**

Implementation of Peripheral Venous Cannula (PVC) insertion packs and Aseptic Non Touch Technique (ANTT) across the Health Board:

- PVC packs are in use in most areas where PVC insertion is undertaken (apart from theatres and anaesthetics). There is ongoing Health Board wide training and education regarding their use and their insertion and usage in line with ANTT principles.
- Primary and Community Intermediate Care (PCIC) Clinical Board are participating in the All Wales collaborative work to reduce *E. coli* bacteraemias with development of the 'Reduction in *E. coli* Quality Improvement Working Group'. Membership includes staff from PCIC, pharmacy and the Infection Prevention and Control (IPC) team. The group will focus initially on Urinary Tract Infections (UTI) diagnosis and management and will work with a General Practice (GP) cluster in the Vale of Glamorgan. Once agreed the Central Vale Cluster staff will support implementation of Urine dip sticking guidance, Catheter Associate Urinary Tract Infections (CAUTI) Bundle and All Wales Patient Urinary Catheter Passport.

Effective learning from Root Cause Analysis (RCA) process with resultant interventions to reduce the burden of bacteraemias and *C. difficile* cases.

- Clinical Boards have established review systems, but current figures suggest that the learning is not translating into further reductions. Examples of good practice are in General Practice where they are undertaking RCAs using an amended shortened tool for *C. difficile* cases and reviewing themes identified. All acute clinical boards now have better systems in place to undertake reviews.
- PCIC are also currently developing a shortened RCA tool for bacteraemias to encourage completion by GPs and lessons learnt.

Pre admission and admission screening for MRSA is being reviewed to include *S. aureus* in some key areas i.e. Renal/transplant, haematology, elective orthopaedic surgery. However work continues to understand the cost implications and this is currently being reviewed.

Antimicrobial stewardship - implementation of the Antimicrobial Delivery Plan

- A local plan has been agreed by the Antimicrobial Group. The Medical Director uses his monthly patient safety reviews to focus on antimicrobial stewardship issues in areas where *C. difficile* outbreaks or periods of increased incidence have been reported.

Implementation of Carbapenemase Producing Enterobacteriacea (CPE)/Multi-Drug Resistant Policy (MDRO) and accompanying screening protocol.

- MDRO procedure has been agreed. Full implementation requires further discussion as there are cost-pressures related to screening.
- A roll out programme has been developed by the IP&C team.
- Screening is being undertaken when ‘at risk’ groups are identified on admission or transfer to inpatient areas. Patients who are identified as positive are isolated and contact precautions initiated immediately.

Continue to address findings of the All Wales Decontamination of Endoscopes Audits and engage with all future audits.

- Very good progress has been made to improve decontamination facilities and procedures within the Health Board following the All Wales Decontamination audits of endoscopy units.
- Successful implementation of fluorescent technology to detect prion protein analogues is seen as a significant improvement for the management of Transmissible Spongiform Encephalopathies in neurosurgery.
- The UHB will explore the feasibility of a central endoscopy decontamination unit on the UHW campus
- The most recent All Wales sterile services audit included 2 separate units within the health board and the final report is awaited. However, initial verbal feedback was pleasing and a full action plan will be developed to meet the recommendations once the full report is received.

Water Safety Plan

- The Water Safety Plan is in place; at the most recent Water Safety Group assurance was provided that changes have been made following a case of Legionella. For improvement, further actions regarding flushing to be taken at ward level to reduce the risk of Legionella. A new flushing proforma is currently being developed and will be ready for roll out by the end of the year.
- Both the Water Safety Plan and Policy will be uploaded to the Health Board intranet side by mid December 2017, whilst the changes in flushing requirements will be circulated to Clinical Boards as soon as possible.

AIM 3 - EFFECTIVE CARE
To give people the right care or support, based on best practice, to meet their individual needs.

The UHB has been developing more robust systems to implement and monitor Patient Safety and has made significant progress in compliance, currently reporting 90% compliance with all existing Patient Safety Solutions (PSS) i.e. the UHB is compliant with 43 out of 48 patient safety solutions. This will continue to be a key area of focus for 2018-2019. During 2017, the UHB undertook a significant amount of work in order to declare compliance with the National Safety Standards for Invasive Procedures and has a two year plan in place to embed these across the UHB. In doing so, there has been excellent medical engagement and we have forged positive relationships with colleagues in England including Dr Will Harrop-Griffiths, author of the English Standards.

Local and National Clinical Audit – the UHB is making good progress with regards to local clinical audit and this is confirmed in a recent follow up by the Internal Audit team that has demonstrated that good progress has been made since their last assessment. During 2018, the UHB plans to implement an electronic, web based tool to support clinical audit activity across the UHB. The UHB is actively participates in the National Clinical Audit and Outcome advisory group and during 2017, has undertaken further work to implement and embed more robust processes for the provision of assurance in relation to the national audits in line with Welsh Government requirements.

Mortality reviews - 50% of all deaths occur in hospital and most of these are inevitable. However, it is estimated that 3-5% of acute hospital deaths are potentially preventable. To provide assurance that there is appropriate decision making and that good quality treatment and care is provided all patients who die in hospital the UHB undertakes mortality reviews. A two-stage mortality review process has been developed whereby every set of case notes is reviewed at the time of death certification. Certain triggers are used to identify patients who should be considered for a more in-depth second stage review.

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The UHB participated in a Wales-wide workshop was held on 12th July 2017 to critique stage two review tools in use and to agree a standard tool for use in Wales which would also support the Medical Examiner (ME) role when it is introduced. A comparative analysis of the tools has been undertaken. The Wales mortality review steering group is overseeing the development of a standard second stage two review tool. There is the need within a new tool to align it to serious incident review processes, and to ensure that there are clear instructions about whom/how the case note review should be conducted.

Learning Disabilities and Dementia

1000 Lives Improvement, the NHS Delivery Unit and Health Inspectorate Wales jointly lead an improvement programme on *'Sharing the Learning from Untoward Incidents'* in Mental Health, Learning Disability and related NHS services. The UK National Steering Group (NSG) for the improvement programme recommends that all UHBs now establish systems and capacity for routinely undertaking Mortality Reviews for all specialist mental health and learning disability services, across NHS inpatient and secondary care community services.

To support this work the NSG has adapted Mortality Review tools currently used in NHS physical healthcare inpatient services in Wales and developed new tools with proposals for their piloting in all HB's responsible for Mental Health and Learning Disability service during 2017. In addition to testing the utility of the Mortality Review tools, the pilot aims to identify potential implementation issues, including how easy or difficult it is to integrate within wider UHB Mortality Review processes.

Mental Health Clinical Board has commenced the introduction of the Learning Disabilities pilot.

Two extra fields on EMAT will be added to capture patients with learning disabilities and dementia who were cared for in physical health inpatient wards at the end of life. The paper based data collection form for mortality reviews and death certification has similarly been amended. Patients with LD will automatically be escalated to a level two review. We will be able to count the number of patients with dementia at the time of death that may not yet have a code on PMS. At this stage patients with dementia will not automatically be escalated to stage two reviews unless there is another trigger.

The PARIS IT system has been developed to record stage one mortality reviews for mental health patients. Further amendments will be necessary to accommodate the LD pilot of mortality reviews.

Stage one reviews are recorded in the Electronic Mortality Audit Tool (EMAT) which is linked to the patient management system. It enables the Health Board to monitor the % of patients who have a mortality review recorded and to capture some patient safety themes for improvement.

Percentage of crude mortality and condition specific mortality (stroke, heart attack, hip fracture) and mortality rate in A&E are publicly reported quarterly on the UHB internet site (figures 5, 6 & 7). The mortality rate in A&E has steadily continued to improve while the other data shows stable situations for the past year.

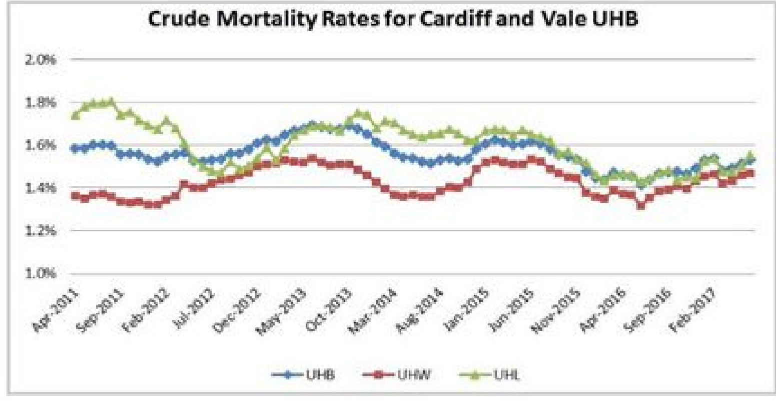

Figure 5 - % crude mortality

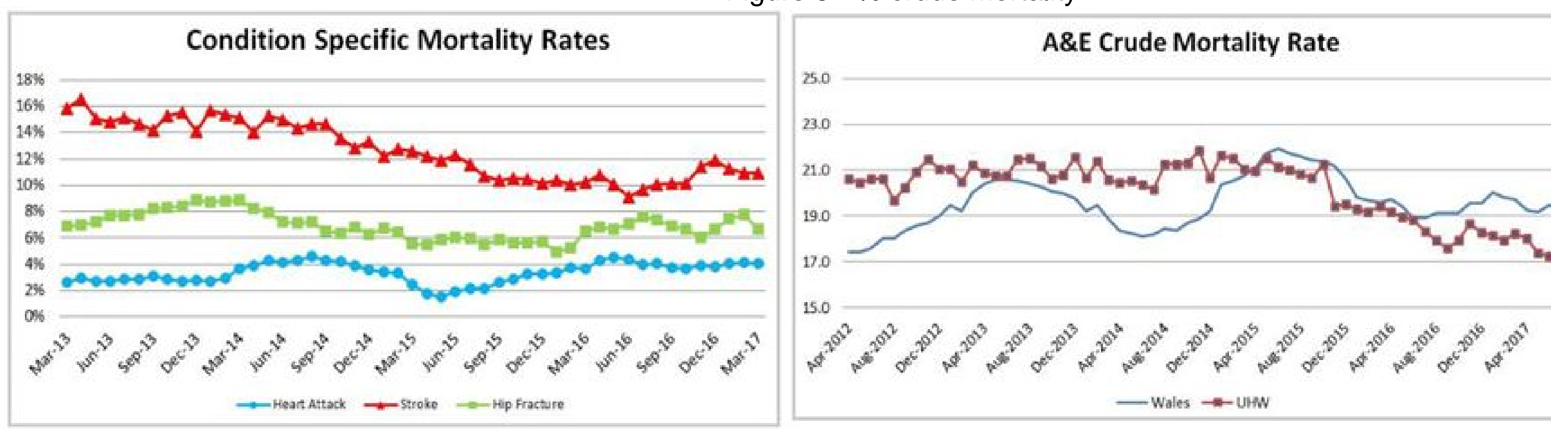

Figure 6 - % condition specific mortality

Figure 7 – A&E mortality rate per 10,000 attendance

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AIM 4 - DIGNIFIED CARE
To ensure that people are **always** treated with compassion, dignity and respect.

HIW inspections

HIW is the independent inspectorate and regulator for all health care in Wales. The core role of HIW is to review and inspect NHS and independent healthcare organisations in Wales so that independent assurance can be given to patients, the public, the Welsh Government and healthcare providers that services are safe and of good quality. The UHB welcomes the external scrutiny and feedback that inspections provide across our integrated services. Reports form an important part of the range of data we have available to monitor standards across the UHB.

In February 2016, following a visit to medical and Mental Health Services for the Older Person (MHSOP) wards at University Hospital Llandough, there were a number of immediate assurance issues that required addressing. The UHB has worked closely with HIW in developing an improvement plan to address the findings and this has been scrutinised and monitored by the UHB QSE Committee. In partnership with HIW and with the Community Health Council the UHB has run a series of Inspector Calls workshops, to remind staff of the importance and purpose of inspections, to feedback the findings from internal and external reviews, set the expected standards and to provide them with support to manage an inspection situation. This has been very well received and evaluated. A recent unannounced visit, to the same areas in late February 2017 was overwhelmingly positive in terms of the care that was observed and the observation that the UHB has clearly addressed the recommendations from the 2016 visit.

AIM 5 - TIMELY CARE
To ensure that people have timely access to services based on clinical need and are cared for in the right way, at the right time in the right place by the right staff.

In developing our Quality, Safety and Improvement framework, we know, from engagement with our stakeholders, that access to services is a key quality and safety concern. Our plans for Urgent & Emergency Care and Planned Care are set out in Chapters 5.3 and 5.4. From a QSE perspective we will be focusing on:

- Waiting times and follow up for Endoscopy and for Ophthalmology appointments
- Cancer targets
- 12hour waits in EU
- Ambulance handover
- Access to OOH GPs
- Safe discharge and delayed transfers of care

This focus is based on triangulation of data from our serious incidents, complaints and claims, stakeholder feedback and feedback from internal and external inspections.

AIM 6 - INDIVIDUAL CARE
To ensure that people are respected as unique individuals and that this is an integral part of all care delivered.

We have strengthened our approaches to listening to patients at many different levels, from engaging patients in shaping our future models of service delivery (as per the development of our clinical services strategy), to completing our 'two minutes of your time' surveys to get real time feedback on the care people are receiving. Our Patient Experience Framework is set out in more detail in Chapter 8.

Quality, Safety and Improvement Framework Delivery Plan 2018/19

Work will continue with Clinical Boards to implement the Framework. The key areas of focus for 2018 - 2019 however, will be:

Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
AIM 1 – GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		

Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Continue to embed the standardised QSE agenda at Directorate level across the UHB • Develop the integrated QSE Board report to demonstrate robust reporting arrangements across the integrated healthcare system cross organisational learning • Support Clinical Boards to strengthen assurance reporting from Directorate to Clinical Board • Further development of integrated QSE Board report. • Implement Governance, Leadership and Accountability Standard	A well embedded QSE committee/group infrastructure. Improved governance arrangements **Current position** Well embedded at Clinical Board level; less embedded within Directorates. **Target:** regular QSE meetings at Directorate level	Audit of Directorate QSE agenda and minutes Audit of reporting from Directorate to Clinical Board QSE groups Improved or sustained Internal Audit assessment
• LIPS x 2 cohorts • RCA training x 3 cohorts • Action planning workshops • Develop a UHB QSE leads network to share ideas and support implementation of the framework • Clinical Audit skills training • Progress the establishment of CAV academy • Strengthen links with 1000 lives programme	Local quality improvement capacity and capability building is developed to support and enable teams to identify and address local QSE improvement priorities **Current position:** 750 staff trained in silver IQT methodologies **Target:** 900	Delivery of LIPS cohorts x 2; RCA x 3 sessions; clinical audit sessions QSE network in place across the UHB by end of March 2018 Increase in the number of people trained in IQT methodologies Increase in the number of people trained in Root cause Analysis techniques

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Development of a Quality Governance training programme for senior leaders • Publish Annual Quality Statement 17-18 • Carry out Safety Culture Survey and develop improvement plan to address findings • Develop a QSI quarterly newsletter reporting progress with the framework • Develop a Communications plan to support implementation of the framework/ explore use of social media to promote safety messages • Explore the establishment of a Human Factors training programme • Develop intranet site	A strong safety culture is embedded at every level of the organisation	Results of safety culture survey
Align the following standards with established groups/committees: • Health Promotion, Protection and Improvement • Managing Risk and Promoting Health and Safety • Preventing Pressure and Tissue Damage • Blood Management • Safe and Clinically Effective Care • Information Governance and Communications Technology • Workforce • Continue to reduce self-assessment requirements for Clinical Boards	The Health and Care Standards are embedded and aligned to work programmes of established groups/committees to move away from annual self-assessment **Current position**: CBs reports 'Meeting the Standard' - 30.5% **Target:** increase to 50%	Improvement in the ratings of the 2017-2018 self-assessment across the UHB

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
AIM 2 – SAFE CARE		
• Endoscopy Improvement Plan – robust monitoring of progress • Falls delivery group and development of strategy for Falls Prevention and Management • Detailed review of themes and trends in SIs • Near miss analysis exercise in each Clinical Board • Review the integration of human factor considerations in all action planning • Focus on developing skills in action planning • Strengthen links to Clinical Board clinical audit plans to ensure that lessons learned are embedded and sustained • Continue work to move from a Safety 1 to Safety 11 approach	Reduction in same cause serious incidents that cause severe harm or death **Current position:** most frequently reported same cause relate to injurious falls, unexpected deaths in patient known to mental health services, pressure damage **Target:** Falls – reduce by 10%; mental health deaths – maintain or reduce; pressure damage (increase reporting in 2018-2019)	Decrease in the number of same cause serious incidents
• Undertake full risk assessment in relation to all known Never Events to ensure appropriate controls are in place • NatSiPPs – implement year 1 plan and evaluate • Focused work in Dental Clinical Board (to align with NatSSIPs) • Link to clinical audit plan	A reduction in the number of same cause Never Events **Current position**: 5 per annum **Target**: < 5 per annum	A decrease in the number of never events in each 12 month period

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Continue to improve validation and reporting of pressure damage on Datix/increase Serious Incident reporting – particularly of community acquired pressure damage • Implement revised Welsh Guidance on the investigation of pressure damage when published • Pressure Ulcer Group to continue to oversee the UHB plan for improvement • Review Education programme • Total bed management contract • Revision of RCA pressure ulcer tool • Work towards full implementation of Health and Care Standard 2.2	Reduction in the number of Grade 3 and 4 pressure damage **Current position**: variability in quality of reporting **Target:** increase level of reporting to establish baseline	Numbers of Grade 3 and 4 pressure damage incidents reported The number of older people who have developed skin ulcers or whose skin has been damaged whilst in hospital,
• Falls Steering Group to develop overarching plan following baseline assessment against Principles, Framework and national Indicators: Adult in-patient falls and all other National reports/guidance • Approve UHB Strategy for Falls prevention and management • Improve performance in 2018 falls and fragility Audit. Focus required on: ♦ It against QS86 Quality Statements ♦ Standardise practice in relation to lying and standing BP ♦ Medication review ♦ Bedside vision check ♦ Availability of walking aids ♦ Continence care plans ♦ Access to call bells • Work towards full implementation of Health and Care Standard 2.3	Reduction in the number of falls and in the number of serious falls that cause severe harm or death **Current position:** numbers reported during 2017/18 **Target:** reduce by 10%	Number of falls reported as serious incidents The number of older people who have fallen whilst in hospital and the impact of that fall upon them

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Antimicrobial delivery plan (year 3) • Continue to embed use of PVC and ANTT • Audit of ANTT • All Wales Hospital Sterile Services audit • Prevention of winter season outbreaks • All Wales collaborative to reduce E-Coli • RCA and resultant interventions to reduce bacteraemias and CDiff • Implementation of CPE/MDRO policy and screening • Delivery of WG targets for CDiff; MRSA,MSSA, Ecoli • Water safety plan • IP+C training -85% staff trained • Implement Health and Care Standard 2.4	A reduction in the number of Healthcare Acquired Infections in line with or exceeding WG targets **Current position** (up to Dec 2018) CDiff - rate 26.55 MRSA – rate 3.25 MSSA – rate 28.45 EColi – rate 70.98 **Target:** WG reduction expectation targets CDiff - rate no more than 26 per 100,000 SA – rate no more 20 per 100,000 EColi – rate no more than 60 per 100,000	Performance against WG targets for infection prevention and control The number of older people who have acquired hospital infections as an avoidable consequence of their care

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Continue to embed the revised sepsis pathway (NCEPOD;NICE) • Evaluation of pilot wards • Introduction of 'Making Sepsis personal' model (based on Nottingham feedback tool) • Strengthen data collection methods in relation to Sepsis management compliance • Education programme/training strategy • Review and respond to the outcome of the Acute Care review across Wales • Enhance awareness of indicators of sepsis; • Facilitate/automate data capture of the sepsis six metrics (currently a manual data collection process); • Develop and build an understanding of sepsis pathways (with an initial focus on cellulitis, pneumonia and urosepsis) from primary care through to the Emergency Department and the wards; and • Maximise use of community services such as the Acute Response Team ('ART') to provide intravenous antibiotics as close to home as possible (rather than in a hospital environment).	A reduction in the number of deaths from Sepsis Increased awareness of 'sepsis six' Improved performance against the 'sepsis six' metrics Reduced length of stay for patients with a primary diagnosis of sepsis **Current position:** TBC **Target:** TBC	Number of potentially avoidable sepsis deaths Proportion of patients with a positive screening for sepsis in the inpatient setting who have received all 6 elements of the 'sepsis six' bundle within 1 hour Length of stay for patients with a primary diagnosis of sepsis
• RRAILS • Full NEWS implementation • Resuscitation cube	All patients whose condition is deteriorating are recognised at the earliest possible opportunity **Current position:** TBC **Target:** TBC	A reduction in the number of incidents, complaints and claims related to a failure to recognise a deteriorating patient Audit results

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Implementation of the requirements of the Nurse Staffing levels (Wales) Act 2016 • Launch of the Nursing dashboard • Board reporting	Wards are staffed in line with the requirements of the Nurse Staffing levels (Wales) Act 2016 **Current position:** TBC **Target:** TBC	% Compliance with CNO staffing principles
• Review of current resource • Information sharing mechanisms • Social Services Wellbeing (Wales) Act • FGM • Domestic Abuse • MASH • Work towards full implementation of Health and Care Standard 2.7	The welfare of children and adults who become vulnerable or at risk is promoted and protected at all times	Number of POVA referrals involving staff Number of Child practice Reviews (with implications for healthcare)
• LIPS project implementation • Patient ID Policy and associated launch • Patient ID task and finish group • Focus on addressograph label campaign • Launch Patient ID logo	All patients are positively identified to ensure that the right person receives the right treatment **Current position:** TBC **Target:** TBC	A reduction in the number if patient misidentification incidents A reduction in the number of IR(MER) breaches
AIM 3 - EFFECTIVE CARE		
• Implement electronic wristband solution • Revise and refresh processes • Establish Patient Safety Solutions Group • Implement solutions to address areas of outstanding non-compliance	The UHB demonstrates compliance with all Patient Safety Solutions/notices/alerts **Current position**: 90%	Improvement in the % compliance with Patient Safety solutions/notices/alerts

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Continue regular reporting to Board and QSE	**Target:** 100%	
• Introduction of electronic clinical audit system	There are systems in place to ensure that variation from best practice is properly recorded and audited and risk are identified and managed appropriately	Improvement in Internal Audit assurance rating
• Implement a structured review method in line with • RCP guidance on mortality case records review • Preparation for Medical examiner Role	The death of every patient is reviewed to identify whether there are lessons to be learned **Current position:** approx 90% of deaths reviewed Stroke: TBC Heart attack: TBC Hip fracture: TBC **Target:** 100% of deaths reviewed;	% in-patient deaths subject to mortality review % referred for 2nd level review Mortality rates against key conditions –stroke, heart attack and hip fracture
AIM 4 – DIGNIFIED CARE		
• QA of public facing literature and leaflets • Translation/interpretation services • Being Open • Breaking bad news • Sensory loss plan	The individual language and communication needs of services users are met and specifically those with sensory loss.	Specific measures to be determined

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Work towards full implementation of Health and Care Standard 4.1		
• Full roll out of the LD bundle • Bringing together commissioning functions • Integrated approach to services • Improve Access and support • Annual health checks • Improve processes with regards to the mortality review process and identification of patients with a learning disability	The needs of patients with Learning Disabilities are being met to a high standard	A reduction in the number of patient safety incidents/concerns involving patients with learning disabilities A reduction in the number of concerns raised in relation to commissioned services for LD patients
AIM 5 – TIMELY CARE		
See Delivery Sections – for proposals to provide more timely care – Not included here to avoid duplication		
AIM 6 – INDIVIDUAL CARE		
Implement the Patient Experience Framework • Continue to refine and develop methods used to gather service user feedback • Continue to develop systems to ensure effective triangulation of service user experience data • Continue to develop procedures to ensure service user feedback is shared as contemporaneously as possible • Develop opportunities for service user involvement in service improvement/development • Equip staff with the knowledge and skills to engage with service users in a proactive, customer focused way	The UHB responds to a range of feedback methods from patients to ensure that services are shaped by and meet the needs of people it serves (this aligns with and will be delivered through implementation of the Patient Experience Framework) **Current position: 62%** **Target:** TBA	See Section 8 IMTP

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Key programmes and actions to support delivery of the **Quality, Safety and Improvement Framework** include		
ACTION	OUTCOME	MEASURE
• Work towards full implementation of Health and Care Standard 6.3		

6.2 Our Programme for Transformation

Context

The UHB has successfully delivered cash releasing savings ranging between £21 million and £46 million in recent years. Whilst not all of these savings have been recurrent in nature, the extent of the savings has made a significant contribution to mitigating our financial risks. The UHB recognises that transformational change on a cross system basis is now required to deliver services on a more sustainable basis. Indeed, a key component of our Shaping our Future Wellbeing Strategy is "joining up what we do and striving for operational excellence making the best use of the resources we have".

Our methodology

The UHB recognises the need to develop a robust methodology ('the Cardiff and Vale way') to deliver this sustainable change. Our vision is to develop a culture of continuous improvement underpinned by structured whole organisation processes. Our staff survey in 2016 identified that 59% of respondents felt able to make an improvement in their area of work. We want our staff to feel equipped and empowered to develop ideas that improve patient care and deliver at the same or lower cost. This will be measured through the metrics within our annual staff survey. A change in this culture will not happen overnight and with this in mind, the UHB's transformation programme is, at the very least, viewed as a five year programme of work.

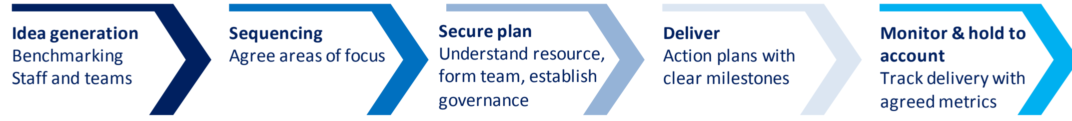
The UHB is building on the good progress made through recent change programmes such as the Bold Improvement Goals, Leaner and Fitter and Organising for Excellence. Learning the lessons from these programmes, our transformation programme is:-

- Clinically led;
- Patient centred;
- Forward looking (both long term and prevention focused);
- System wide; and

- Collaborative.

All too often, transformation programmes are launched with too broad a remit, ill defined benefits and an expectation that change will happen overnight. This, in turn, contributes to ‘change fatigue’ and poor staff engagement. With this in mind, we have worked hard to develop a methodology that brings focus to transformation and will stand the test of time.

During 2017/18, the UHB has established the foundations for the programme, including the methodology and approach. This can be summarised as follows:-



Idea generation

The UHB has undertaken detailed benchmarking to identify opportunities for cost savings. Staff have also been invited to feed into this long list. The aim is that this process is ongoing, generating a pipeline of opportunities.

Sequencing

The UHB wants to commence with those areas that present the biggest opportunity for improvement. A process has been developed to score the opportunities against Institute for Healthcare Improvement criteria (potential to improve patient outcomes, patient experience and financial impact) coupled with a fourth consideration around the ease of delivery (including assessing whether the service area teams are engaged and the scale of the change).

A Sequencing Panel has been established with representation from clinicians, operations, finance, information and change delivery teams. This panel makes recommendations to the Health System Management Board (‘HSMB’) for inclusion in the programme.

Secure plan

Following approval of the projects by HSMB, project documentation will be completed. The UHB is aiming to achieve a balance of work between projects that can deliver at pace and those that are longer term in nature. A ’60 day cycle’ approach has been developed to progress projects quickly. The aim is to make these projects as easy as possible to deliver by adopting a ‘documentation light’ approach requiring teams to outline the problem statement, objectives, scope and measures. Longer term projects necessarily require more detailed

documentation and the project opportunity document ('POD'), already used widely across the UHB, is being used to scope the idea with key milestones, risks to delivery and measurable outcomes.

Deliver

A good practice project management approach to delivery is being used with detailed action plans, monitoring of measures and risk and issue logs.

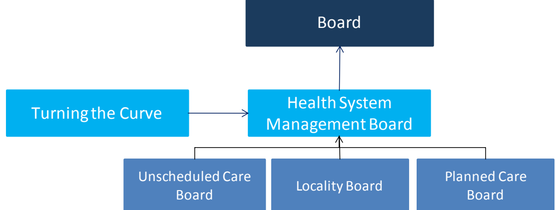
Monitor and hold to account

Monthly monitoring will take place against the planned milestones and benefits identified via dashboard reporting.

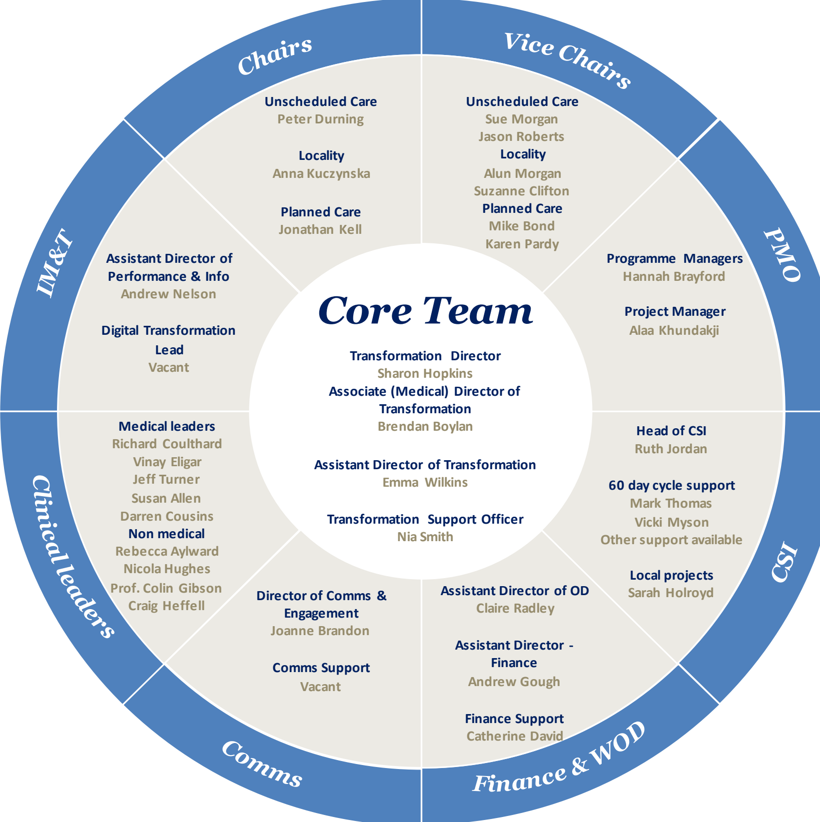
Governance

Delivery of the programme is reliant upon a system of good governance. At the outset, a Transformation Board was established underpinned by three programme boards for unscheduled care, locality and planned care. As the programme developed, it became increasingly evident that clinical boards wanted to be at the heart of the decision making on transformation. In response to this, it was agreed that the HSMB meeting would include a standing agenda item on transformation. HSMB would make decisions on transformation and would assume a role to monitor delivery of the agreed programme. In essence, HSMB is now operating as the Transformation Board. The UHB has welcomed this development and believes that it reflects an enhanced level of engagement from the clinical boards around the transformation agenda. The Executive Sponsor for the programme is the Deputy Chief Executive.

The role of the programme boards continues to be to support the delivery of the projects by focusing on milestones and the management of risks. The governance arrangements can be summarised in the following chart:-



Team - The UHB has formed a transformation team with the requisite skills and knowledge to deliver change. The team comprises:



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The UHB's intention is that this is a clinically led programme. With this in mind, nine clinical leaders have been appointed to provide insight and drive delivery. In addition, the UHB has recognised the input and insight that non-clinical frontline staff can bring by appointing staff with roles in medical secretarial services, portering and operational services.

6.2.1 Progress during 2017/18

2017/18 has been a developmental year for transformation as the methodology has been refined and the governance arrangements established.

A series of initial 60 day cycles were undertaken to test the methodology and the supporting toolkit. Good progress was made in this regard. An exemplar project was delivered around the supervision of patients at University Hospital of Llandough ('UHL'). The project aim was to deliver a 25% reduction in the number of 1:1 specialled patients over 60 days through the development of a robust framework for identifying and implementing patient supervision. This has been highly successful. In the first month alone, specialling hours reduced by 20%. Monthly costs have reduced from £191k in April 2017 to £43k in October 2017. The project also demonstrated that ideas can be progressed and delivered at pace. The team are now monitoring this change to ensure that it is sustained and have shifted their focus and attention towards prevention of de-conditioning. Evidence indicates that ten days in hospital can lead to the equivalent of ten years of muscle ageing in a patient over 80. In order to prevent this level of deterioration, the nursing team have worked in collaboration with physiotherapy leads to develop a ward-based exercise programme to encourage patients to move and to interact with each other. Early indications are that the programme is successfully helping to prevent this decline.

The benchmarking and staff ideas have generated a long list of over sixty potential projects. Using the scoring approach referred to above, the Sequencing Panel has made a series of recommendations to HSMB about the projects to progress. The key themes were around delivering a reduction in length of stay, improving pathways across primary and secondary care, delivering an improved outpatients service and improving theatre efficiencies. The specific projects identified to deliver this are as follows:

Project	Outcome	Measure
Unscheduled Care		

Project	Outcome	Measure
Sepsis CHKS benchmarking has identified opportunities to improve the length of stay (and mortality) of patients with a primary diagnosis of sepsis. The project will build on the work of the existing clinical team to • Enhance awareness of indicators of sepsis; • Facilitate/automate data capture of the sepsis six metrics (currently a manual data collection process); • Develop and build an understanding of sepsis pathways (with an initial focus on cellulitis, pneumonia and urosepsis) from primary care through to the Emergency Department and the wards; and • Maximise use of community services such as the Acute Response Team ('ART') to provide intravenous antibiotics as close to home as possible (rather than in a hospital environment).	Increased awareness of 'sepsis six' Improved performance against the 'sepsis six' metrics Reduced length of stay for patients with a primary diagnosis of sepsis	Sepsis six reported metrics Length of stay for patients with a primary diagnosis of sepsis
Ambulatory Care Sensitive Conditions Ambulatory care sensitive conditions are amongst the most common causes of hospital admissions. Benchmarking indicates that there are opportunities to improve length of stay and that there is variation between the two main hospital sites at University Hospital of Llandough ('UHL') and University Hospital of Wales ('UHW').	Reduced length of stay for patients with ACS conditions Reduced mortality for patients with ACS conditions	Length of stay Mortality

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Project	Outcome	Measure
The project will focus on developing pathways for atrial fibrillation, heart failure and chronic obstructive pulmonary disorder ('COPD'). This will incorporate both primary and secondary care with the aim of reducing variation in practice and length of stay.		
Locality		
Palliative Care CHKS benchmarking has identified that a greater proportion of UHB patients die in a hospital setting rather than in the community (hospital or at home). 19% of the UHB's patients die in the community compared to 29% in England. The project will consider how advanced care planning can be enhanced in order to enable patients to die in a place of their choice.	Increased proportion of patients with an advanced care plan Increased proportion of patients dying in the community rather than a hospital setting	Percentage of patients with an advanced care plan CHKS benchmark data
Planned Care		
Virtual Fracture Clinic The UHB experiences significant pressures at post fracture clinics and often, very little 'value' is added through the appointment. Systems elsewhere have introduced a virtual fracture clinic model, whereby patients are reviewed at a daily multi disciplinary team meeting to assess whether a follow up appointment is needed. A follow up telephone call then takes place with the patient to outline the next steps. The project is planned to deliver in a phased way as follows:-	Increased proportion of direct discharges from the Emergency Department Increased proportion of direct referrals to physiotherapy services from the Emergency Department (rather than from the fracture clinic) Electronic booking processes in place and consistently used	Referrals to fracture clinic Average time between attendance at the Emergency Department and physiotherapy appointment Number of paper referrals Number of patients seen in fracture clinic

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Project	Outcome	Measure
• Phase 1 – collaborative working with staff within the Emergency Department to increase the proportion of direct discharges for agreed pathways (for those fractures that don't need to be referred to orthopaedics for review). • Phase 2 – implementation of the virtual fracture clinic model. Early scoping of the project has also identified an enabling piece of work around the appointments booking process. There is duplication of work, inconsistency of process and over-reliance upon paper bookings.	Reduced number of face to face patient contacts Improved staff experience	Staff survey
Development of an outpatient improvement framework (using urology as an exemplar) The UHB is trialling a clinically developed approach to outpatients that considers each stage of the outpatient journey, including patient information (in the community), capacity and demand, diagnostics, bookings, consent processes and follow ups. Early priorities of the project are:- • to more accurately assess capacity and demand; • to identify high volume pathways for review to ensure consistency of approach amongst clinicians in both primary and secondary care; • to maximise use of alternatives to face to face bookings such as electronic advice; and • to explore alternative routes for follow up appointments such as a 'ticket back'.	Fewer clinic overruns. Fewer 'forced bookings' Agreed and consistently applied pathways Increased use of electronic advice to reduce face to face appointments Reduced follow up appointments Increased use of 'ticket back' clinics.	Number of forced bookings Number of electronic advice interactions Number of follow up appointments Number of 'ticket back' clinics

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The UHB is also progressing with the development of a programme of 60 day cycles.

In addition to the defined pieces of work referred to above, a number of ideas have been surfaced through transformation and are now being progressed through our clinical board structure. This includes an opportunity around switching drugs identified by a transformation clinical leader. Other opportunities have been identified around theatre stock management that would considerably reduce waste and obsolete stock and osteoporosis injections that can be self-administered rather than delivered in a clinical setting.

The UHB is also keen to ensure that we maximise areas of good practice. Pilot projects are often undertaken as a small test of change but evaluation of these pilots is often poorly or inconsistently applied. With this in mind, the UHB has engaged with Y Lab (hosted by Cardiff University) to explore joint working opportunities to develop an evaluation framework that can be applied to inform decision making around stopping or scaling up.

6.2.2 Organisational development

The UHB understands the importance of organisational development in bringing about a cultural shift that embraces change and transformation and removes some of the barriers to cross organisation working.

A monthly meeting ('Turning the Curve') takes place, comprised of senior leaders in the organisation and facilitated by the Assistant Director of Organisational Development. All executive directors attend together with clinical boards and corporate functions. The purpose of the meeting is to work on leadership and transformation issues and develop collective problem solving in a way that reflects our cultural ambitions, values and behaviours.   Issues or challenges are escalated up through the meeting structures of the organisation for discussion at this meeting. Matters discussed during 2017/18 have included actions that the organisation could take to collectively address the financial challenge, the potential use of incentives to drive change and working together on a 'seven days no delays' week focusing on patient flow.

A range of tools and techniques have been used in these meetings to facilitate discussions and to help drive actions and it has proven a useful enabler to the transformation programme.

6.2.3 Next steps

The UHB has identified a partner in Canterbury, New Zealand. As a system, Canterbury is often cited as having successfully developed a more integrated care system with strong community services and a corresponding reduction in hospital based services. The system has focused on a pathway approach that adopts best practice and provides clarity to primary and secondary care clinicians. This way of thinking aligns well with our Shaping our Future Wellbeing Strategy and is undoubtedly something that we can learn from. Further, the approach to supporting and equipping staff to deliver change has been highly successful.

Representatives of the UHB have recently visited Canterbury to gauge how we can work together to learn from each other. In particular, we are keen to develop the pathway approach to our own services. As this thinking emerges, the pathway development work will fall to the Locality Programme Board to develop and deliver.

As the priority projects progress, the pipeline of ideas that have been scored through the Sequencing Panel will fall into the programme. Those that are already scoring highly include cardiac theatre efficiency improvements and a service model redesign around elderly care assessment services and day hospital. As the urology outpatient improvement programme progresses, the UHB anticipates that this model can be scaled up to other specialties. This will provide us with the programme for the coming years.

6.3 Delivering Value Based Health Care

The UHB has an established cross cutting efficiency programme (previously known as Leaner and Fitter). The programme has hitherto incorporated productivity related projects together with a range of IT enabling projects such as the implementation of electronic referrals. In 2017/18, the programme was re-purposed to focus upon the delivery of cash releasing savings. The aim was to deliver savings amounting to £7.5m, of which £6.5m has been identified to month 7.

Scope of the programme

The programme is aimed at supporting clinical boards to deliver the underlying savings requirement through a range of cross cutting projects. A number of the projects are longer term in nature and will continue into 2018/19. The programme remit will include the following:-

Project	Scope
Medical Productivity	• Reducing medical variable pay across medicine, surgical, specialist services and children and women. • Establishing a central resource team for collating and monitoring job plans • Releasing an updated version of the Clinical Activity Portal (CAP)
Nursing productivity	• 95% of posts filled by substantive band 5 nurses

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Project	Scope
	• Effective rostering • Effective specialling • Improving Temporary Staffing processes • Reduction in Agency Utilisation
Workforce Productivity	• Recruitment and retention • Workforce plan (reduce overtime and variable pay costs in non medical and non nursing staff groups • Reviewing Fixed Term contracts • Reviewing redeployment registers • Annual leave entitlement (part years service/ payment for overtaken annual leave)
Medicines Management	• Maximising use of bio-similar drugs at a reduced cost • Outsourcing outpatient dispensing services • Delivering DEFINE and REFINE software • Poly-pharmacy reviews
Procurement	• Achieving best value: Product variety is the root cause of hospital supply chain waste • Reducing non-pay expenditure • Reducing the procurement catalogue to avoid variation in spend • Reviewing current expenditure control and implementing improved systems and processes

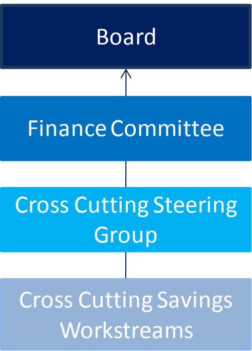
A successful component of the 2017/18 programme of work has been the introduction of scrutiny panels for areas of spend such as interim contracts and locum/agency use. This has helped to support the UHB in reinforcing key messages around good management, grip and control.

Delivery and governance

The Executive Sponsor for the programme is the Director of Finance, supported by a small programme management office ('PMO') and members of the finance team.

In line with the UHB's project management processes, a project opportunity document ('POD') is used to outline the scope of the project, including key milestones, risks and measurable outcomes. This document is then used to monitor progress through monthly dashboards.

The dashboards and a finance report are scrutinised at a monthly meeting of the Cross Cutting Steering Group, chaired by the Director of Finance. Progress is then reported up to the Finance Committee and Board. The governance arrangements can be summarised in the following chart:



SECTION 3

KEY ENABLERS

Financial Plan

Capital Infrastructure & Facilities

Workforce & Organisational Development

Digital Health Informatics

Innovation & Improvement

Research & Development

Governance

7 KEY ENABLERS

7.1 Financial Plan

THIS SECTION WILL BE UPDATED FOLLOWING DISCUSSIONS WITH WELHS GOVERNMENT

7.2 Capital Infrastructure & Facilities

Since the co-production of Shaping Our Future Wellbeing, the UHB has been continuing to engage with a wide range of stakeholders and service commissioning and delivery partners to develop a supporting clinical services strategic plan to deliver the UHB's strategy underpinned by a robust estates' development programme. Given the scale, complexity and time scales for the planning and delivery of both the strategy and infrastructure solutions, this plan focuses on the key actions and deliverables planned for the next 3 years but in the context of a longer term clinical and infrastructure development programme which frames the 3 year plan.

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There is a range of key drivers, assumptions and planning principles influencing the UHB's approach to both the short-medium term (1- 8 years) and the longer-term (8 years +) infrastructure planning. These are:

7.2.1 Key Infrastructure Drivers

- The resident population is growing and projected to continue to grow significantly – whilst the developing model for community and primary care delivery is increasing the number of patients managed in different ways e.g. through telephone advice, e-advice, other community alternatives and supported self-care routes, this significant population growth this will have an impact on direct service demand and this will particularly impact primary and community infrastructure in the first instance.
- The Cardiff Local Development Plan has identified areas of residential development in the North and West of Cardiff that will have a disproportionate effect on demand for local primary care.
- The majority of the UHB's existing infrastructure (IT, buildings and equipment) is in poor condition or does not provide an appropriate environment for modern health care.
- Some of the UHB's infrastructure is subject to improvement instructions following inspection from a range of national clinical inspection bodies which will necessitate urgent improvement in order to retain necessary accreditation to continue to provide services e.g. JACIE requirements for the urgent improvement of the Blood and Marrow Transplant Unit, the BNMS requirements of the UHW Radio-Pharmacy Unit is another example.
- There is a requirement to accommodate dynamic regional service redesign requirements to centralise the acute service provision for Paediatric emergency inpatients Consultant delivered Obstetrics, Neonatal care, ENT emergency complex elective surgery and Vascular complex surgery across a wider catchment in the SE Wales in line with regional planning agreements.
- New technology is continuing to impact the infrastructure requirements of the UHB e.g. increasing interventional techniques requiring hybrid theatre capability.
- There is a continuing requirement to focus tertiary and specialist service provision on fewer sites – these services will include Thoracic Surgery, Upper GI cancer surgery, Specialist Cardiac MRI, Hyper Acute Stroke Services – the model and location for the delivery of these services will require regional commissioning and provider agreement that has yet to be secured but is likely to be taken forward during the life of this plan.
- There will be a requirement to develop new specialist service provision on a single South Wales site e.g. Major Trauma Centre, All Wales Genomics Centre, Thrombectomy service – it is assumed that these will be at UHW.

- Regional planning work that is under development is likely to further impact the facilities and infrastructure within the UHB e.g. Orthopaedics, Ophthalmology and Diagnostics regional programmes – the impact of which has yet to be determined but will result in changes to other UHB patient flows in and resident patient flows out of Cardiff & Vale.

7.2.2 Key Infrastructure Planning Principles and Assumptions

- Shaping our Future Wellbeing is driving the emphasis for service delivery into the community with our Home First principle at its heart – our SOFW in the Community Programme will drive the development of 3 Locality Health & Wellbeing centres, supported by Wellbeing Hubs in each Cluster making best use of joint assets - existing infrastructure and estate of both UHB and other public sector and primary care partners – where possible.
- Under-utilised and poor condition estate will be disposed of where practicable to reduce statutory compliance and avoidable revenue risks generate additional capital for reinvestment
- The UHB will continue to focus on maintaining and improving the condition of the retained estate with high risk backlog maintenance being prioritised for discretionary capital support. (Total backlog maintenance cost = £27m)
- The UHB will continue to focus on maintaining and replacing medical equipment based in risk prioritisation.
- Whist the UHB will work to implement agreed national informatics schemes, where there is a discretionary capital implication the UHB will review the roll out based on the affordability balanced against the other risk-based commitments within the discretionary capital programme e.g. backlog and statutory compliance, essential medical and IT equipment replacement.
- There UHB intends **ultimately** to centralise the acute medical intake on one site (at UHW) when the clinical and diagnostic assessment and treatment capacity is available through the rebuild/replacement of the UHW hospital - it is not anticipated that this is deliverable within the short – medium term. Given that much of the appropriately selected GP acute medicine intake is received at UHL where there are 320 medical beds on site, the UHB will maintain a selected medical intake on this site until the UHW rebuild is complete.
- Additional demand for theatre, bed and diagnostics capacity at UHW generated through increasing centralisation of specialist service provision will be mitigated as far as possible in the first instance by the transfer of **appropriate** routine elective and rehabilitation activity at UHL.
- Additional demand through increasing centralisation of specialist service provision will be **further** mitigated as far as possible through reciprocal transfer of routine elective care for Cardiff & Vale patients with neighbouring health boards as far as is practicable based on outcome of stakeholder engagement.
- Given that the planning of the reconfiguration of specialist and complex & emergency acute services is currently a dynamic process involving multiple provider, commissioner and wider stakeholders and partners, the full implications in terms of infrastructure capacity and capability is yet to be determined. It is anticipated **there will be a requirement for additional diagnostic and theatre capacity at UHW**

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and UHL in the interim – this aim is to minimise this impact through the internal and external service transfers as described above. There will however be a requirement to progress some infrastructure development (e.g. Theatres at UHW) before all potential service reconfiguration requirements are formally agreed due to the urgency of some infrastructure capacity or condition improvement.

- **Effective regional collaboration with partner UHBs, Trusts and WHSSC to agree shared clinical service planning assumptions for the reconfiguration of regional specialist and tertiary care is key and must be the way we do business.**
- **What does this look like?**

Our whole system service model

Cardiff and Vale UHB
Shaping Our Future Wellbeing

Learning from Canterbury to speed up transformation of model of care

Joint asset management plan with LAs
- Community hubs
- SOFWiC

Primary care estates plan – responding to new model for primary care and LDP population expansion

Shaping Our Future Wellbeing in the Community
- 3 locality health and wellbeing hubs
- 9 cluster hubs
- Rationalised community health centres

St Davids plan
- ECAS for Cardiff

UHL development plan

UHW rebuild/replacement plan developed with Cardiff University

Independence and Wellbeing

First Point of Contact Stable Non-Complex Care

Intensive and/or Enhanced

Long Term, Stable Complex Care

Specialist

Independence and wellbeing
- Self care enabled through technology assisted care and support at home, with access to good information

First Point of access
- Single point of access in the community to care and support across health and social care
- Signpost to full range of community services
- Primary care clusters providing same day access to urgent case, and timely access for routine planned care delivered by multi-disciplinary team
- Joint information systems across health and social care facilitates better share care planning and delivery

Intensive of enhanced care
- Elderly care assessment services providing urgent and routine specialist service in the community supported by range of community services – including CRT, ART, district nursing and speciality nursing in the community.
- Acute and emergency specialist care accessed via the Emergency Unit at UHW and medical assessment units at UHW and UHL and surgical assessment unit at UHW. Some direct access to specialist services for agreed pathways (FNOF etc).
- Timely access to specialist advice for both acute and routine, non-urgent care planned care
- MH and MHSOP centre of excellence for assessment and acute treatment at UHL

Long term stable complex care
- Specialist rehabilitation as part of regional model with repatriation to local care at right point in pathway
- Complex continuing health care in the community

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Cardiff and Vale UHB
Shaping Our Future Wellbeing

Creating the infrastructure to deliver future model of care

WHAT IS NEEDED?

Independence and wellbeing

- Ubiquitous technology to enable care available in homes supported by superfast broad band
- Telehealth and care used routinely by community services to monitor at risk patients
- Technology to support social prescribing, service signposting and access to wide range of community assets.

First Point of access/stable non-complex care

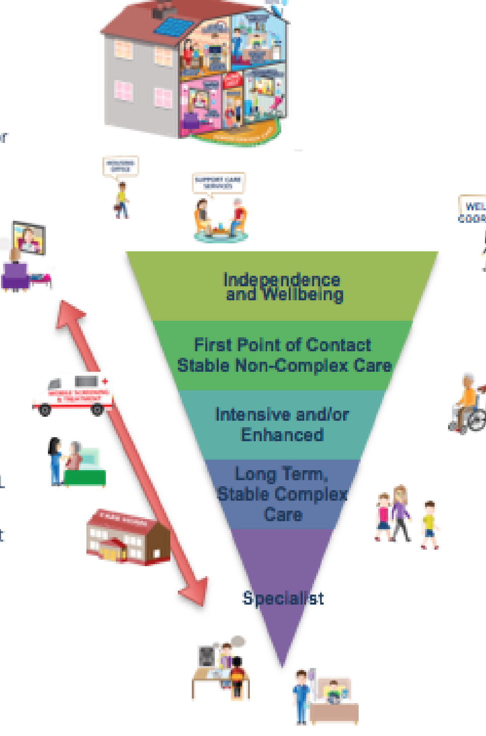
- Technology supports single point of access to patients – gateway to spectrum of integrated intermediate care services
- Nursing homes connected to enable enhanced monitoring of patients/support with care.
- Joint health and social care information system

Intensive and/or enhanced care

- Elderly care assessment model finalised – St Davids and Barry or UHL
- Acute medicine model – stratified take at UHL and full take at UHW or all take at UHW for full assessment – with UHL providing specialist rehabilitation

Specialist and tertiary

- Regional service plan



WHERE ARE WE?

Information Management and Technology

- Strategic Outline Programme Developed
- Individual business cases needed – big revenue consequence requiring further assessment
- Developing joint plan for Telecare/telehealth with two LAs

Primary and community care

- Primary care estates strategy being refreshed to reflect population growth and fit with SOFW in the Community.
- Programme business case for Shaping Our Future Wellbeing in the Community (with first tranche of business cases)

Hospital Infrastructure

- UHL rehabilitation centre of excellence – FBC with WG
- UHW – medium term estates plan - managing on minimal capital investment
- UHW replacement /rebuild work programme to be formally launched & resourced

Overarching estates strategic plan under development

- Space utilisation
- Carbon reduction
- Estates rationalisation - making best use of our assets
- Technology enabled changes
- Clinical services under development to inform final estates strategic plan

Clinical Service Model

- SoFWiC
- UHL/UHW service model
- Tertiary services – partnership with ABM being established – shared plan to be developed

7.2.3 Overview of Proposed Capital Investment Planning Priorities

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Discretionary Capital Plan – 2018-19

This section identifies the discretionary capital plans that are in development or implementation in response to the drivers and in line with the planning principles and assumptions identified above.

Schemes drawing on **Discretionary Capital** include			
SCHEME	BENEFIT	£000	DELIVERY TIMESCALE
ANNUAL COMMITMENTS			
UHB Capitalisation of salaries	Specialist Staff in House to manage project delivery	440	Annual
UHB Director of Planning – capital planning staff	Specialist Staff in House to manage project delivery	165	Annual
UHB Revenue to capital		715	Annual
UHB Accommodation strategy		200	Annual
UHB Misc/feasibility fees		100	Annual
BROUGHT FORWARD COMMITMENTS			
Rookwood Emergency repairs		1000	Annual
Staff Welfare Facilities		700	Annual
CRI Accommodation		800	Annual
STATUTORY COMPLIANCE			
Fire risk works	Compliance with fire risk assessment and legislation	200	Annual
Asbestos	Compliance with asbestos legislation	400	Annual
Gas Infrastructure Upgrade	Compliance with gas safety legislation	300	Annual
Legionella	Compliance with Legionella legislation	450	Annual
Electrical infrastructure upgrade	Compliance with electrical legislation	150	Annual
Ventilation Upgrade	Compliance with health & safety legislation	500	Annual
Electrical Backup Systems	Compliance with electrical legislation	250	Annual
Upgrade Patient Facilities	Compliance with health & safety legislation	350	Annual
Dedicated team	Specialist Staff in House to manage project delivery	200	Annual
OTHER SCHEMES			

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Schemes drawing on **Discretionary Capital** include			
SCHEME	BENEFIT	£000	DELIVERY TIMESCALE
Project enabling fees	Support for Clinical / Service development	800	Annual
Estate Rationalisation		500	Annual
Welsh Clinical Community Informatics System (WCIS)	Replaces PARIS – national Informatics Programme	TBC	Annual for 4 years
Backlog IM&T (see below)	Critical replacement programme – hardware and servers	500	Annual
Backlog Medical equipment	Emergency replacement of medical equipment	1000	Annual
Backlog estates	Business continuity & Statutory Compliance	1000	Annual
Ward Modernisation programme	Modernisation of wards to improve patient experience.	1100	Annual
Lift Upgrade Programme		300	Annual
Contingency		2751	Annual

IT Schemes

Key programmes and actions to support delivery **IT Infrastructure** include			
ACTION	OUTCOME	STATUS	MEASURE
KEEPING THE LIGHTS ON			
Continuing programme to sustain and refresh the IT Infrastructure to protect the UHB from system interruption risks	Basic maintenance of IT infrastructure & equipment to maintain service continuity	Business as usual	Ongoing
WCCIS			
Capital shortfall in funding to roll out national informatics community	Integrated community informatics system for UHB & Local Authority community based teams – health and social care workers – replaces PARIS system.		Ongoing

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Key programmes and actions to support delivery **IT Infrastructure** include			
ACTION	OUTCOME	STATUS	MEASURE
informatics system in the first year of the plan , will be reviewed for 19/20			

7.2.4 Major Capital Programme

A number of large capital schemes were completed in 2017/18. These include:

- **Phase 1 of the Neonatal Unit redevelopment at UHW** – enabling the reoccupation of redeveloped accommodation providing a modern and fit-for-purpose environment of care for some of the UHB's most vulnerable patients
- **Obstetrics 1** – refurbishment of Duthie Library to create 26 bedded ward for obstetric patients
- **Ronald MacDonald House** – a joint capital project with a charity for the provision of accommodation to support families with children admitted to the Noah's Ark Children's Hospital For Wales
- ***Modular Theatre UHL***

This section identifies the major capital business cases that are in development or implementation in response to the drivers and in line with the planning principles and assumptions identified above.

The schemes are split into those programme and project business cases that are:

- In development
- Completed
- Under construction

Major Capital Schemes in Development

SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
Shaping Our Future Wellbeing in the Community Programme (Tranche 1) Implementation of the SOFW Strategy through a network of community based facilities: ***Health and Wellbeing Centres (H&WC)*** (CRI, Barry Hospital and the Whitchurch area), which will provide diagnostic and clinical facilities to deliver a range of services that would traditionally be delivered from hospital. CRI H&WC master plan is being developed following scope revision in 2017 and will be progressed through phased BJCs which in Tranche 1 will comprise: - SARC redevelopment - Capital/Infrastructure Safeguarding - Relocation of CMHT ***Locally based Wellbeing Hubs*** integrated with Local Authority Community Hubs where possible, which will respond to the particular health and wellbeing needs of cluster populations to reduce health inequalities. ***Wellbeing Hub Pilot projects*** (see Community & Primary Care Estate section below for further detail) 1.Hub at Maelfa (including Llanederyn Health Centre)	• Delivery of the community to support the implementation of the SOFW Strategy, shifting resources from hospital into the community to improve access to services through delivery of services closer to people's homes. • Improved quality of services through more co-ordinated delivery of services across partner organisations. • Improved facilities and capacity of services to meet increasing and changing demand for our services. • Delivery of more efficient and sustainable services which make the best use of resources – people, facilities and technology. • Development of a 'social' model of health, which promotes physical, mental and social wellbeing through the integration of primary, community and outpatient clinics within the UHB and also in partnership with our stakeholders within the Local Authority and Third Sector. • Services transformed to deliver new and innovative responses to the health and wellbeing of our population through new clinical pathways and service delivery models.	In development	**SOFW PBC** Q1 2018/19 **CRI Masterplan & supporting project BJCs** Q3 2018/19 Pilot Projects: BJCs subject to engagement Business Cases by

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SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
2.Wellbeing Hub at Park View servicing Ely, Caereu, Riverside and Canton (including Park View Health Centre) 3.Wellbeing Hub at Penarth (including accommodation for 3 GP practices) 4.Improvement of retained community and primary care estate			Q3 2018-19 Primary Care Pipeline Fuinded Scheme: 1. WH @ Maelfa 2. WH @ Penarth 3. GP Pentyrch By 2021

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SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
Theatres Programme Programme case to support the proposal for **phased** development of UHW & UHL Theatres to provide appropriate capability and capacity to better meet existing and anticipated demand in the medium term (next 10 years) in the context of emerging regional redesign proposals in a more functional and conditionally suitable environment. Programme being developed to minimise capital investment requirement recognising UHB ambition to replace UHW in 10 years and major capital allocation constraints on an All Wales basis. Balancing the requirement for essential infrastructure development against return on capital investment.	• Will address serious environmental issues in existing theatre facilities • Will support required regional service changes to specialist and tertiary care • Will improve capacity to meet existing demand for some key services in line with national recommendations – e.g. neuro-surgery, gynaecology cancers etc • Will reduce requirement to outsource to private sector	In development	
Tranche 1 – Theatres Business Cases			
UHW Main Theatres : **Upgrading and provision of Hybrid Theatre, replacement of all Louvres –** next phase of main theatre essential refurbishment and provision of hybrid theatre facilities	• Provision of hybrid theatre facilities to support vascular centralisation plans. • Will continue the programme of addressing the ventilation replacement and internal environmental issues in UHW main theatre facilities.	Project team working up design to go to tender	BJC completion August 2018

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SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
UHW – SSSU: Development of 2 new Decant Theatres	• enables provision of decant operating capacity for core service during refurbishment of main theatres	Project Team established.	BJC completion Sept 2018
UHL: Replacement of Theatres 5 and 6 – A temporary modular theatre was provided during Qs 2 & 3 2017 following the failure of the Orthopaedic theatres 5 & 6.	• Enables the replacement of the Theatres 5 & 6 (the old 'German Theatres') at UHL supporting CAVOC. • Key to provide orthopaedic elective capacity to reduce waiting times	In development	BJC completion June 2018
Tranche 2 – Theatres Business Cases			
UHW – Rolling Refurbishment Programme (2 theatres at a time)	• Will continue the programme of addressing the ventilation replacement and internal environmental issues in UHW main theatre facilities	Individual BJCs to be produced for each phase	Construction est end 2026
UHL – Ongoing redevelopment of theatre capacity – planning work continuing with service and other stakeholders Collaborative development of Black & Grey Theatres	• Ongoing work being undertaken to optimise provision of appropriate routine, elective daycase and short stay surgery • Partnership scheme to test proof of 'green' theatre concept	In early development	TBC
Re-provision of Blood & Marrow Unit at UHW	• Required to address JACIE environmental improvement requirements to retain accreditation – Accommodation solution options have proved challenging	Design solution under development	BJC Q3 2018
Radio-Pharmacy Unit re-provision	• Essential environmental improvement required urgently to retain accreditation for important regional service	BJC planned Q2 2018	TBC

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SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
Genomics – Short and Long term requirements	• UHB is working with the All Wales Genomics Task force to scope options for the development of both the service model and infrastructure solutions to support the Genomics Strategy for Wales – this scoping work has commenced but has yet to formalise a proposal. In the short term there will be immediate IT, laboratory and service accommodation pressures that will require support at UHW • Long-term estates plan for All Wales Genetics Service. The service's current accommodation is no longer suitable. If the service is to deliver a quality service for patients, attract strategic partners and to remain a competitor in this field, alternate accommodation must be agreed. • Further equipment for Genomic strategy (IT infrastructure to support Genomic data). Equipment for Genomic strategy (robotics, sequencers and servers for Genetic LIMS) are being implemented. • Secure storage and analysis of patient genomic data for next 5 years • Further equipment for Genomic strategy Further automation and state-of-art equipment to maintain the laboratory's ability to provide contemporary services.	In scoping phase Clinical Output Specifications being produced. Interim plans under development	TBC
Cellular Pathology	• National programme has identified case for change and options for development –	Scoping	TBC

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SCHEME IN DEVELOPMENT	BENEFIT	Current Status	DELIVERY TIMESCALE
	approach to develop capital scheme to be confirmed		

Major Capital Schemes – Business cases Completed

SCHEME – BUSINESS CASE COMPLETED	BENEFIT	Current Status	DELIVERY TIMESCALE
The **Redevelopment of Specialist Spinal and Neuro-rehabilitation Services** (Rookwood replacement) at UHL –	Enables the re-provision of Specialist Spinal and Neuro-rehabilitation Services in a fit-for-purpose environment and the decommissioning of Rookwood Hospital facilities for these services.	FBC complete – submission to WG Mar 2018	Est Construction completion Summer 2020
Cystic Fibrosis Unit Inpatient - upgrading of Cystic Fibrosis facilities at UHL	• New accommodation will meet current HBN/HTM environmental standards along with UK Cystic Fibrosis Trust environmental guidelines. • Scheme will provide some flexibility for increased capacity	Scope of scheme to be agreed. BJC complete (Q2 2018)	Construction timescale – est 18 months from approval

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SCHEME – BUSINESS CASE COMPLETED	BENEFIT	Current Status	DELIVERY TIMESCALE
Renal Dialysis Unit – re-provision and redesign of suite 19 at UHW	• Redesigned accommodation will provide inpatient dialysis capacity to support redesigned service model within the hospital enabling optimal use of clinical workforce and complements the development of the community dialysis facilities' developed with the All Wales Renal Network.	BJC complete (Q4 2017/18) and submitted to WG	Construction timescale – est 31 weeks from approval
Single Plane Interventional Suite	• Critical capacity requirement to meet diagnostic demand – prioritised through the UHB's diagnostic equipment capital programme	Scheme is out to tender.	1st Quarter 18/19

Major Capital Schemes in Implementation

SCHEME IN CONSTUCTION	BENEFIT	Current Status	DELIVERY TIMESCALE
UHW – Neonatal Unit – Phase 2 Includes additional accommodation to enable the replacement of 2 MRI scanners and some flexibility for further growth expansion.	• Obstetrics and Neonatal infrastructure redevelopment and expansion to address significant environmental issues in the old NICU unit and adjacent ward areas, and to increase the number of cots, at all levels of care, to accommodate the increased flow expected following the reconfiguration of neonatal services within Cwm Taf Health Board and provide flexible additional capacity to meet increased demand across	Under construction	Neonatal completion March 2019 MRI completion est June 2019

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SCHEME IN CONSTUCTION	BENEFIT	Current Status	DELIVERY TIMESCALE
	the Neonatal network in line with BAPM standards		

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Capital Investment Programme – Summary

Scheme Category	**2018-19 £000s**
Approved	
Total Core Discretionary Capital schemes	14,871
Additional Discretionary	208
Approved All Wales schemes	19,724
Total	**34,803**
Awaiting Approval	
All Wales Capital	
Total	**34,803**

Primary Care Infrastructure Development

The UHB has a Primary Care Estates Strategy which is being refreshed in the context of Shaping Our Future Wellbeing in Our Community Programme, the UHB's developing Community Estate Rationalisation Plan and Cardiff and Vale's LDPs and will set out proposals to deliver a high quality primary care estate which is fit for purpose and supports the redesign of services along with the creation of new community based models of care which integrate primary, social and community services and ensures that the skills and expertise available within hospital settings are more accessible in primary and community settings where appropriate.

Key drivers for change include:

- Strategic – the strategic direction, both nationally and locally, is for primary care to be the central focus of care within the whole healthcare system, through the delivery of strong local primary and community services available to everyone, closer to home;
- Local – the current LDPs for Cardiff and the Vale of Glamorgan identify unprecedented population growth, with an anticipated development of 41,100 homes within Cardiff by 2026 equating to 94,530 residents and and additional 9,960 homes and 23,000 people. A capacity review exercise of GP practices in the immediate vicinity of the LDP strategic sites identifies a significant shortfall in primary care capacity;
- Clinical – for a number of practices, the current capacity constraints is impacting on the range of clinical services the practice is able to provide, thus limiting the scope of services that can be provided close to home; and
- Risk Status - Primary care estates development and primary care capacity and sustainability are identified as high risks within the Primary, community and Intermediate Care Clinical Board's risk register and as such have been escalated onto the UHB's risk register.

In response to the key drivers for change, the section below highlights those GMS schemes which will be incorporated into a UHB led capital development, followed by a list of required practice developments for which the UHB is is providing support to GP practices with regard to seeking appropriate Large Improvement Grant funding or third party development applications.

UHB Owned Schemes supporting improvement in **Community and Primary Care Estate** include			
SCHEME	BENEFIT	Status	DELIVERY TIMESCALE
SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY			
Wellbeing Hub @ Maelfa - Opportunity to pilot the development of a newly constructed Wellbeing Hub alongside the Local Authority regeneration project at Maelfa which will facilitate the integration of services with the adjacent LA Community Hub. Replacement of outdated accommodation at Llanedeyrn Health Centre with modern and flexible primary care and community facilities to deliver Health & WB Services in conjunction with LA Hubs	• Improved health outcomes and reduction of health inequalities for residents in a deprived area through delivery of innovative services in response to the identified health and wellbeing needs of the local community based on a social model of health. In particular, diabetes control, reduced cardiovascular risk, management of heart failure, improved sexual health and family planning, reduced substance misuse. • Will support the delivery of new models of care and increase capacity to respond to a growth in population improved quality of services through more co-ordinated delivery of services across partner organisations.	WG capital support has been indicated pending submission of business case	Business case by Q3 2018/19 Delivery by 2021

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UHB Owned Schemes supporting improvement in **Community and Primary Care Estate** include			
SCHEME	BENEFIT	Status	DELIVERY TIMESCALE
Scope revisited in 2017/18			
Wellbeing Hub @ Parkview - Potential to develop a Wellbeing Hub adjacent to the LA Ely/Caerau Community Hub, which will provide the opportunity to work collaboratively to develop integrated services based on a social model of health. New build will provide fit for purpose facilities to replace the Park View Health Centre and provide an opportunity to create replacement facilities for 2/3 local GP practices.	• Improved health outcomes and reduction of health inequalities for residents in a particularly deprived area through delivery of innovative services in response to the identified health and wellbeing needs of the local community based on a social model of health. In particular, improved sexual health and family planning, reduced substance misuse, support for young families, reduced domestic violence • Will enable increased capacity and ability to deliver an increased range of services relocated from secondary care. • Improved quality of services through more co-ordinated delivery of services across partner organisations.	Business Case in development (BC level to be confirmed with WG)	Business case by Q3 2018/19
Wellbeing Hub in the Eastern Vale - Replacement of existing GMS premises at Station Road Penarth (which are in a significant state of disrepair) and Redlands Road. Opportunity to pilot the development of a newly constructed Wellbeing Hub in the Vale of Glamorgan in collaboration with the Local Authority and Third Sector.	• Improved health outcomes and reduction of health inequalities for residents through delivery of innovative services in response to the identified health and wellbeing needs of the local community based on a social model of health • Will deliver modern and flexible primary care and community facilities to support the delivery of new models of care and increase capacity to respond to a growth in population • Improved quality of services through more co-ordinated delivery of services across partner organisations.	WG capital support has been indicated pending submission of business case	Business case byQ3 2018/19 Delivery by 2021

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UHB Owned Schemes supporting improvement in **Community and Primary Care Estate** include			
SCHEME	BENEFIT	Status	DELIVERY TIMESCALE
Strategic Site C – (North West Cardiff) Cluster Practice/Hub – will form part of Tranche 2 of the SOFW projects	• Strategic Site C is the biggest new development in Cardiff, with approx 16,500 new residents expected. The Section 106 Planning Obligations provide an opportunity to obtain a building and seek to develop a Cluster run practice /new practice to take the growth in the area from Site C and Site D&E.	Currently being scoped	Q4 2019/20
Strategic Sites F & G (North East Cardiff) – Cluster Practice/Hub – will form part of Tranche 2 of the SOFW projects	• These two Strategic sites see an estimated 13,350 new residents expected in the area. A Cluster run Hub is proposed to help manage the growth. • Will provide integrated provision taking account of service and patient flow changes at St David's, Cyncoed and Llanishen Court (see below).	Currently being scoped	Q4 2019/20
Re-provision of Pentyrch Surgery *Third party development contractor to be appointed*	• Current service is provided from old modular accommodation that is not fit for purpose.	WG revenue support has been indicated pending submission of application	Business case by Q3 2018/19 Delivery by 2021

The UHB has worked with local practices across Cardiff and Vale to identify those practices that require urgent expansion and/or reconfiguration in order to meet current or imminent demand from the residential developments currently in progress or planned as part of the local authorities' LDPs. The UHB is currently supporting a number of practices to scope the works required to support bids against the Large Improvement Grant fund and other potential investment routes. The current primary care infrastructure priorities to meet LDP existing and proposed developments have been developed as the UHB's Primary Care Priority Pipeline schemes outlined on the table below:

Primary Care Pipeline Scheme	Current Position	Status	Est Timescale
Lansdowne Surgery Development	WG Improvement Grant approved to extend existing GP owned facility – scheme planning in progress (Est cost £250k + VAT)	WG Grant approved	Commence 18/19
St David's Medical Centre	Modifications/extension proposed to existing GP owned premises within existing footprint to allow the practice additional capacity for growth associated with North Cardiff LDP development (Est cost £250k + VAT)	Revenue business case to be developed	BC for 2018/19
Cyncoed Medical Centre	Modifications/extension to existing GP owned premises to allow the practice additional capacity for growth associated with North Cardiff LDP development (est cost £450k = VAT)	Revenue business case to be developed	BC for 2018/19
Pentyrch Surgery	Permanent solution needed for practice in temporary accommodation given UHB commitment to retain practice in Pentyrch and to address growth in LDP. GMS only facility. (See above)	Revenue support for 3PD from WG	See above
Fairwater Health Centre	Opportunity to meet growth in demand from LDP development by developing extended and improved capacity through asset swap with Cardiff Local Authority of adjacent building (Est £180K + VAT)	Under negotiation	TBC
Llanishen Court Surgery	New facility to address current capacity issues. This Practice is in a locality of LDP growth (F&G). Proposed revenue new build. (est. £3.1m + VAT)	Revenue business case to be developed	2021

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Clare Road Surgery	Modifications/reconfiguration to existing practice premises as well as an extension using existing practice-owned land to provide additional capacity to deal with population growth in Grangetown/ Butetown area. (Est £150K + VAT)	Revenue business case to be developed	TBC

Planned Disposals and Acquisitions

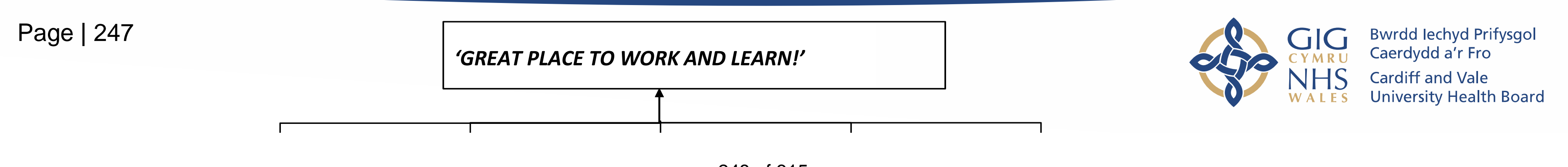
The UHB has been undertaking a comprehensive estate condition and utilisation survey which has been used to inform the following which will be subject to appropriate engagement where required.

Proposed Acquisitions	Completion Date
Wedal Road	2nd Qtr 2018/19
Proposed Disposal	
Iowerth Jones	2nd Qtr 2018/19
Amy Evans	3rd Qtr 2018/19
Colcot Clinic	3rd Qtr 2018/19
Whitchurch Hospital	2019/20

7.3 Workforce and Organisational Development

7.3.1 Workforce and Organisational Development Framework

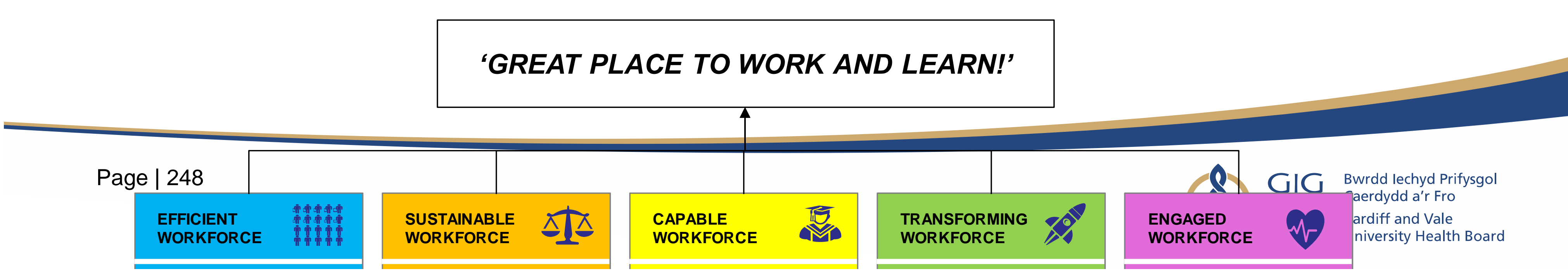
The organisation's workforce delivery plan supporting our overall aim of "*caring for people, keeping people well"* is embedded throughout this document due to the *integrated* nature of the Plan. It is based upon five core objectives demonstrated in the following diagram and aligned to the Prudent Healthcare principles and the organisation's ten year strategy, *Shaping Our Future Wellbeing 2015-25*.



WORKFORCE & OD 2018 - 2021

FIVE OVERARCHING OBJECTIVES / OUR VISION

The Director of Workforce and OD presents progress updates against the five objectives on quarterly basis to the Resources and Delivery Committee to ensure the workforce plan remains on track for delivery. Risks, service priorities, assumptions and challenges are discussed and considered regularly at this Committee, as well as the monthly Health Services Management Board, bi-monthly Workforce and OD Performance Reviews and monthly Workforce Governance Group.



7.3.2 Workforce Risk, Planning Assumptions and Priorities

Informing the development of the Workforce and OD Framework and Delivery Plan are risks and assumptions which include the following:

- Increasing need to innovate and develop a future workforce; new ways of working and workforce transformational change
- Increasing need to engage and motivate workforce as demand for service increase
- Increasing need to develop organisational leadership and management skills
- Increasing need to embrace new technology
- Increasing need for accurate workforce information and analysis.

- Continuing requirement to reduce workforce cost to underpin financial framework
- Continuing requirement to eliminate and reduce any unnecessary cost e.g., variable pay and agency cost
- Ensure sustainability and recruit to substantive posts to provide continuity and effective clinical care

- Meeting short term capacity requirements, especially in nursing; and need to flex workforce recruitment to support winter pressures and unplanned capacity requirements

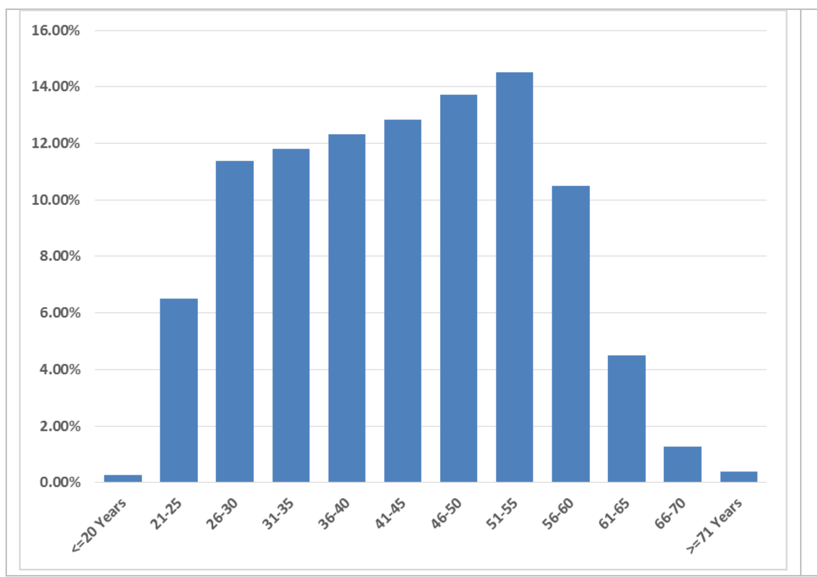
- Workforce impact and drivers associated with reconfiguration of Acute Services identified in the South Wales Programme
- Working more closely and in partnership with primary care, local authority and nursing homes to find creative workforce solutions to ensure patients are cared for out of hospital and closer to home

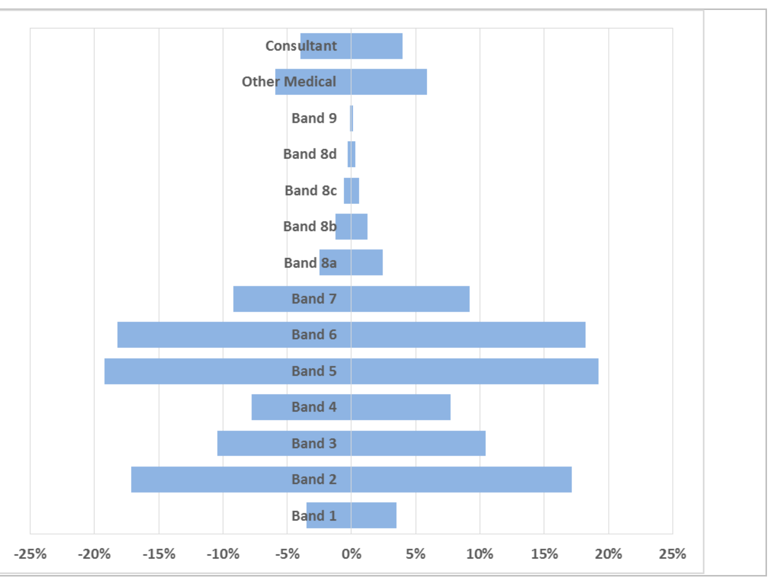
Current Workforce Profile

As further context, the charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against the service priorities as laid out within this Plan:

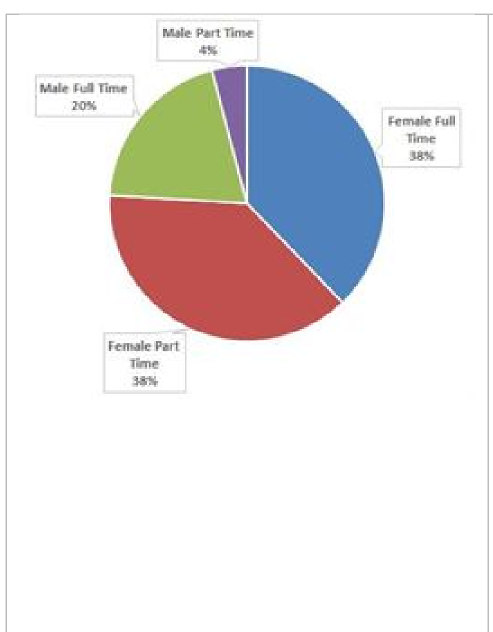
- The UHB has an aging workforce similar to the all-Wales position with the largest age categories being aged 46-50 years and 51-55 years (over 2000 staff in each of these categories). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. The UHB has made a shift in the skill mix and overall shape of its “Xmas Tree” over recent years as in 2012 the highest percentage of workforce was in band 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.
- The majority of the workforce is female (76%) with an even split in this group of full-time (38%) and part-time working (38%). Use of our employment policies, such as the Flexible Working policy, is crucial to retaining talent and keeping staff engaged.
- The majority of the workforce is white (82%) with 10% in Black and Minority Ethnic categories and 8% not stated. The Strategic Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery registered staff and unqualified nursing staff make up just over 43% of the total workforce. Given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda as detailed later in the plan.
- The capture of equality data has improved, from 57% in September 2016 to 60% in September 2017.

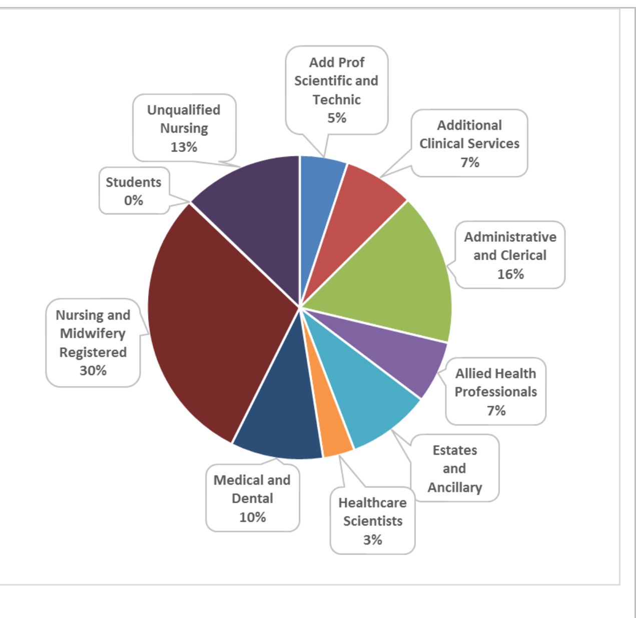
Age Profile	Pay Banding Profile

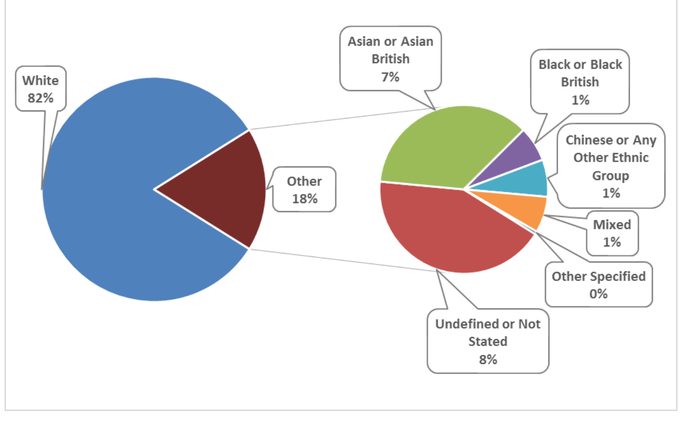


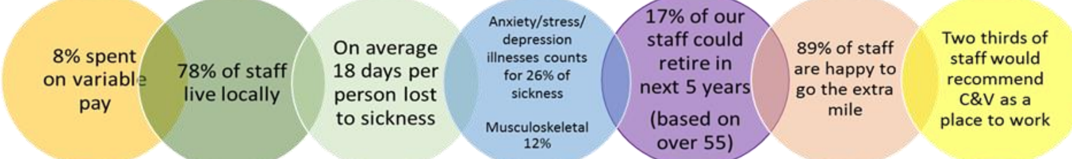


Gender	Distribution by Staff Group	Ethnicity









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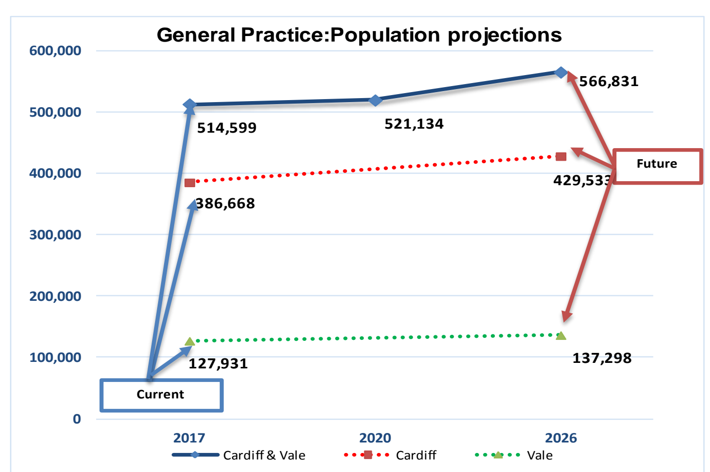
Primary Care Workforce Profile:
The following provides an overview of the Primary Care workforce profile in Cardiff and Vale as at 30 September 2017.

Population:
The current practice population is recorded as 514,599 (as at 30/06/2017) and demonstrates an increase of 1.27% over the past 3 years.

When factoring in the growth anticipated as a result of both Cardiff and the Vale Local Development Plans the following graph indicates a projection of the future practice population which is considered a plausible scenario for Primary Care.



Whilst in the past Cardiff & Vale UHB has not faced the same level of challenge that has been experienced across Wales, the landscape is changing. Over the past 12 months there has been a reduction in the number of GP practices from 66 to 64, with a further reduction to 62 expected by 31 March 2018.

Putting in place the foundations for a more robust approach to workforce planning.

In the last 12 months, working with GP practices and clusters a validated baseline of the GMS workforce information (Independent contractors) has been established for 2016/17. The GMS Workforce consists of a headcount of 1,293 staff, which represents an overall increase in the workforce of 4.4% since June 2015. However, an overall decline in the GP workforce of 3.56%.

Role	2015	2017	
GP - Partner	276	255	↓
GP – Salaried	47	61	↑
GP – Retainer	14	11	↓
GP – Returner	2	0	↓
Practice Nurse (all roles)	164	170	↑
Health Care Support Workers	38	52	↑
Other Clinical	1	4	↑
Management, Admin & Clerical,	696	740	↑

Further analysis of the GP workforce identifies that 56% are female and 39% of the total GP workforce is aged 50 years and over (20% aged 55 years+) which is in line with national predictions indicating that the GP workforce is becoming increasingly younger and more female.

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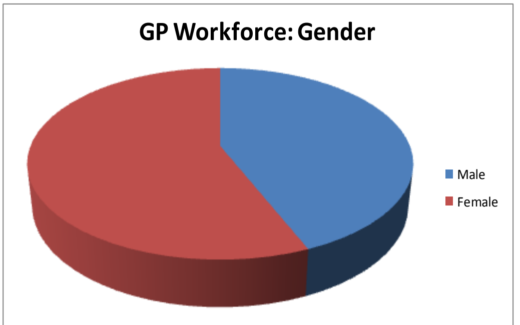
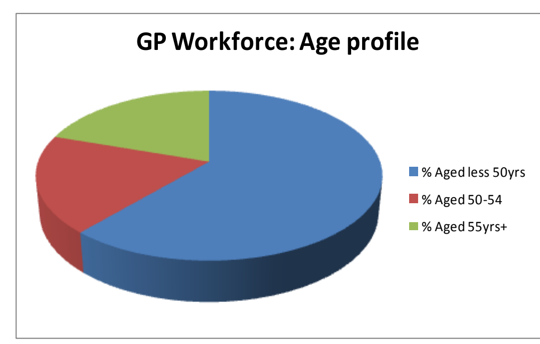
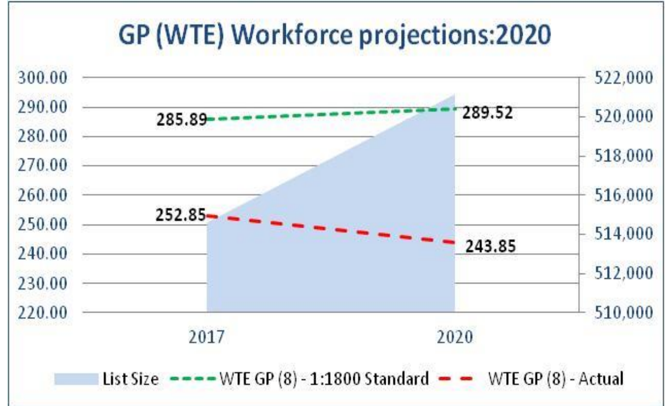




As at 30 June 2017, the whole time equivalent (wte) GP workforce across Cardiff and the Vale was 252.85wte; using the assumption that a full time GP equates to 8 sessions per week. The national average suggests that there should be a 1:1800 GP to patient ratio, however when compared to this standard it suggests Cardiff and Vale are currently operating with a shortfall of 33.04 wte GPs.

Noting this gap and the decline in GP workforce numbers, together with the expected population growth over the next three years, this gap is expected to significantly increase.



7.3.3 Key Priorities within the Objectives of the Framework

Below is a summary of the key priorities within the 5 objectives of the Workforce and Organisational Development Framework.

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EFFICIENT WORKFORCE
Achieve target workforce key performance indicators

Delivering against the UHB's **Workforce KPIs**; ensuring the total pay-bill remains within budget; reducing temporary agency and locum expenditure; continued reduction of sickness absence and promotion of staff wellbeing remain key priorities for the UHB in **2018.** The UHB made significant improvements in all these areas during 2017 as well as achieving the Gold and Platinum Corporate Health Standards, and plans are in place to continue to deliver further improvements in 2018.

Table: UHB Workforce Key Performance Indicator

Key Performance Indicator	17/18 YTD (month 6)	2017-18 target	2018-19 target	2019-20 target	2020-21 target
1. Vacancy Rate (WTE)	5.19%	5.00%	5.00%	5.00%	5.00%
2. Turnover Rate (WTE)	9.24%	7.0% - 9.0%	7.0% - 9.0%	7.0% - 9.0%	7.0% - 9.0%
3. Sickness Absence Rate	4.89%	4.20%	4.60%	4.40%	4.20%
4. PADR Rate	53.15%	85.00%	85.00%	85.00%	85.00%
5. Pay Bill Over/Underspend	-0.41%	Underspend	Underspend	Underspend	Underspend
6. Variable Pay Rate	7.78%	No target	Trend Reduction	Trend Reduction	Trend Reduction

The cumulative sickness absence rate for the 12-month period up to and including September 2017 is 4.89%. The 12-month cumulative sickness rate for the UHB has fluctuated around 4.88% since November 2016. Prior to this there were 21 successive months of reduction; from 5.75% in January 2015 to 4.84% in October 2016. The strategic action plan for **improving staff health and wellbeing** is described within the Engaged Workforce section

Table: UHB Sickness absence monthly sickness rates 2017/18 compared to 4.20% target and 2016/17

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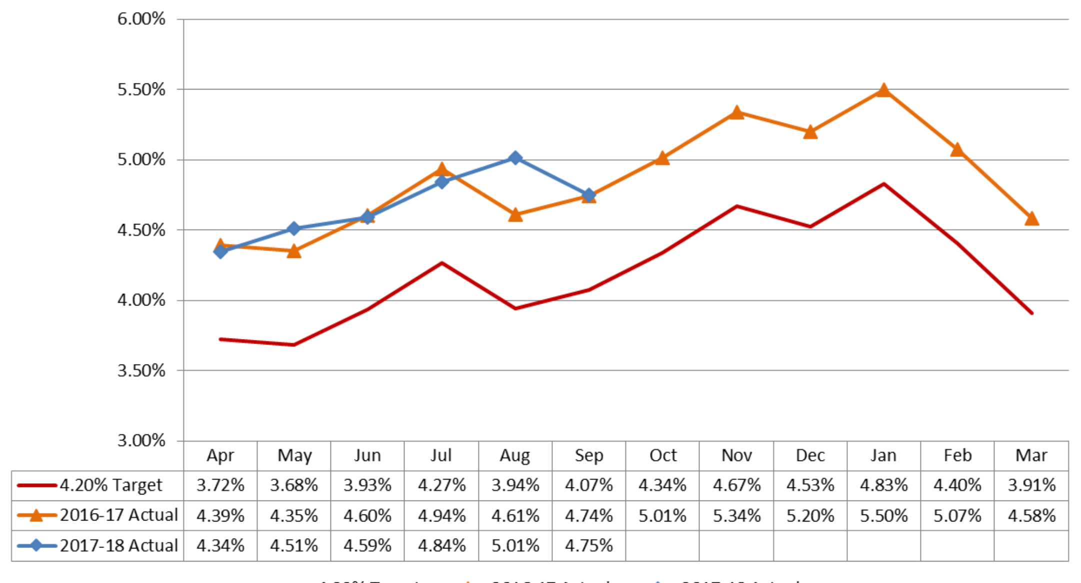

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.20% Target	3.72%	3.68%	3.93%	4.27%	3.94%	4.07%	4.34%	4.67%	4.53%	4.83%	4.40%	3.91%
2016-17 Actual	4.39%	4.35%	4.60%	4.94%	4.61%	4.74%	5.01%	5.34%	5.20%	5.50%	5.07%	4.58%
2017-18 Actual	4.34%	4.51%	4.59%	4.84%	5.01%	4.75%						

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Table: NHS Wales Absence Benchmarking (NHS iView data July 2017)

	Headcount	Contracted FTE	12-Month Cumulative Sickness
ABMU	15,905	13,905	5.71%
Aneurin Bevan	12,970	11,075	5.26%
Betsi Cadwaladr	17,285	14,885	4.82%
Cardiff & Vale	14,320	12,605	4.89%
Cwm Taf	8,150	7,195	5.57%
Hywel Dda	9,395	8,125	4.83%
Powys	2,110	1,725	4.63%
Public Health Wales	1,700	1,505	3.83%
Velindre	3,720	3,410	3.60%
Welsh Ambulance Services	3,235	3,030	6.73%
NHS Wales	88,675	77,455	5.12%

PADR compliance remains static at around 54-60%. PADR and Pay Progression training is available every other month. Compliance rate is believed to be higher than shown but audit has highlighted that managers are not inputting PADR dates on to ESR and weekly training events now provided to managers. In 2018 we will launch a new PADR policy with clearer guidance about process, content and quality assurance.

Workforce costs have been tightly controlled during 2017/18, seeing a significant reduction in variable pay and expensive agency costs. This is illustrated by a cumulative month 6 budget underspend of £1.186 m in 2017/18 compared to month 6 overspend of £1.406 m in 2016/17.

The focus in 2018/19 will be to continue to drive these unnecessary costs out to ensure an affordable and sustainable pay-bill. Clinical Boards and corporate functions continue to refine their workforce saving opportunities, controlling vacancies, temporary spend, skill mix, sickness absence costs and alternative ways of working. Reducing UHB wide workforce costs forms part of the UHB's tactical efficiency savings in 2018/19 and is being driven through the Nursing Productivity Group, Medical Productivity Group, Workforce Productivity Group, that feed into the Cross Cutting Board and Turning the Curve to Transformation.

In recent months Executive Directors have undertaken a review of corporate administrative and management functions. A 10% cost challenge has been set which should yield in excess of £2.2 m savings recurrently. Progress to-date has identified £1 m releasable recurrent saving plans are now in place and a further £1.2 m being worked through. The majority of these plans will be realised through natural wastage and turnover opportunities.

SUSTAINABLE WORKFORCE
Ensure the right people, in the right roles, in the right place, at the right time.

Ensuring **sustainability** of current and future workforce supply, especially in nursing and medical roles, remains a priority for the UHB in 2018 and beyond. Specific actions identified within the plan are: deliver Project 95% and sustain Project Switchover; continue to deliver Medical Training Initiative (MTI) strategy; implement the Welsh Government Agency and Locum Circular, recruit hard to fill vacancies; develop succession planning for senior management posts.

Project 95% has reduced the overall UHB registered nurse vacancy rate. The Band 5 and 6 nursing vacancy rate is 6.8% (8.62% last year). The focus for Project 95% in 2018/19 is to improve the substantive fill in Medicine and a Resourcing Plan has been developed. Examples of actions include: a rotation programme, nurse foundation programme, ward trials of different workforce model, Expo events, recruitment fairs, return to practice and adaptation programmes.

Project Switchover succeeded in 2017 in eradicating, 100%, off contract agency staff. During 2018, the UHB's priority is to sustain this position.

Nurse Staffing Levels (Wales) Act 2016 – 25B, C and E commences April 2018. Guidance has been released by Welsh Government and the UHB is working through a readiness plan to comply with the Act. The Executive team are working together to ensure reporting requirements are understood and implemented.

Medical Locums remains a priority for the UHB in 2018 and control measures now in place and being monitored through the established Medical Locums Project Team, led by the UHB Medical Director are being further enhanced as we implement the Welsh Government Agency and Locum Cap Circular. Each Clinical Board has a detailed action plan and Support Panels are held regularly to review these. Early indication of implementing the WG Cap shows that many service areas are holding the rates with the specialty areas of most concern being the Emergency Unit, Paediatric Surgery, Psychiatry and Neuroscience.

MTI – in 2018 the UHB is aiming to continue to hire more MTI doctors through the BAPIO initiative.

Hard to fill vacancies - As at end of October 2017, there were 6 hard to fill consultant vacancies and 31 hard-to-fill trainee and higher grade HB medical vacancies. Whilst the UHB had a number of successes in 2017 in filling key roles in Emergency Medicine and Paediatrics, our recruitment strategies continue to be reviewed especially in Medicine, Paediatrics, Psychiatry and Neuroscience. Our plans to address other professions include: newly qualified nurses, Sonographers, Radiologists, qualified mechanical and electrical trades, Perfusionists, Cardiac scrub nurses, Physician Associates and Advanced Nurse Practitioners.

CAPABLE WORKFORCE
Meet learning & leadership skills needs through delivery of quality training & development.

Investing in our workforce to build capability and capacity is central to the UHB's ambition to be a Great Place to Work and Learn. Much of this is coordinated through the Learning, Education and Development Department, working collaboratively with Clinical Boards and Executive Departments.

Mandatory training compliance is monitored monthly to ensure we are moving towards our 85% compliance target. The Mandatory Training Steering Group will play a key role in 2018/19 and beyond in bringing together subject matter leads, identifying and sharing good practice, addressing barriers to completion, considering performance data in depth and to ensure potential mandatory training modules are explored in line with changes in legislation.

Performance management and talent development are integral to our recruitment and retention plans for 2018/19. An action plan based on national work on talent and succession planning will ensure our local plan draws on best practice. Areas of focus are: recruiting talent; identifying and retaining talent; deploying talent; and succession planning. Outcomes will include: a values-based recruitment process; a promotional plan for the UHB; an increase in our graduate-management scheme places; a post-graduate scheme; a talent-management tool for use across all Clinical Boards and Corporate Department; a bespoke programme of development for those identified through the talent management process; and a career-pathway brochure. Benefits will be identified through a reduction in hard-to-fill posts and a reduction in expenditure on interim staffing arrangements.

Leadership and Management skills development is a key focus for us in 2018/19 as we continue to invest in development programmes to build clinical and non-clinical **leadership capability**. A leadership programme for Clinical Directors will be introduced in 2018, designed partially in response to insights from the Medical Engagement Survey. The leadership pathway for all roles will be mapped and accessibility to programmes increased. We will also participate actively in the development of **public sector partnership leadership programmes** through our involvement in the Public Services Board. **Executive team and Board development** will be commissioned in 2018/19 in recognition of the permanent appointment of several new Executive and Independent Board members, focusing on roles and responsibilities, leadership and team development and the requirements to take the organisation through a period of transformation. The development of the wider senior leadership team is taking place through **'Turning the Curve to Transformation'** sessions that are held monthly and work through leadership, transformation and other contemporary issues remitted to the group via other meetings and sources. (see *Our Programme of Transformation section*).

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Nurse capability: newly qualified nurses access an innovative Nurse Foundation Programme (NFP) for the first year of their qualified life. The NFP provides the core knowledge and skills that newly qualified nurses require in their clinical area. The nurses will also offer a support system through a formalised preceptor role. In **2018/19** this programme will continue and develop in line with the post career framework and improving quality together will be a focus within the curriculum.

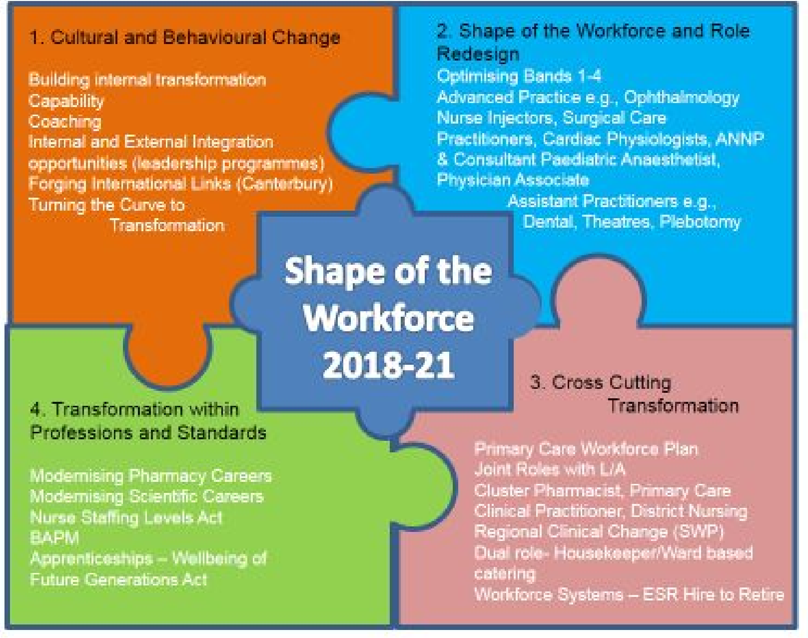
Non-registered nurse capability: In 2017/18 each clinical board developed a model for training for their HCSW suitable for each speciality. The target is for all HCSW staff to commence onto the career pathway by **March 2018**. Assessors and internal verifiers will be trained in each Clinical Board during 2018/19 to support continuous improvement.

Coaching and mentoring are cornerstones of the leadership and management framework. Investment has been made in the number of coaches and clinical and non-clinical mentors available across the UHB and this will continue at pace in 2018/19. Increased access to coaches will be achieved through the Coaching Network coordinated through Academi Wales of which the UHB is a part.

Well-being and Future Generations Act/Apprenticeships: Investment in apprenticeships, internships, placements and graduate opportunities is an important development in our workforce planning for 2018/19. We will identify a range of posts to convert to apprenticeships across all Clinical Boards. We will continue to work closely with our higher education partners to access and support the development of programmes.

TRANSFORMING WORKFORCE
Enable quality, productivity & continuous improvement

Workforce Transformation is necessary to underpin the achievement of the ten-year vision for the UHB **Shaping Our Future Wellbeing.** There are **4 themes** to the UHB's longer term Workforce Transformation Plan: 1) Cultural and Behavioural Change, 2) Shape of the Workforce and Role Redesign, 3) Cross Cutting Transformation across the UHB, 4) Transformation within professions. The following summary illustrates the approach we are taking during 2018-21:



Cultural and Behavioural Change

Building **internal transformation capability** in 2018/19 will ensure that we reduce expenditure on external support; integrate transformation principles into all leadership activity; and leverage internal skill and support. We are drawing upon evidence-based practice from other organisations and our internal expertise to build this capability. The use of OD methods and principles will be key to successful implementation of change in line with the international links we are forging with Canterbury, New Zealand; as we consider the learning they have to offer us from developing their integrated, operating model at both a strategic and operational level. For example, being clear about our change model (how change happens in the UHB), in achieving new ways of working and cultural alignment within and across organisations, and developing leadership programmes that reflect the leadership qualities required to deliver.

Shape of the Workforce and Role Redesign

Optimising roles within Bands 1-4

Primary Care have a number of action plans in place during 2018 to continue to maximise the skills of all our workforce. Examples include: continuing to define and train all Health Care Support Workers to embed the HCSW Skills and Career Framework and the development of a Band 4 role to release District Nurse Capacity.

Physician Associates

The UHB is proactively developing the introduction of Physician Associate role and engaging with senior clinical leaders to introduce this role. The plan in 2018 is to appoint substantive PA posts in Primary Care and work with WEDS to offer clinical placements.

Advanced Practice

The UHB has a significant number of staff who evidence working at the Advanced Practice (AP) level and a recent exercise was undertaken to review the baseline number of staff and the areas in which they work. There are several examples of AP good practice within the UHB, one of which is the introduction of an Advanced Physiotherapist Practitioner for Multiple Sclerosis and Neurology. The role has provided an additional facet to the clinical care of this patient group and led to the transformation of the patient pathway. The Advanced Practitioner triages patients in clinic, leads care where the patient's problems are physical and liaises with the consultant as required. In addition the Advanced Practitioner's expertise facilitates patient reviews in their homes, which was not previously possible. A range of benefits are being realised including reduced referrals to secondary care and release of Consultant time to meet RTT.

Cross Cutting Transformation across the UHB

Primary Care Workforce Plan

The UHB has put in place dedicated Primary Care Workforce Planning and OD expertise which provide advice to the 64 GP practices and core Sustainability Team; also working directly with Clusters and practices supporting the delivery of actions aligned to the Primary Care Plan

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for Wales. The Team have identified a three year Workforce operating model with significant progress having been achieved during 2017 and further detailed action plans in place for 2018:

Table: Three Year Future Workforce & OD Operating Model

Primary Care	**Cardiff North and West Locality**
• Robust annual workforce planning across all contractor professions/OOH (linking with deanery/higher education) • Full skill mix with new roles integrated in to services to maximise sustainability (Pharmacists/ANP's/Therapists/Clinical Practitioners • Clear defined clinical roles in all services based on population health/demand (Eg: MH nurses/Chronic Disease Nurses in OOH • Planned CPD for all disciplines based on population health/Service need/competency • Management leadership/succession planning for clinical/non clinical areas/linking with deanery/higher education • Changed patient expectation on 'who they will see' to they will see the most appropriately trained individual to meet their need	• Whole system workforce- with capacity in the correct sector to deliver efficient pathways of care to individuals • Skilled in key population needs e.g. dementia • Generic H&SC workers • Integrated management structure • Development of tech level support roles • Joint training need analysis and training • Locality structure incorporates collocated primary care and pharmacy support hub • GPs/Practice Nurses with extended skills to undertake relevant activity in a community setting
Cardiff South and East Locality Due to the continued focus on integration there will need to be a different approach to workforce planning with some posts working across partner organisations. With the development of technology, roles will need to change and adapt in order to maintain effective and efficient service delivery with people taking on new tasks and responsibilities.	**Vale Locality** • Up skilling of clinical staff e.g. Practice Nurses becoming Independent Prescribers • Clinical staff working to the maximum of their clinical competency • Establishment and integration of the Wellbeing coordinators • Fully integrated PC Improvement team for all contractors, working to support PC contractors/clusters and localities to

In order to provide services closer to home, more specialist roles will need to be in place to support patients in the management of chronic conditions and keep them out of hospital. • Effective Workforce Planning • Suitably Skilled workforce • Integrated posts • Better use skill mix based on Prudent Healthcare principles • Community specialist nurses e.g. diabetes • Good Engagement and robust Communication	enable sustainable PC services (this may be via collaborative/federations/confederation models) • Standardised pay rates for OOH for all professions across Wales • OOH booking appointments into Core hour services • National reporting for Outcome/process measure for all contractors/OOH

Diabetic Specialist Nursing Development

The UHB continues to progress its strategies to build the capacity and experience of the nursing specialists in order to delivering better access to diabetic services. The proposals supports the cluster plans on a number of levels, including patient access, chronic conditions management and the provision of a service in the local community.
The key milestones for delivery of this new model are:

- Recruit Diabetes Specialist Nurse(s) – 1.2 wte DSN now in post with 0.6 wte in City and South and 0.6 wte in South West Clusters
- Ongoing work within Clusters to update and understand community priorities in conjunction with the Respective CDs with clear objectives being agreed in line with Cluster priorities. Referral processes have been reviewed and models are being agreed.
- Joint working with the Expert Patient Programme (EPP) is ongoing and in addition this work is supported by the Dietetics team who are integral to the delivery of reducing the burden of diabetes across C&V.
- Regular updates at Cluster meetings in order to inform the evaluation of change to service models.

Out of Hours - Advanced Nurse Practitioners, Advanced Paramedic Practitioner and Cluster Pharmacists

The Primary, Community and Intermediate Care Clinical Board has recruited additional Advanced Nurse Practitioners to work within the Primary Care out of hours service to support the sustainability of the service and manage impacts of the GP workforce and introduce a change of the skill mix. This model will continue to be reviewed and is already proving to be a successful improvement plan. The Board has also

recruited Advanced Paramedic Practitioner and Cluster Pharmacists into the out of hours service working in partnership with WAST. These roles will continue to be evaluated for their impact, ensuring patients receive the right care from the right professional out of hours.

Regional Collaboration/Clinical Change Programme

The South Central Alliance Workforce Sub-group was established to support the implementation of the Acute Care Alliance Implementation Plan. The Workforce Sub group continues to align itself to the newly formed Regional Planning Group to support the delivery of the agreed service models and ensure appropriate HR governance is in place to foster joint working relationships across the SCACA. The group also oversees the development of business cases and joint workforce plans e.g., Neonatal. The group has recently reviewed its work programme in light of the key milestones of the Programme. The UHB is also working in collaboration on developments including: Major Trauma Centre, Transforming Cancer Services, Pathology and Imaging. (cross reference to section ***Key Delivery Challenges*** for further detail).

In 2017, as part of its role in the **Cardiff and Vale Regional Partnership Board**, the UHB participated in a Workforce Planning Development Session. The purpose of this was to review, in partnership, the strategic workforce context across the health and social care region, noting the working already taking place in each of the 3 areas at a local, regional and national level and considering further strategic priorities and action plans. This work will continue to develop in 2018.

Workforce systems - enhanced ESR Hire to Retire – the UHB has completed the rollout of ESR Manager Self-Service. We are now in the process of withdrawing the provision of paper payslips, with 55% of staff now receiving their payslip in electronic format and the remainder will be completed by the end of January 2018. During 28-19 we will be auditing the self-service usage and continuing the implementation of the national Hire to Retire Plan locally; which will see progress in automated starter and staff changes forms and migration to the occupational health bi-directional interface of the Cohort and ESR system. We are also continuing to raise awareness of the ESR Portal functionality which enables our staff and management to access ESR remotely on PC's, laptops and smart phones. On the new landing page employees are able to:

- View their payslips.
- View their Total Reward Statement.
- View their compliance in relation to the Statutory/Mandatory training.
- Undertake their e-learning.
- Book annual leave (unless already doing so via the Rosterpro system).
- View and amend their Personal Details.
- Managers and supervisors are able to see the details of their direct reports absence, appraisals and Statutory/Mandatory training compliance.

Transformation within Professions and Standards

Modernising Pharmacy Careers - the UHB is embracing the complex modernising pharmacy careers programme designed to ensure the pharmacy workforce have the knowledge, skills and competencies to deliver the future services required by patients, the public and the health service. The programme also embraces the development of career pathways for pharmacists, pharmacy technicians and pharmacy support staff. The planned first intake for the new programme is 2018 and work placements will begin in September 2018.

Modernising Scientific Careers (MSC) - the UHB continues to develop and implement service and workforce plans in Cellular Pathology, and Laboratory Genetics. Genetics staff (Clinical Scientists, Bioinformaticians, Technologists) receive further training to meet the increasing demands of the growing Genomic service. It is also progressing analogous integrated workforce planning in Radiology which is outside MSC. This has resulted in new structures and skill mix to support 7 day working and change in service pathways. The UHB will develop plans to respond to the challenges and opportunities for healthcare science and healthcare scientist as described in "Healthcare Science in NHS Wales – Looking Forward". Non-Genetic healthcare professionals (across Wales) to be trained in the delivery of clinical Genomic Medicine services and how they are main streamed into routine clinical practice.

Nurse Staffing Act (outlined within Sustainable Workforce objective)

Apprenticeships and Wellbeing of Future Generations Act (outlined within Capable Workforce objective)

National Standards of Cleanliness, Nutrition and Fluid intake – a structured refresher training and assessment programme is ongoing within Operational Services for staff to undertake NVQ's for cleaning standards and customer skills; IQT, dignity and respect and customer communication.

ENGAGED WORKFORCE
Create conditions which unleash more capability, potential, and commitment to the goals and values

Improving levels of staff engagement improves performance and outcomes, including: mortality rate; health and wellbeing; absenteeism; patient satisfaction; quality of services; and financial management (NHS Employers, 2013). We have a comprehensive programme of engagement work at both organisational and Clinical Board level.

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An Employee Engagement Framework and Toolkit was launched in 2017 providing the basis for Engagement Plans across the UHB. Key aspects are: having a strong **organisational values**; effective senior **leadership**; excellent line managers; a strong **employee voice**; and good **partnership working**.

We have involved patients and their families and clinical and non-clinical staff in creating a behavioural framework to bring our Values to life. In doing so we have also refined our Values to ensure they are memorable and relevant. In 2018/19 these behaviours will be integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. A number of priorities for staff and patients have emerged through the work, including improving communication across teams and placing greater importance on patient time, and these will be addressed in 2018/19 in conjunction with the Patient Experience Team.

Theme	C&V 2013	C&V 2016	NHS Wales 2013	NHS Wales 2016
Intrinsic psychological engagement	3.77	3.90	3.8	3.91
Ability to contribute towards improvement at work	3.16	3.31	3.14	3.35
Staff advocacy and recommendation	3.37	3.71	3.37	3.68
Overall engagement index score	3.43	3.64	3.43	3.65

Our surveys – Medical Engagement, Staff Survey and Values Survey – are one way in which our staff can share their views and they have given us a clear picture of the work we need to do to improve staff engagement. Although our staff are feeling more engaged, improvement is required. In 2018/19 we will: continue to invest in reward and recognition of staff; improve staff involvement in change activity; improve the quality of our appraisals; improve our response to complaints of bullying; and reduce the number of stress-related absences. Our overall progress will be evident in an improved Engagement Score measured through the 2018 all-Wales Staff Survey. In 2018/19 we will enhance our understanding of the drivers of engagement, bringing together the 'key diagnostic indicators' of engagement, such as selection of workforce measures, medical engagement results, and data from our Values programme.

Medical Engagement has been a particular focus on 2017/18 with specific activity taking place in challenging areas. In 2018/19 this will be evaluated and a process shared across the UHB for developing Engagement Charters at team level.

We recognise that staff wellbeing is key to staff feeling engaged. A multi-disciplinary group leads a strategic action plan for **improving staff health and wellbeing.** Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee well-being and the Public Health team developed a collaborative plan, which realised improvements across a range of areas. 2017/18 has been a year of great success with the UHB achieving both the Gold and Platinum Corporate Health Standards and being recognised as an exemplar organisation. In 2018/19 we will use the learning from these standards to stretch our health and wellbeing activity even further, achieving further reductions in sickness absence through whole-system approaches.

7.3.4 Workforce and Organisational Development Delivery Plan 2018/19 - 21

Key actions to support delivery of an **Efficient Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
EFFICIENT WORKFORCE				
• Continue with Maximising Attendance group and delivery of actions • Benchmark against other organisations • Roll out of revised Managers training • Continue to develop managers through coaching • 60% seasonal Flu vaccination uptake • Review CareFirst scheme and PTSD pathway • Prioritise early intervention on LTS cases • Continue with representation on relevant all Wales groups e.g. Sickness Group • Input into All Wales Sickness Policy review	Improve attendance (sickness absence)	95.4% attendance (4.6% UHB sickness absence)	95.6% attendance (4.4% UHB sickness absence)	95.8% attendance (4.2% UHB sickness absence)
• Implementation of hard-to-fill / service critical post resourcing strategies	Improve Workforce Capacity	<5% vacancies	<5% vacancies	<5% vacancies
• Map management vacancies/pending gaps • Publish career pathways brochure • Cost/benefit analysis for a new post graduate scheme • Contribute to all-Wales succession planning and retention groups	Improve Retention	7-9% turnover	7-9% turnover	7-9% turnover

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Key actions to support delivery of an **Efficient Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Monitor ESR recording • Review opportunities for E-Job Planning and review pilot in Mental Health • Publish leading practice on productive and team job planning	Optimise medical workforce sessions	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	Job Plans systematically linked to Patient Outcomes
• Optimise use of Fast Track • Appoint IO Officer • Implement ER monitoring framework • Further strengthen partnership working in CBs	Improve Management of Disciplinary and Grievance cases	Fast Track Disciplinary within 1 month (non medical) Complete investigations in 90 days 50% Appeals heard within 28 days	Fast Track Disciplinary within 1 month (non medical) Complete investigations in 90 days 75% Appeals heard within 28 days	Fast Track Disciplinary within 1 month (non medical) Complete investigations in 90 days 85% Appeals heard within 28 days

Key actions to support delivery of a **Sustainable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
SUSTAINABLE WORKFORCE				
• Complete WG IMTP workforce templates • Define workforce milestones for years 1, 2 and 3 • Develop new roles to support plans e.g., Physician Associate	Meet Future workforce supply needs	***Firm*** Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and with detailed action & delivery plans	***Indicative*** Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and indicative priorities, actions and workforce	***Outline*** Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes outlining progress towards strategic objectives

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Key actions to support delivery of a **Sustainable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
			challenges and risk	
• Deliver 'Project 95%' with CBs (focus on Medicine CB) • Support 'Nurse Benefits' project • Sustain agreed follow-on actions from Project Switchover (with Corporate Nursing) • Support Effective Temporary Staffing Project (led by Corporate Nursing team) • Implement Student Nurse Streamlining	Improve Nurse Capacity and costs	95% Band 5/6 establishment 100% on contract agency usage sustained	95% Band 5/6 establishment 100% on contract agency usage sustained	95% Band 5/6 establishment 100% on contract agency usage sustained
• Deliver MTI strategy • Reduce Junior Doctor recruitment gaps • Implement WG Agency and Locum Circular • Monitor monthly Medacs Reports • Review Staff Flow • Review Managed Service Staff Bank Proposal	Improve Medical Workforce Capacity and costs	Implement WG Agency and Locum Cap Circular Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Reduce long term agency locums (over 1 month) Fill hard to fill vacancies
• Participate in Public Services Graduate Scheme • Publish clear development pathways for managers in different roles • Development of additional management programmes to meet demand, such as Clinical Directors' programme; Skills to Manage; Skills to Supervise	Improve Management Capacity	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services	Introduce post-graduate scheme. Reduction in leadership & management vacancies Reduction in management agency costs	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services Graduate Scheme

Key actions to support delivery of a **Sustainable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
		Graduate Scheme		

Key actions to support delivery of a **Capable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
CAPABLE WORKFORCE				
• Introduction of new TNA software • Continue to train managers in ESR Portal and data access systems to improve reporting • Focus on increasing compliance through Mandatory Training Steering Group	Increase & improve Statutory & Mandatory skills compliance	85% compliance 10 subjects as determined by the Core skills framework.	85% sustained compliance in 13 core subjects	85% sustained compliance in 13 core subjects and to note new subject areas if mandatory through WG
• Commission internal audit on compliance and quality of PADR (pay progression, values, revalidation, mandatory training) • Maximise PADR functionality within ESR Portal • Develop PADR stories to increase awareness, on the benefits of PADRs	Improve individual performance management & development	85% PADR compliance for all staff including the medical workforce	>85% PADR compliance for all staff groups	>85% PADR compliance for all staff groups
• Implementation of Leadership and Management Framework • New programmes as required by the service • Introduction of a managers tool kit • Develop a talent and succession management pathway for tiers 1 and 2 or hard to fill roles within the UHB	Improve leadership & management capability	To embed a Leadership and management pathway for all staff. For all CBs to produce a	Working with partners (through sub-group of Public Services Board) to identify and develop opportunities for	To have a robust leadership and management framework

Key actions to support delivery of a **Capable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Produce a TNA of training requirements • Update LED website to ensure programmes accessible • Increase uptake on apprenticeship courses that are fully funded through HEIs.		leadership and management plan in line with the WOD strategy and work in collaboration with LED.	partnership leadership programmes.	
• A further 9 clinical skills will be reviewed to ensure knowledge training, assessment and data monitoring is robust • Undertake audit activity to assess compliance re: established procedures for the skills reviewed in 2017/18 and action plans put in place to address compliance issues. • Annual reviews will ensure that there are robust systems in place for skills training and assessment of competence and the logging of competence on ESR.	Improve nurse capability	84 Clinical skills are being delivered within the UHB looking at areas of skill, knowledge and assessment A further nine clinical skills to be reviewed	A further 9 clinical skills to be reviewed looking at the knowledge based training, assessment, review and monitoring, to ensure the process is robust.	By March 2020 detailed clinical skills reviews will be undertaken for 14 skills highlighted below.
• All Clinical boards to have assessors and internal verifiers in line with Agored Cymru recommendations • Coding on ESR to be accurate for HCSW	Improve non-registered (HCSW) academic capability	Increased compliance with L2– L4 education for band 2- 4 clinical HCSW across the UHB in line with the	100% of HCSW achieving the appropriate academic qualifications in line with of the Skills and Career	Maintain 100% of Healthcare Support Workers achieving the appropriate academic qualifications in line

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Key actions to support delivery of a **Capable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Yearly scoping activity will be undertaken each year starting in December.		HCSW Career and Development Framework.	Framework if continued WEDS funding is provided.	with of the Skills and Career Framework.
• Develop a 1 day coaching training programme for staff from a 2 day programme • Create effective coach allocation and monitoring database • Continue integration of coaching skills into new leadership and development activity • Identify additional coaches via partners in All Wales network in Public sectors not just health • Launch the coaching framework	Build coaching capability	UHB coaching framework will have been developed and systems established to monitor coaching provision across the UHB.	10 additional executive coaches will have been trained	95% of managers across the UHB will have completed the UHB's Coaching Skills for Managers programmes.
• Identify mentors for managers and create a database so the individuals are easily recognised • Develop and design mentorship programme for non-nurses • Create a matching service for mentors for employees to access • Create a document that support mentorship for non-nurses • Developing the leadership expertise of the mentee in a work context, with the	Build mentoring capability	Build mentoring capability through training 30 senior manager mentors in CBs.	Build mentoring capability through training a further 20 managers	For mentorship matching service to be embedded into the UHB representing all disciplines

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Key actions to support delivery of a **Capable Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
process of mentoring encouraging independence, autonomy and self-development. • Regular update of data base of all the qualified mentors in line with the NMC standards				

Key actions to support delivery of a **Transformed Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
TRANSFORMING WORKFORCE				
• OD, CSI, LIPS and PMO collaboratively to:- • Identify specific development needs • Develop programme • Identify external contributors where appropriate • Schedule dates throughout 2018/19	Build internal transformation capability	Create programme of development to build skill and capability of transformation team, and ensure effective use of existing internal expertise. Draw upon expertise of partner organisations where appropriate.	Further training needs analysis, development and evaluation of impact and capability	Further training needs analysis, development and evaluation of impact and capability
• Audit self-service usage in all areas • Fully implement ESR S/S for medical and dental staff group	Enhance ESR functionality and enable workforce digital solutions	Implement ESR S/S in medical and dental staff group Increase usage of ESR Portal	Review functionality available and C&V usage of this to explore opportunities to maximise benefits	ESR MSS usage sustained for all functionality in ESR

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Key actions to support delivery of a **Transformed Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Continue implementation of national Hire-to-Retire Plan locally • Automate starter and staff changes forms within ESR MSS • Migrate to Occ Health Bi directional interface			of ESR and associated systems	
Deliver required outcomes against the themes: • Workforce data analytics • Service redesign • Integration • Understanding & developing clusters • Sharing good practice • Investing in the wider primary care workforce • Education and training • Nursing • GPs	Deliver 'Planned Primary Care Workforce for Wales'	Deliver the HB actions against the required outcomes (see actions)	Deliver the HB actions against the required outcomes (see actions)	Deliver the HB actions against the required outcomes (see actions)
• Engagement and Scoping • Determine impacts of workforce model for C&V • Greater understanding of local and tertiary care partnership with Velindre	Enable Transforming of Cancer Services	Support TCS Programme Business Case and Outline Business Case Process	Support TCS Programme Business Case and Outline Business Case Process	Support TCS Programme Business Case and Outline Business Case Process

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Key actions to support delivery of a **Transformed Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
Deliver against milestones for: • Paediatrics, Obstetrics, Neonates • ENT • Major Trauma • Emergency Medicine • Vascular and Surgery (as models emerge) • UHW/UHL Medical Model • UHB Theatres and Critical Care • Collaborative/National models: Pathology, Imaging • Drive ACA Workforce Enabling Work-stream • Provide Workforce Risk Updates to CEO Delivery Group	Support South Wales Clinical Change Programme - Reconfiguration	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)
Key actions to support delivery of an **Engaged Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
ENGAGED WORKFORCE				
• Include individual responsibility re health and well-being within job descriptions • Review progress against MECC route map for 2018/18 and deliver actions • Implementation of phase 2 of route map for sustainable wellbeing • Include wellbeing question in PADR • Evaluation of Care First (EAP) • Maintain Corporate Health Standards achievements	Enhance Staff Health & Wellbeing	60% seasonal Flu vaccination uptake of front-line health care workers Further development of and delivery against Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan

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Key actions to support delivery of a **Transformed Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Update Health and Wellbeing Policy				
• Implementation of Year 3 of the Strategic Equality Delivery Plan • Review Progress against Equality Route Map • Sharing good practice & resources on sensory loss and trans issues • Develop specific training and deliver bespoke training materials • Produce Annual Equality Report • Maintain Stonewall No.1 Health and Social Care ranking in Wales • Continue gender pay review work	Promote Equality & Diversity	Deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20	Sustain and deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20. Develop a Strategic Equality Plan Fair Care 2020/24.	Deliver the HB actions against the Strategic Equality Plan Fair Care 2020/24.
• Implement Standards • Increase number of staff being trained to improve Welsh language skills • Organise UHB involvement at the National Eisteddfod in Cardiff 2018 • Identify good practice nominations for the More than Just Words Celebration Awards in Autumn 2018. • Work with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients	Promote Welsh Language Usage	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards	Sustain and deliver actions against single organisational Welsh Language Plan and Welsh Language Standards	Sustain and deliver actions against single organisational Welsh Language Plan and Welsh Language Standards
• Administer 2018 all-Wales staff survey	Improve Staff Engagement	Improved engagement score and improvements	Improvements in priority issues, measured through	Improvements in engagement score and priority issues,

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Key actions to support delivery of a **Transformed Workforce** include				
ACTION	OUTCOME	18/19 MEASURE	19/20	20/21
• Continued roll-out and communication of Staff Engagement Framework and Toolkit • Continued implementation of corporate and Clinical Board plans responding to values survey, national staff survey & Medical Engagement Scale (MES) • Monitoring of performance through Exec Performance Reviews • Build further capability in engagement methodologies		in priority issues identified through previous MES, values and staff surveys.	local staff Pulse Survey	measured through national staff survey
• Continued delivery of Values project: comms; patient experience; staff engagement; workforce processes	Embed optimal behaviours against CVUHB values	Introduce values-based recruitment (VBR) for nursing	Introduce VBR across other staff groups. Integrate values measures in to local Pulse Survey	Improvements in integration of values in to all processes, measured through survey results
• Provide training for staff regarding applications for awards and publications • Annual Recognition Awards • Encourage clinical boards and corporate departments to align their categories with the UHB awards	Support staff reward & recognition	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments

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7.4 Digital Health Informatics

The UHB's Informatics strategic outline programme (SOP) sets out how the UHB's 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 and for people in Wales. The SOP (October 2016) describes the approach proposed by the UHB 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 3 to 5 years.

It is an iterative programme, which the UHB is fully committed to delivering in collaboration and partnership with the other Welsh health boards and Trusts, as well as building our relationship with academia and with NWIS as a key supplier and enabler for delivering our strategic and operational objectives.

A short term operational plan for informatics has been developed to operationalise the SOP in accordance with the overarching Health Board IMTP requirements, with the national requirements prioritised objectively to inform the National Informatics Plan. The full operational plan to deliver the present SOP is available on request. Prioritisation has considered both the organisation's medium term requirements and those of the wider NHS, recognising that collectively we need to make best use of the resources provided to us from the NHS Wales informatics service and the Welsh Government's support for digital and innovation.

As well as identifying opportunities for progressing the SOP, in 2018-19 there will be a continued focus on maintaining the core stability of one of the most extensive ICT infrastructures in the UK, including 9,000 devices connected to over 200 servers supporting over 10,000 users (a three-fold increase over recent years), supporting safe, secure, mobile and off site working and making best use of the wealth of data held within these to deliver the organisation's strategic objectives. This requirement is anticipated to be enshrined in the EU Directive on National Infrastructure and Services and the impact was demonstrated by the Wannacry cyber attack.

7.4.1 Delivering Digital Health – Highlights

The key informatics programmes and actions to support and enable delivery of the IMTP and the Digital Health strategy, which the UHB has prioritised as being of the highest benefit and need, or which are essential enablers to delivery of Shaping Our Future Wellbeing are summarised below. As identified above these form only a subset of a comprehensive operational delivery plan for IMTP for this year:

Please note projects highlighted in blue are subject to funding

Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
Supporting population health Improvement					
I&I	118	C&V and National Data lake, performance ETL & storage of structured, semi-structured and unstructured data	Development of architecture & capability for storing all data in a way that it can be used to support the patient, professional and system leads needs	Foundation on which the NHS will realise benefits of digitalisation	National Data Repository group and associated interoperability sub group established. Work proceeding collaboratively
STP	57	Access and maintain up-to-date demographic information about citizens	Part of data quality work programme but extends desired fields to email address, mobile phone numbers as well as EMPI required data for ensuring up to date demographic information	Allows patients to communicate electronically or via text 24/7 – Reduces costs and waste, by eliminating paper and mail and the number of failures to contact	Medical records department working with PMS development team to create a portal for patients to verify personal contact details - will include email.
SUPPORTING INTEGRATED CARE					

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
STP	59	PMS development	The PMS system maintains the core patient data set for a number of other systems and planned systems. These include (for example) the Clinical Portal, Diagnostic and Therapies system, EU and Ward Workstations and the planned referral management processes via the Welsh Clinical Communications Gateway (WCCG). PMS also provides the main data feed for the Intelligent Warehouse including RTT pathway data.	Demand for continued additional functionality PMS to be addressed Demand for continued additional functionality PMS to be addressed - Required enhancements to the many sub-modules of PMS will progress providing greater clinical and administrative functionality without further impact on current services and functions	Upgrade to the technical platform is underway and should complete in 6 months, Ability to use advanced analytics and machine learning within PMS and gain greater amount of semi structured data starting to be demonstrated
STP	37	National Patient Flow & patient observations project	The procurement and implementation of a patient flow management system and associated process change into CAVUHB including the necessary infrastructure and integration with existing clinical, operational and management information	Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. At a clinical level it will offer the ability to capture and maintain real time data about the patient's clinical status including patient observations (e.g. National Early Warning Scores for sepsis), pressure area risk scores and other alerts and notifications associated with maintaining patient safety on the ward. Operationally it will utilise	UHB fully engaged with national programme. Particular interest in the present pathfinder of the e-obs ABHB are undertaking in YYF **Dependant on WG Funding**

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
				electronic white boards to support daily multidisciplinary meetings on wards to plan and deliver timely care by the whole team including referrals to other services. It will provide real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it will provide the opportunity to deliver information for planning and financial purposes.	
Supporting population health Improvement					
STP	116	POCT & biomarkers in primary care	Support point of care testing and use of biomarkers in primary care as clinical decision support tools with results incorporated in referrals	Speeds up patient knowledge of their condition. Reduces waste & variation at the referral stage of the pathway	Will be taken forward through the pathway improvement transformation programme.
PF	69	Update Intranet	The migration of the UHB Oracle Intranet site to a modern platform	Improved communication channel within the UHB Marked improvement in ability of all staff to access the knowledge to support them to deliver care.	**Subject to funding**

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
PF	113	Provision of functional IM&T support to GP out of hours, out of hours (supports e-prescribing)	Provision of functional IM&T support to GP out of hours, out of hours	Supports e-prescribing and leads to more effective Out of hours service provision.	**Subject to funding**
STP	19	Welsh Community Care Information Solution Delivery of an Integrated Health and social care system	The Welsh Community Care Information System (WCCIS) Programme has been set up to deliver the informatics requirements key to the transformation of community services in Wales. The UHB will not be progressing with the implementation of WCCIS in 2018/19and will review the position in 2019/20	• Integrated patient record across health and social care in the CaV region • Single referral for integrated teams, supporting joint recording • Comprehensive interfacing to other national systems • Improved information sharing across organisational and regional boundaries within Wales	Business Case going through internal review with a view to present to the Board end of 2018/19. **Subject to Funding**

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
STP	33	Migration to Welsh Clinical Portal from Cardiff Clinical Portal	The UHB will move across to the Welsh Clinical Portal (WCP), from the Cardiff Clinical Portal, over time. All available modules of WCP are being implemented.	Clinicians have access to a single patient record in one portal without the need to access a variety of different systems Clinicians have access to patient information whenever and wherever they require it	Implementation ongoing 2018 -19 Convergence planning ongoing
STP	22	Welsh Care Record Service	WCRS is an extensive programme of work to provide clinical documents in electronic format and make them available wherever a patient is treated in Wales. UHB to agree which documents should be added to WCRS and therefore available to view in WCP.	Documents are made available in the WCP regardless of where the information was originally created - Supports the single electronic patient record vision. Supports the single electronic patient record vision	Back loading of 6.7 million historic documents underway. All authorised documents appear in WCP Add further document types
STP	47	Welsh Results & Reports Service (WRRS)	The WRRS will join together the local TRRR projects to create a service which will allow health boards to view results and reports in other health boards.	Supports the vision of an All Wales patient record	Implementation ongoing 2018 -19

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
		Welsh GP Record (WGPR) A summary of patients' GP record has been made available to secondary care doctors, pharmacists and pharmacy technicians as part of the WCP. Having access to the GP Record supports the use of the Medicines Transcribing and e-Discharge (MTED) module of the Welsh Clinical Portal	Restrictions to further rollout have been lifted. All secondary care clinical professionals involved in the direct care of the patient can now have access. The UHB is making the WGPR available to nurses in the first instance, followed by other health care professionals.	Clinicians report that having access to the GP Record supports diagnosis in urgent situations. Also supports fast and accurate medicines reconciliation e.g. Pharmacists do not have to phone GP practices for patients' current medication information	Extend use of WGPR for elective care as agreed by WG. WGPR is available to any clinician requesting access who fits the access criteria.
		Welsh Clinical Portal - MTED	Cardiff and Vale UHB has worked with the NHS Wales Informatics Service (NWIS) to develop to the Medicines Transcribing and E-Discharge (MTED) module of the Welsh	• Accurate, timely and legible discharge letters sent to GPs in a secure, electronic way • Replaces the use of handwritten TTH • Electronic discharge letter reaches primary care as	76 wards live Complete rollout to day units, assessment areas and mental health wards.

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
			Clinical Portal – 'Once for Wales' initiative:	soon as the patient leaves the ward, facilitating timely follow up of patients' care. • Medication lists can be re-used if a patient is re-admitted, saving transcription time • Pharmacists and doctors have access to their patients' GP Record which is available in the WCP	
		Welsh Clinical Portal – WPRS	Cardiff and Vale UHB, in collaboration with the NHS Wales Informatics Service (NWIS) has developed the Welsh Patient Referral Service (WPRS) module of the Welsh Clinical Portal – a 'Once for Wales' initiative. Already available in 47 specialities. *Critical enabler to outpatient transformation programme*	• Access to GP referrals electronically in one place • UHB can accept a referral and provide additional information whilst the patient is awaiting their appointment • Initiate electronic dialogues with referrers to better aid correct diagnosis / prioritisation • Return a referral with instant electronic advice when outpatient appointments are not required	Rollout to remainder of specialties using PMS and PMS D&T and Paris to manage patients, to be scheduled during 2018/19.

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
				• Inform referrers of priority changes • Send automatic status updates to GP Practices • Redirect referrals to the right department quickly and easily Send booking instruction to Health Records staff	
		Welsh Clinical Portal – TRRR	Cardiff and Vale UHB is implementing the Test Requesting and Results Reporting (TRRR) module of the Welsh Clinical Portal– a 'Once for Wales' initiative.	• The ability to create test sets (profiles) • Bulk Ordering - requesting the same test(s) for multiple patients • Time Series Requesting which allows clinicians to request a series of tests for a patient on selected days. • The software also has graphing and tabulation features. Tabulation of recent results, highlighting out of range results. • Linked to the national Pathology IT system which is live in Cardiff and	58 wards live. Remaining wards to be enabled by March 2018. Planning has started for rollout into outpatient clinics during 2018-19.

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
				Vale for Blood Sciences and Microbiology. Linked to the Cardiff and Vale configuration of the Wales Pathology Handbook.	
		PARIS – Mental Health & Community System	Paris provides an Electronic Patient Record deployment for Community Services & Mental Health. 1.7 million annual case notes entries are now being made.	• Clinical record sharing, clinical risk management, care planning • Improved communication across services including Social Services, Police & Voluntary • Safe storage & availability of clinical records 24*7*365 across community & acute sites • Retired over a dozen incumbent information systems within scoped services • 6,000 users of PARIS with 2,000 using the application for their daily record keeping. Delivering multi agency fully integrated service support to the *flying start* and *adult community mental health* services across the region.	Business as usual - ongoing

Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
STP	114	Vision 360 – or equivalent functionality – to support primary care working at scales	Vision 360 – or equivalent functionality – to support primary care working at scale	Supports cluster working	Pilot installations procured through cluster funding. Initiative led by PCIC.
I&I	96	Community Mobile Working	1028 netbook devices are now in use - This makes Cardiff and Vale the largest deployment of Community Mobile working in Wales (by some distance), and one of the largest deployments in the UK.	• Improved dialogue between primary and secondary care • Reduction in OP referrals by speciality • Improved patient experience Clinical and staff risk reduction through real time clinical record access.	Ongoing Support Transition of access from Citrix to Microsoft RDS Next Generation device being identified procured and deployed Expansion of usage to c1150 devices within 2018/19 Re-Contract Airtime to O2
I&I	97	Community Services – Maternity Mobile Working	Rollout of 84 Netbooks enabling access to Euroking (E3) and numerous uHB systems to Maternity services.	Direct write up whilst with the patient/in the field, rather than time and resource costly return to base	Complete… support only

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
I4U	13	Provide Secure communications:	The continued rollout and leverage of the licences owned by the UHB using Microsoft Lync in the following five areas – Virtual Clinics, Virtual Multidisciplinary Team Meetings, Virtual Groups, Physiotherapy, Rehabilitation Clinics and Nursing Home Communication	Nursing Homes: - · Reduces unnecessary admissions and reliance on ambulance transfers to hospital Virtual MDTs - · Reduces unnecessary admissions and reliance on ambulance transfers to hospital Virtual MDTs - · Supports timely discharge with quicker release of 'blocked' beds - · To enable healthcare professionals to efficiently plan their interventions based on the symptomatic needs of the service user - Virtual Clinics:	Lync roll ongoing Plans for 18/19 will include further rollout across clinical and management area to facilitate improved communication.
PF	63	Mobile working – BYOD – Increase BYOD and deployment of a Digital Access Platform	The UHB continues to leverage the benefits of staff using their personal devices using GOOD as a BYOD tool enabling being able to access both Clinical and Business Applications anywhere any time. The UHB is also looking to deploy a suite of products as part of a digital access platform	Will result in improved timeliness and availability of relevant clinical and business information - · The production and administration of paper results will be reduced or eliminated Telephone transcription of urgent results will be reduced or eliminated Will contribute significantly to the evolving electronic patient record supporting accessibility,	Further implementation ongoing

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
				accuracy and security of patient data	
PF	68	Secure messaging with LA	Rollout of MsOffice 2013 to enable users access to "move it", which provides an encrypted email messaging platform - •Providing a route for 2 way communication across care sectors & with the patient	Enables secure communications of PID between organisations	Rollout ongoing
PF	71	Suite of interoperability initiatives to inform the Acute to Community transition	A suite of developments to deliver both clinical practice improvements and efficiency improvements: - i) View of key Acute information for Community teams (and vice versa)	Sharing of patient's history, allergies, involvements and appointments - • Provides accurate, timely and secured e-referrals between the Acute and CRT services of the UHB - • Provides accurate, timely and secured e-referrals between the Acute and CRT services of the UHB	Part of WCP functionality review – Also requires standards and interoperability decisions to be confirmed
Reducing Harm Waste & Variation					

Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
PF	64	Continuing programme to sustain and refresh the IT Infrastructure to protect the UHB from system interruption risks	• A programme aimed at sustaining and refreshing the IT Infrastructure to protect the UHB from system interruption risks. • Virtual Server Infrastructure • Backup Infrastructure • Storage Infrastructure • Desk Top Infrastructure • Mobile Infrastructure • The upgrading of the data network • The increased development of the UHB Wi-Fi with additional access points in clinical areas • Microsoft licences (End of life): • The UHB is working with NWIS to determine the national strategy in relation to Software which is becoming "End of life" This also includes the Microsoft Desktop Subscription Project	• Improved patient safety • Improved continuity of service • Less disruption of services • Improved Risk Management • Improved Data Safety • Improved System Performance • Improved compliance with IT Security Standards • Improved Disaster Recovery capability • Mitigation of security risks and delivery of modernisation	The UHB has an agreed 10 year plan for 'Keeping the lights on' to protect against risk off disruption of service. In addition IG audit of Internet of things devices and associated cyber risks underway to inform national review - Require upgrade in Oracle database licence to enterprise, as existing license does not enable real time copy / provision of real time data flows nor other significant useful functionality - Require upgrade in Oracle database licence to enterprise, as existing license does not enable real time copy / provision of real time data flows nor other significant useful functionality
I&I		Cyber Security	Proposed implementation of: • Dedicated team	• Benefits demonstrated by successful prevention of a	National and Local reviews of Cyber security ongoing in support of

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
		Implementation of a programme of hardware / software and staffing developments sufficient to protect the UHB in conjunction with National organisations such as NWIS from Cyber security threats	• Boundary and internal security hardware and software licences (Capital) • Ongoing malware signature identification updates (Revenue) • Engagement at all levels, national and local to ensure the Health Board as a whole keeps abreast of the rapidly evolving cyber security Threats • Knowledge sharing National and Local • Implementation and management of relevant technology to protect against Ransom Ware and Cyber Malice • Processes implementation with ongoing evolution of process in line with threat and threat levels.	successful catastrophic cyber attack. • Rapid response in the event of intrusion. • Protection of HB data (clinical and business) • Compliance with Data Protection requirements of the DPA (and GDPR [General Data Protection Regulation] that will replace it in May 2018) • Protection will extend include prevention of CAV from being a source vector that brings down other HB's NHS Wales as well as preventing attacks within CAV • Persisted compliance with Government cyber security requirements and guidelines	National and Local Business cases

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
STP	28	Electronic prescribing and Medicines Administration (EPMA)	EPMA replaces the current paper prescription and administration record chart normally completed for every in-patient, as well as discharge and outpatient prescription forms. It also replaces the current end of life pharmacy administration system.	Improving the quality of prescribing and medicines administration processes and records - · Reducing some of the risks associated with prescribing and medicines administration process - Reducing some of the risks associated with prescribing and medicines administration process	Business Case currently with WG for review. Plan would be implement medicine administration in 18/19 and ePrescribing in 19/20. **Subject to Funding**
STP	48	Full Welsh Laboratory Information Management System (WLIMS)	All Wales solution Trakcare Lab – providing standardisation and ability to share information across all Health Boards. Replaces Telepath.	Key enabler for the single electronic patient record in Wales which will lead to more efficient and effective patient care - · Integrated with the WClinicalP - · Integrated with the WClinicalP	Current plans involve extension of telepath contract in 18/19 to facilitate transfer of final modules to LIMS. Implementation of WPOCT in 2018/19. Full service commitment to support 'WLIMS 2' procurement commencing 2017/18.
STP	49	Digital Dictation	The UHB is currently using Analogue tape dictations units to supports audio typing. The new technology is digital providing audio dictation, direct to the secretarial support and also speech to text. - The new technology is digital providing audio dictation, direct to the	The pooling of secretarial and typing support. No longer do clinicians have to wait for the letter because the secretarial support is away on annual leave – Speech to text reduces the amount of typing	Transformation board will take forward pilot – full roll out **subject to funding.**

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
			secretarial support and also speech to text.		
PF	65	WIFI – Staff Patients and Visitors	The continued development and rollout of the integration of Wi-Fi enabling staff patients and visitors to access both free and secured Wi-Fi connectivity	Patients are able to access the internet for entertainment whilst in hospital and/or in outpatient clinics. Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD. Staff can access both Clinical and Business application from their personal devices via (BYOD) using GOOD.	WG funding received to further roll out WiFI to be as pervasive as possible throughout the estate.
PF	67	Cloud Computing	Explore the opportunities of 'cloud' computing to support more efficient and cost-effective digital services	Flexibility Disaster recovery Capital-expenditure Free Increased collaboration Work from anywhere	All Wales task force convened Use of cloud to be considered as part of architecture required to move to real time data availability - Use of cloud to be considered as part of architecture required to move to real time data availability
PF	76	Telecommunications Strategic Programme	Telecommunications Strategic Programme ensuring that the voice communications infrastructure and services fully support and underpin the clinical, research and business objectives of the UHB	Sustainability, Security and Patient safety	Ongoing in line with keeping the lights on programme

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Digital WS	Local Ref	HB Deliverable	Action	Benefits	Status
PF	84	Complete and review IM&T information asset register	Compilation of information asset names, business activities supported, location, information class, information asset components, format and owner.	Key tool for understanding and assuring the arrangements and potential risks of non compliance with legislation such as the DPA.	Updating of information asset registers being promoted via attendance by IG dept staff at Clinical Board meetings. This work has been given greater impetus by confirmation of UHB "limited assurance" status for DPA compliance in ICO follow up audit.

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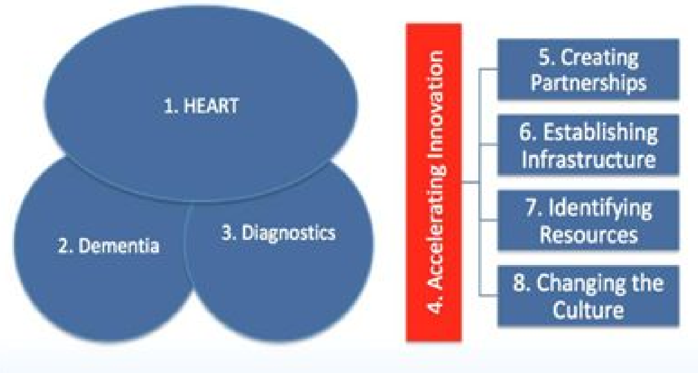
7.5 Innovation & Improvement

Accelerating Innovation

At BioWales, the Dean of Clinical Innovation, set the ambitious objective to '***create a step change in accelerating the translation of clinical innovation into improvements in health and clinical services'.*** Over the last year the University Health Board has made great progress in delivering this objective through the **Clinical Innovation Partnership**. A key part of this progress is clear **leadership** and accountability coming from Abigail Harris, Director of Planning (Executive Lead), Professor Jared Torkington, AMD Clinical Innovation and Robyn Davies, seconded from Cardiff University to provide operational support. This structure is mirrored in Cardiff University with leadership from Professor Harding, Professor Weeks and Barbara Coles.

Strategy

The Strategy underpinning the Partnership is consistent with the Welsh Government policy approach to innovation – '***a purposeful approach to finding and applying new and better ways of delivering health and care services'***; viewed through the Prudent Principle lens, supported by evidence and research. The strategy was described in detail in last year's IMTP and has not changed except for the addition of the 'Health Enterprise Alliance for Regional Transformation' (HEART):



1. HEART

HEART is a collaboration with the local Authorities and other partners with the aim of revolutionising the way the University Health Board delivers health and social care; where citizens are partners in the design and delivery of care, using all of the assets available and social capital in our local communities. This focuses on the largest scale, whole system, and disruptive innovation.

2. Dementia

This continues to be a key priority as set out in ***Shaping Our Future Wellbeing***. One good example in this theme has been the *dementia challenge,* which has been run over the last year, supported by a joint innovation fund. Projects were developed with an innovative approach - a local SME management consultancy worked with groups that included staff, carers, and patient representatives to develop and pitch their ideas in the collision space of the Medicentre. The outcome of one of the projects was so positive it was covered in the UK Press. Planning for the coming year is also under way for the first dementia whole system workshop, to be delivered in Primary Care.

3. **Diagnostics** – good progress has been made developing Cardiff as a centre of excellence for clinical diagnostic innovation. There was some disappointment that despite the resources and energy given to building a close relationship with the Precision Medicine Catapult (PMC) over the last year, Innovate UK took the view to close this catapult. The learning was not lost however, and the Innovation Partnership ensured that there was a joined up approach with the Medicentre reacting well to the changes in the Catapult's requirements. As a positive example, this year has seen the first diagnostic software product to be wholly developed by the UHB. Commercialisation is planned for 2018. Also planned for 2018 will be a showcase event in Renishaw's Innovation Centre.

4. **Delivery & Accelerating Innovation** – Professor Jared Torkington, Assistant Medical Director for Innovation, re-designed the traditional clinical multidisciplinary team (MDT) concept to help accelerate innovation into the UHB and beyond. This has proved so successful that the Mayo Clinic has adopted it. The innovation MDT has establishing new processes and systems to support the identification, protection, development, evaluation and delivery of innovations through the journey from ideation to commercialisation. The MDT is managed by Barbara Coles from Cardiff University, School of Medicine and includes a group of experienced experts traversing all aspects of the innovation journey in addition to subject experts, for example an IP attorney, Medical Device CE Marking/Registration expert (giving their time pro-bono and under confidentiality agreements). The MDT meets at the Medicentre each month to support anyone (public, academic, NHS, industry) who has a clinical or health care idea, product, project or service that may benefit the health and wellbeing of the UHB population and beyond. The innovation MDT also regularly invites Government, other NHS and industry partners to attend in order to promote the **sharing** of the best ideas. Over the last year the MDT has now supported over 40 projects. In addition, 7 Bevan Exemplar projects were supported, 5 of which were successful.

5. **Partnerships** – The progress made by the UHB could not have been achieved without Cardiff University and particularly the College of Biomedical and Life Sciences. There continues to be a regular EMT where senior members of both the UHB and Cardiff University provide governance and direction into the Clinical Innovation Partnership Strategy. The UHB has also developed a good partnership with Cardiff Met University, through the development of the Wales Stroke Hub, launched in November. This senior structure has enabled the plan for 2018 to sign-off on industrial partnership agreements for projects with three global Fortune 500 healthcare organisations (subject to appropriate diligence).

6. **Infrastructure** – Last year, Dr Andrew Goodall, Director General and Chief Executive of NHS Wales, helped to launch the Cardiff Medicentre as the new front door for clinical innovation for both organisations. Since then occupancy, by appropriate healthcare SME's, has grown to almost 100%. Full occupancy not only provides a dynamic environment to develop ideas, but it also brings potential of revenue to the UHB. The Medicentre is no longer a well-kept secret and last month it celebrated its 25th anniversary with considerable publicity. It is also now used almost daily to meet and support people with ideas in an appropriate entrepreneurial environment.

Future Challenges

Good progress is being made in the last two areas, however they are also the biggest future challenges.

7. Resources – The direct investment by the UHB in innovation has increased by c200% year on year. Through partnering this investment is more than doubled. There is now a clear organisational structure with executive and clinical leadership, along with some operational support and a small but reasonable innovation fund. There has also been an increase in income and the potential of future income through two revenue sharing agreements made this year with new partners. The team has also supported a number of grant/bid proposals e.g. Innovate UK SBRI (£126k – unsuccessful), Nesta, KESS, ETTF (£3.7m). The most significant proposal and an exemplar for partnership working is the £multi-million European (WEFO) **Accelerate Programme** proposal. This is led for Cardiff by Professor Week, without this critical resource delivering innovation at pace with sustainable growth will be a challenge; the team is still very small, part-time and relies heavily on the good will of partners.

8. Culture – This is the biggest challenge – sustainably embedding innovation into the organisation's culture. Robyn Davies is leading in this area and good progress is being made given the resources available at this stage. All the clinical boards and professional service groups are now aware of the new innovation infrastructure and support. Presentations and workshops have been delivered across the organisation, from the clinical senate to the primary care clusters. Moreover, tangible projects delivering recognition, motivating individuals and benefiting patients along with the potential income from IP and commercialisation, are raising the profile of innovation, especially when they are promoted through the communications team. A good recent example that came through the MDT is the UHB's first Clinical Innovation Fellow. This is entirely supported and will be develop in house. This moves the UHB away from the trend of losing its best IP due to the reliance on external funding. This project meets the perfect innovation criteria, a much-needed clinical product that should save money, improve efficiency, and generate income but most importantly benefit sick children: http://www.cardiffandvaleuhb.wales.nhs.uk/news/46975

Key programmes and actions to support delivery **Clinical Innovation** include		
ACTION	OUTCOME	MEASURE/TIMESCALE
FOCUS		
Dementia Challenge	2017 - 3 co-produced projects associated with clinical/health and/or wellbeing needs.	- 3 projects developed, awarded, delivered/ closed– **completed** - 1 workshop - population based whole system (Q1 FY18)
Clinical Diagnostics	2017 - Precision Medicine Catapult (PMC) Welsh Node	- PMC node establishes a base on the UHW campus (Q1 FY 2017) – completed/closed

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Key programmes and actions to support delivery **Clinical Innovation** include		
ACTION	OUTCOME	MEASURE/TIMESCALE
		- Showcase Event – (Q2 FY18)
PARTNERSHIP		
Partner Programme – on-going	Identify targeted partners to develop and improve outcomes for health priorities	- No. targeted Partners = 3 Tier 1 Industry Partners developed - Framework for commercial partnering developed with WG – not complete - Accelerate Programme delivery
ACCELERATE		
Process and MDT	Sustainable, Efficient, Effective yet flexible Process Developed	- No. Projects = 40+ - Project Values = c£4m currently - IP – Patents/Licences/Revenue agreements = 4
Infrastructure	Develop new joint business plan	Business plan/JV – complete – occupancy near 100%
Resources	Dedicated team and seed fund created	UHB Staff (FTE) = 0.6, Fund (£) Innovation fund =£45k (inc. 2017 Bevan award) Sabbaticals/Fellows/Interns (No.) = 2
CULTURE		
Internal - Engagement Workshops	With partners, increase awareness, capability & capacity. Include new commercial and IP policy	Workshops = 4
External - Engagement	Increase access and reputation with external partners	Awards/External = 5 External = e.g. UK Innovation Expo

7.6 Research & Development

Clinical research is not easy and requires a combination of the right qualified/skilled staff with protected time and a supporting network to enable successful completion of research projects. As outlined above the pressures on staff with increasing service commitments is ongoing

and protecting time to enable research activities can be difficult. Despite this the recruitment to non-commercial studies in 2016-17 increased by 13% over the previous year although the number of studies decreased by 3%.

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. However despite these difficulties the UHB continued to grow its commercial contracts and income over the last year and improve its set up metrics albeit there is more work to do.

There are still ongoing issues at the Clinical Board/Directorate levels with identifying and ring fencing R&D monies for solely R&D purposes although the recent Spending Plan work has led to a much greater understanding of what is expected.

CVUHB has 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 and CVUHB, influx of commercial monies and new therapeutic options for patients.

Key programmes and actions to support delivery **Research and Development** include		
ACTION	OUTCOME	MEASURE
EFFICIENT R&D OFFICE		
Comply with new UK wide R&D Capacity and Capability process	Reconfigure R and D Office in order to implement new processes	Compliance with new WG targets on study set up times (to be announced)
Scoping the development of a joint R&D service for Cardiff University and the UHB	Enhance the researcher experience, resolving any current and future process difficulties	Meet WG metric on study set up times and increase research activity across CVUHB and CU (both numbers of studies and recruitment to them)
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	Appoint R and D Finance person
Adopt the WG Finance Policy for R and D	Compliance with WG R&D Financial Policy	Documented up-to-date R&D finance procedure or policy for the NHS organisation
Identify ABF and commercial funding at directorate level on monthly directorate finance reports and have 6 monthly performance meetings with Clinical Boards/Directorates	Greater ability to manage income and expenditure, leading to improved directorate level management of research funding,	No. of Directorate level finance reports with ABF and commercial information available from 0% to 100%

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Key programmes and actions to support delivery **Research and Development** include		
ACTION	OUTCOME	MEASURE
Review amendment approval system	Work with HCRW in centralising amendment approval process and streamline activities and improved efficiencies	Reduction in administrative support required to service the study amendment process.
Review nursing and non nursing research job descriptions to provide band 5-7 posts	Through clear career progression attract and retain more research orientated staff	Undertake project to review skill mix in research delivery to maximise ability to support studies most cost effectively whilst ensuring patient safety
Encourage/support non – medical PI's	Identify funding/support structures to assist AHP's in being PI's. Appoint a professional development lead within R and D for the UHB.	Increased number of studies with non-medical PIs.
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.	Increased number of research delivery staff in CRF and central delivery workforce funded through ABF and commercial income To be able to provide research delivery support to appropriate portfolio adopted studies
Identify funding for bank nurses to undertake research activities	Professional development lead to train bank nurses to undertake research activities	Increase delivery of studies by using nursing bank (numbers and recruitment)
Establish a Performance Management Team to work with Clinical Boards.	Further engagement between R&D Office and Clinical Boards to regularly explore R&D performance in terms of study delivery	Improved performance management of studies at Clinical Board level with improvement in study recruitment to time and target, and a reduction in non-recruiting studies.
CLINICAL TRIALS / STUDIES		
Continue to develop a closer working relationship with the R&D functions of the UHB's main academic partner, Cardiff University	Improved service to the research community including investigators, grant funding bodies and industry	Acting on decisions taken as a result of the options report on joint R&D working from the Project Manager
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. This is dependent on the number offered by external study sponsors and availability of Principal Investigators

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Key programmes and actions to support delivery **Research and Development** include		
ACTION	OUTCOME	MEASURE
Continue to streamline processes for setting up and delivering recruitment to commercial studies	Gain a reputation, UK and worldwide, as a centre of excellence for the placement of commercial studies, enhancing the opportunities for Clinical Boards to maximise opportunities for patients to participate in high quality studies as well as generating UK wide R&D Capacity and Capability process	Meeting WG performance target on set up time for commercial studies, as well as recruitment to time and target
Continue to expand our commercial activities via direct meeting with global pharmaceutical companies	Gain a reputation, UK and worldwide, as a centre of excellence for the placement of commercial studies, enhancing the opportunities for Clinical Boards to maximise opportunities for patients to participate in high quality studies as well as generating additional revenue	Meeting WG performance target of increasing number of and recruitment to commercial studies by 5% per annum
Focus support across research groups which are growth areas; respiratory medicine/cystic fibrosis, breast cancer, surgery and radiology	Capacity and Capability building to strengthen research teams for the future.	Increase in number of studies/quality of studies being undertaken in these growth areas
Clinically lead the new Innovate UK Advanced Therapy Treatment Centre in Wales	Increased collaboration between PI's at CVUHB 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		
Further develop the physical build capacity of the CRF	Safe and appropriate environment for a larger number of studies to take place in the CRF .	Clinical Research Facility is normal volunteer, cancer and non-cancer patient appropriate
Internationally recognised wound healing team to move to the CRF from its current research space at CU	Utilisation of CRF space to full potential	Increase in number of wound healing studies taking place in the CRF

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Key programmes and actions to support delivery **Research and Development** include		
ACTION	OUTCOME	MEASURE
Continue to support the development of a Paediatric CRF with expertise and 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,

7.7 Governance

7.7.1 Developing the Plan

The process for developing this IMTP is a continuous cycle which supports continuous refresh of our corporate and operational plans in the context of delivering our strategy but shaped by new policy and statutory requirements. Each year, during the summer the UHB's Commissioning Intentions are refreshed and endorsed by the Board in September. In response to these, the board considers and confirms the key priorities and supporting performance deliverables that clinical and service boards apply in developing their individual and cross-cutting 3 year delivery plans which inform the UHB's IMTP.

The deliverability of Clinical and Service Board Plans is tested through iterative Executive led review; refining priorities, reviewing risk and establishing an approval position. All critical service changes are reviewed and tested for fit through a rigorous executive review process and all revenue and capital investment or re-investment proposals are subject to business cases that are scrutinised through the Business Case Advisory Group and/or Capital Management Group. These are signed off by UHBBoard where required.

7.7.2 Operational Delivery

The UHB's Performance Management Framework oversees the arrangements that the UHB has put in place to monitor the delivery of the three year Integrated Medium Term Plan (IMTP), annual operating and financial plans.

The Executive Team meets with the Clinical Boards to review progress with the performance trajectories and IMTP delivery. The reviews cover three key standing agenda items: Performance review against delivery of Welsh Government NHS delivery measures (Tier 1 targets);

key issues and risks; and Clinical Board developments. Performance dashboards have been developed for each Clinical Board and are to understand where progress is on course, and where recovery action is needed.

In addition to this there are quarterly strategic reviews focussing on the delivery of the IMTP, cross cutting themes and progress with embedding the UHB strategy. These are structured in a way that enables meaningful assessment and accountability on strategic delivery and outcome delivery with a further more open discussion on clinical service change, improvement and leadership.

7.7.3 Transformation Programme

The UHB has reviewed and refreshed the governance arrangements in place to deliver transformational change in line with good practice. An overarching Transformation Board oversees the work and provides assurance to the UHB Board that the programmes are on track to deliver the objectives within the committed timescales.

As outlined earlier in the Plan, the transformation programme has three strands aligned to unplanned care, locality and planned care. An Executive Sponsor acts as the Senior Responsible Officer for these programmes. The Transformation Board is underpinned by three boards that will oversee delivery and progress.

7.7.4 Corporate Governance

Our governance and assurance arrangements are reviewed annually as part of the Wales Audit Offices Annual Structured Assessment. Last year’s assessment confirmed that there were sound governance arrangements in place overall and also highlighted where further improvements could be made – which have been reflected in strengthened programme and performance management arrangements, and the working arrangements of the Committees.

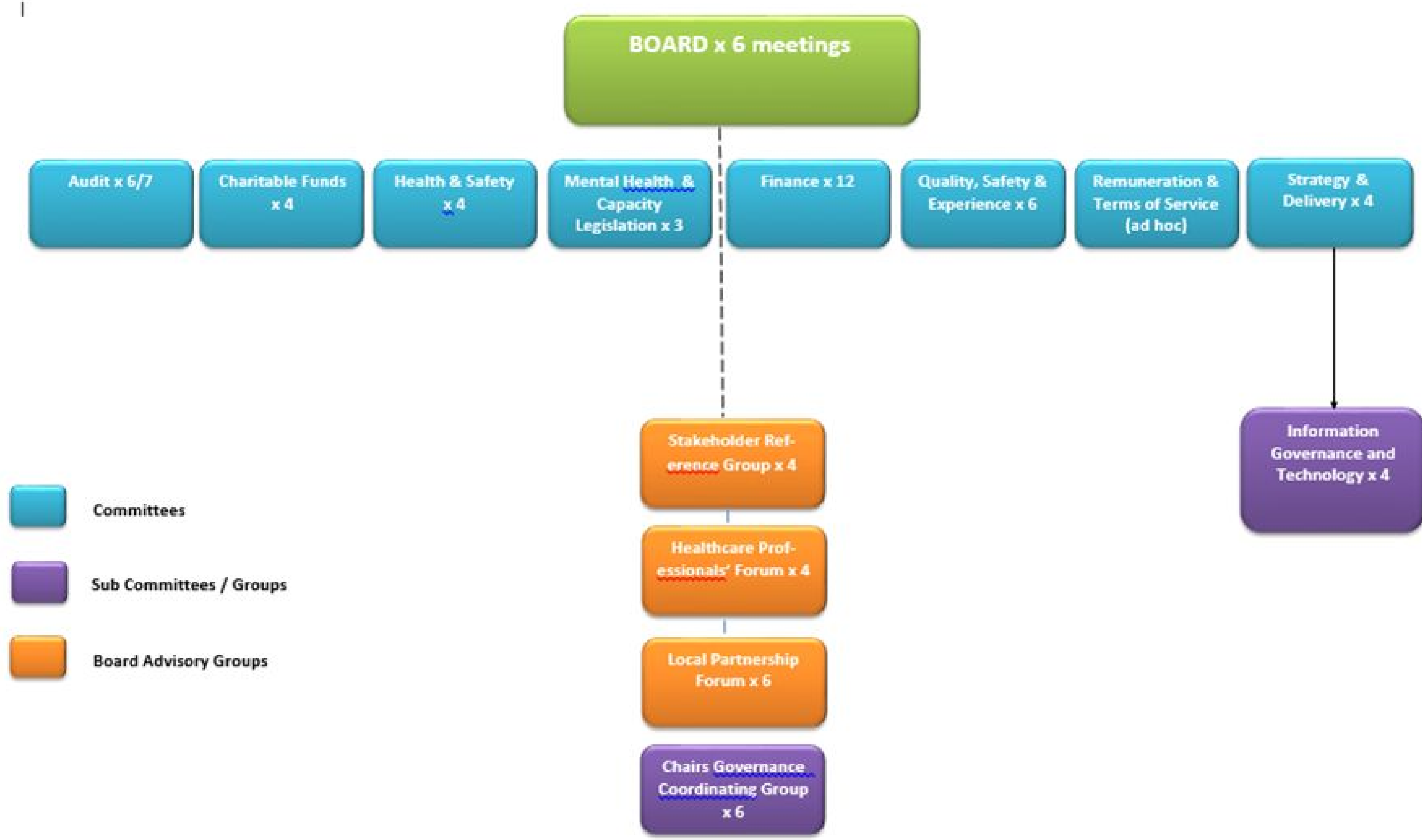
Each Committee is chaired by an Independent Member of the Board and has an annual work plan agreed by the Board. At each meeting the Committee will, if required, consider matters for more detailed scrutiny referred from the Board. They will also flag up issues to be referred to the Board for consideration or action. Independent Members form the membership of the Committees (with the exception of the Charitable Funds Committee), with lead Executive Directors in attendance.

There are a number of Sub Committees operating below the Board Committees which report into the Committees on a regular basis, but which may also report into the Management Executive.

Clinical Boards are asked to present regularly to Board Committees either on a particular topic of interest, or through the Chief Operating Officer's account for an area of performance under scrutiny.

The system of internal control is supported by an annual internal audit programme agreed with our Internal Auditors, and which reflects the risks identified in the Corporate Risk and Assurance Framework. The Board and Committee work plans reflect the risks identified through the development of the IMTP and the on -going risk assessment processes.

The annual clinical audit programme also supports our system of internal control, and is agreed annually by the Quality, Safety and Experience Committee, with key audit outcomes being reported to the Committee. In addition to our own internal clinical audit programme, we participate in a number of national peer audits, the outcome of which is used to inform where we need to make improvements



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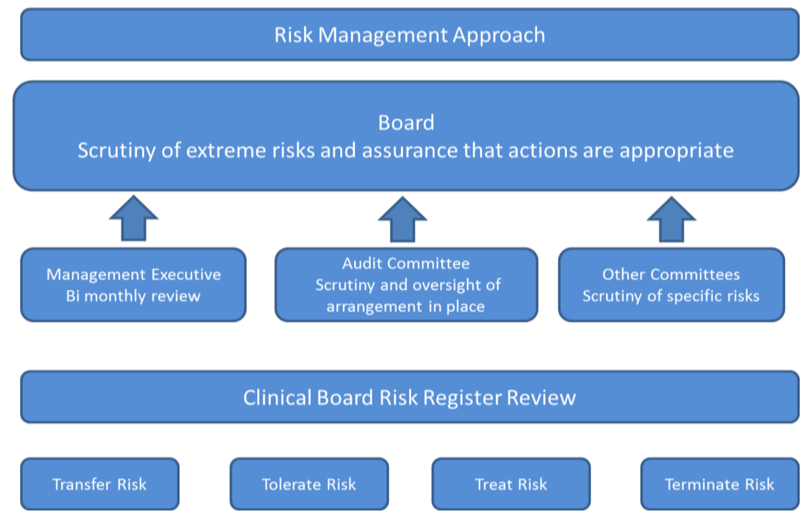
7.7.5 Managing Risk

We have a well established Corporate Risk and Assurance Framework (CRAF) to enable us to understand the key risks facing the organisation and ensure that appropriate action is being taken to manage the risks identified. Our approach to risk management is detailed in our Risk Management Policy and our Risk Assessment and Risk Register Procedure, the objectives of which are to:

- Define what we mean by a risk assessment, risk register and other associated terms commonly used;
- Clarify who is responsible throughout the process from identification to resolution;
- Specify how risks will be considered, prioritised and managed within the UHB;
- Provide a mechanism to identify if a risk is tolerable taking into account the risk rating and the actions being taken to deal with the risk;
- Provide guidance to ensure consistent scoring when used by staff from a variety of roles and professions; and
- Ensure capability for assessing a wide range of risks including clinical, health and safety, financial and reputational.



A risk management workshop was held in April 2017 and improvement actions are progressing, recognising that we can improve how our risks are defined and provide better assurance around our response to our risks. A new version of the CRAF will be launched in 2018, alongside an updated Policy and Procedure, and our risks will be aligned to our strategic objectives.

The below Heat Map provides the profile of all risks currently contained within the CRAF.

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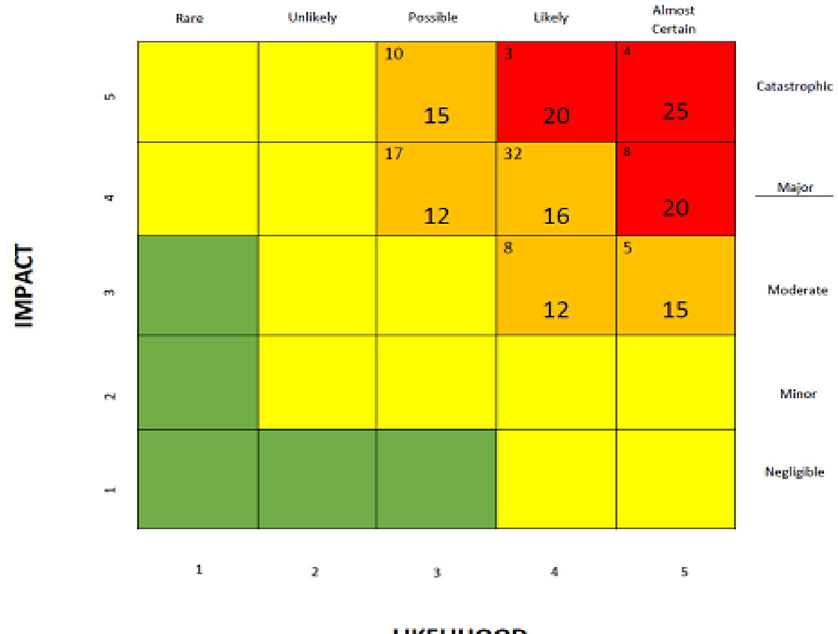

The following have been identified as extreme risks (those scoring 20 and 25).

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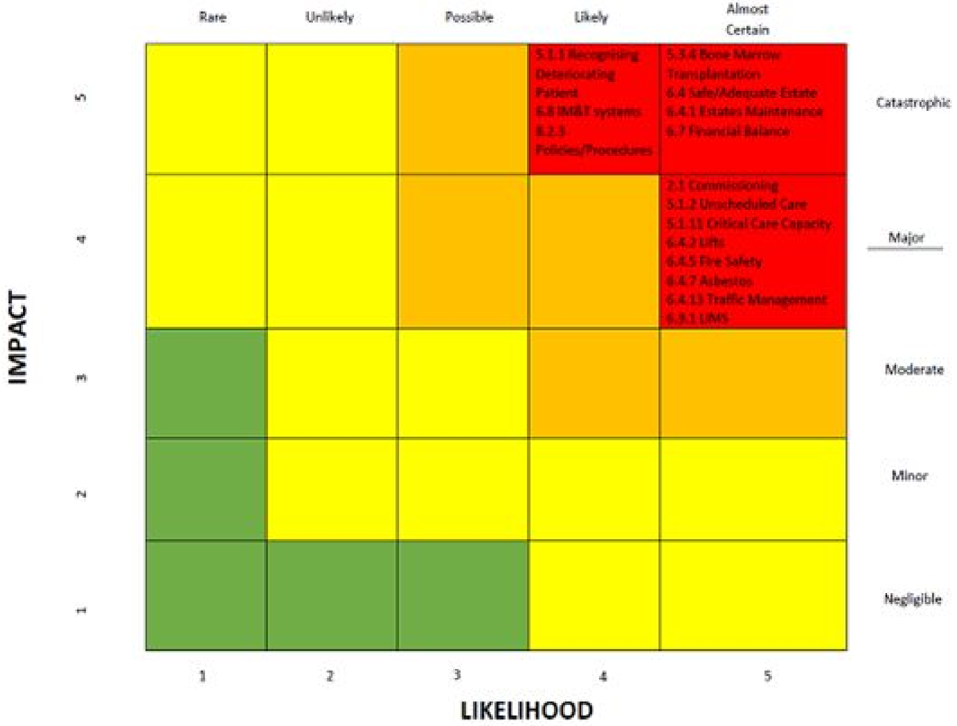

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7.7.6 Financial Governance - Controls to Support Delivery of the Financial Plan

Detailed financial performance against the plan is managed via monthly Executive Director led performance reviews with Clinical Board teams. These reviews consider year to date and forecast financial performance, key financial performance indicators and actions to mitigate against risks. Performance against the key savings plan themes are managed via the 'Cross Cutting Themes project structure where programme management arrangements and dedicated support are provided to the key savings opportunities.

Each project continues to have an Executive Lead, project support and a finance lead. Progress is monitored through regular Cost Reduction Board meetings and matters requiring escalation will be raised by the Director of Finance at Management Executive meetings. A report is produced for the Finance Committee on a bi-monthly basis and to the Board through the same finance update report.

Financial controls to support the delivery of the plan include the following:

- Dedicated Clinical Board finance teams to provide financial advice, reporting, analysis and support to assist financial delivery;
- A detailed CIP tracker that is updated on a weekly basis;
- All vacancy replacements to be authorised as affordable and within budgeted establishment;
- Enhanced non pay controls over committing expenditure with a tight scheme of delegation ;
- Contracts framework with identified Clinical Board leads;;
- Further developing the internal framework to manage demand in diagnostic services;
- All investments to be subject to scrutiny and only progressed if they are self-funding or deemed unavoidable, also with clearly set out benefits that will be monitored to ensure best value is delivered;
- Weekly meetings between the Director of finance, the Clinical Board Heads of Finance and the other members of the senior finance team.

Whilst financial performance is core Health Board business and is reported and considered at all Health Board meetings, the UHB has a Finance Sub Committee to support the Board in monitoring and seeking assurances around the management of financial performance. This enables the Board to have early notice of any financial risks and the mitigating actions being taken.

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Appendices