Special Board Meeting

Thu 24 June 2021, 09:30 - 11:00

MS Teams

Agenda

1. Welcome & Introductions

Charles Janczewski

2. Apologies for Absence

Charles Janczewski

3. Declarations of Interest

Charles Janczewski

4. Items for Approval / Ratification

4.1. Annual Plan 2021 / 2022

Abigail Harris

- 4.1 - Board 21-22 plan refresh - cover paper.pdf (4 pages)
- 4.1 - June refresh 2021 - 2022 plan.pdf (50 pages)
- 4.1 - Recovery and Redesign Annual Plan Addendum.pdf (36 pages)

4.1.1. Annual Plan 2022 / 2023 Timetable

Abigail Harris

- 4.1.1 - 2022-23 corporate planning approach.pdf (5 pages)

5. Date and time of next Meeting

Thursday, 29th July 2021 - 13:00 - 17:00 Via MS TEAMS

Report Title:	**Cardiff and Vale UHB 21-22 annual plan**						
Meeting:	UHB Board				**Meeting Date:**	24.06.21	
Status:	For Discussion		For Assurance		**For Approval**	**x**	For Information
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Jonathan Watts, Head of Stratgeic Planning						

Background and current situation:

In response to the Covid-19 pandemic the traditional planning rhythm for NHS Wales was paused. Through 20-21 organisations were asked to develop quarterly plans. For 2021-22 the direction given from Welsh Government (WG) was that NHS Wales should develop annual plans.

WG required the UHB to submit a Board approved 'draft' plan in March with the expectation that a final plan was resubmitted by the 30 June 2021. Guidance received from WG in late May requested that a draft of the updated plan was submitted by the 11 June. This took place and the Chair was provided with a copy of the UHBs submission. The final plan has also been shared with South Glamorgan Community Council and the approach to recovery was presented by the Operations Team to the last Service Planning Committee.

The UHB received positive feedback from WG on its March submission and is summarised below.

Where the plan was strong

- Clear and confident plan which aligned with strategic priorities and the Planning Framework.
- Ambitious and confident on the Covid-19 assumptions.
- Confident workforce plan and a focus on key recovery areas, which included specific details as opposed to general narrative

Where the plan could be further strengthened

- Provide assurance on alignment with national priorities / programmes would be helpful.
- Further assurance on deliverables required, particularly essential services.
- The plan did not address learning disabilities, decarbonisation or any new regional planning initiatives Further details on risks
- Equity of services - need consideration of how services that effect wider south east population and tertiary services will be delivered

There is also a requirement to submit a refreshed minimum data set (MDS) to support the narrative of the plan. This does not require Board approval and is not shared within the papers but available for members to consider if desired.

It has been indicated that whilst there will not a requirement to formally re-fresh the plan any further in 21-22 there will be the requirement to resubmit further iterations of the MDS at quarters 3 and 4. It is also anticipated that there will be a requirement for a separate partnership Winter Plan, as has been required in previous years.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

It is important, as a public document, that this plan is accessible and easy to read. The UHB is also committed to being transparent and clear in what it says it is going to do.

To ensure both these points were delivered two documents have been updated – an overarching Annual Plan and a Recovery and Redesign addendum. This main plan takes a strategic holistic overview of the whole UHB and its strategic ambitions and direction of travel whilst the addendum starts to provide a granularity of detail as to how our whole spectrum of services will recover and redesign as we move into the next phase of the pandemic.

It is important to recognise that these are not 'separate' or 'competing' plans- they are entirely complimentary. The UHB has merely taken the decision to separate the information to make it easier for the reader to locate the level of information and assurance they require.

We have also committed to develop a *plan on a page* summary visual within the annual plan that provides an overview, across both documents of the key milestones associated with this plans delivery. This is still be being finalised but will be completed prior to submission by the 30 June, and we will share this with Board Members.

In order to the address the feedback provided by WG (above) the following action has been taken.

The plan did not address learning disabilities, decarbonisation or any new regional planning initiatives, further details on risks

Decarbonisation - The UHB has always had a decarbonisation action plan with clear milestones and ambitions - this has been brought into the document more explicitly.

Learning disabilities - The plan now has a specific learning disability section with supporting actions described.

New regional planning initiatives - The plan continues to describe how the UHB works closely with partner Health Boards and offers assurance as to how the UHB is collaborating on the most clinically appropriate areas. The plan now also provides further detail on approach and milestones across these areas of collaboration.

Feedback on equity of services has also been further strengthened in this area.

Further details on risks - The UHBs plan always aligned to our key organisational risks - this has now been made more explicit.

Provide assurance on alignment with national priorities / programmes would be helpful.

Our draft plan already very clearly aligned to existing national priorities and the 'how to read our plan' section of the document directs the reader on how to identify alignment to national priorities.

There exists a myriad of national programme / project and workstreams. It would be neither desirable nor practical to draw a direct line between all the work which the UHB is progressing and how it aligns to each and every workstream of the various national programmes. The UHB final plan though does now reference the various national programmes of key importance to the UHB and offer assurance that our planning was undertaken in the context of these.

Further assurance on deliverables required, particularly essential services.

In March, UHB submitted a draft annual plan to WG, with an addendum that focused specifically on Planned Care recovery and redesign. An updated addendum has now been developed to broaden and cover the whole system operational recovery and redesign portfolio – for primary and community care, mental health, secondary care and tertiary services.

Engagement with the CHC on the refresh of the plan has continued to take place with a presentation being given to them at their recent strategy and planning community.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The UHB faces a challenging operational position, a position which cannot be managed exclusively within existing resource envelopes.

The recovery and redesign addendum in particular is intended to provide detailed assurance as to how the UHB can begin to mitigate this challenge and risk.

The principle risk associated with these plans however is that that the approach described is not supported and/or central covid-19 recovery monies are not released in a timely manner. Either will have a material impact on the UHBs duty to its local population.

Recommendation:

Board are asked to approve the final annual plan.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	**x**	6.	Have a planned care system where demand and capacity are in balance	**x**
2.	Deliver outcomes that matter to people	**x**	7.	Be a great place to work and learn	
3.	All take responsibility for improving our health and wellbeing		8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	**x**
4.	Offer services that deliver the population health our citizens are entitled to expect	**x**	9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	**x**

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	**x**	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click for more information*									
Prevention	**x**	Long term	**x**	Integration	x	Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Cardiff and Vale UHB 2021 – 22 Annual Plan

CARING FOR PEOPLE, KEEPING PEOPLE WELL

Quarter two (June) 2021 Refresh

Version 10

Contents

FORWARD

'*Burning platforms*', '*on the cliff edge*' and '*at a crossroads*' are historically much used straplines to describe the imperative for change in healthcare systems.

However, now more than ever, it seems appropriate and justifiable to use another. As we witness the amazing acts of courage and heroism shown by our staff as they care for our population whilst at the same time having a bright light focus on both the challenges that we knew already existed in our system coupled with the additional challenges we now face as part of post pandemic recovery, it is clear there truly now exists a ***once in a generation*** opportunity, to redesign our health and social care system so that it is safe, of high quality and sustainable moving forward.

We must do this because we are clear that a full recovery from the pandemic will take multiple years and will require sustained and significant additional capacity. We must do this because we are clear from our own health intelligence that additional capacity alone will not be enough and so we must fundamentally review the services we provide and the way in which we provide them. Finally, we must do this because we are clear that even taken together, additional capacity and pathway redesign will take time and we must therefore support patients to manage their expectations and enhance the services which provide alternatives to treatment.

Fundamentally we are clear that recovery and redesign is about 'people'. Ensuring we organise our services around the needs of the people we serve in order to deliver the best possible clinical outcomes, the needs of our staff who do a brilliant job day-in-day out to provide the best services they can for our patients, but are often constrained and challenged by outdated and inadequate facilities, the needs of people we work with – our primary care partners, neighbouring health boards and NHS trusts, our University and local authority partners, and the needs of people who use our services who are very much equal partners in the delivery of their own health and wellbeing.

As such, our 21-22 annual plan and the *recovery and redesign addendum* looks at the coming year through three lenses- what our continued response to covid-19 looks like, what post pandemic recovery of the health and social care system looks like and finally what the beginning of the fundamental redesign of our system looks like. Whilst how we *respond, recover and re-design* are not sequential phases of work, designing our plan in this manner allows us to be clear and specific to both ourselves and our stakeholders on what is within our gift to deliver- and deliver we will. But also, where we will look to support from others, both our partner across health and the wider public sector but also government in achieving the ambitions and outcomes we articulate.

Charles Janczewski
Chair

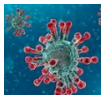
Len Richards
Chief Executive

HOW TO READ OUR PLAN

We want this plan to be accessible and easy to read for everyone. We also want to be transparent and clear in what we say we are going to do and by when we hope to do it. To ensure we achieve both these points we have created two documents – an overarching Annual Plan and a Recovery and Redesign addendum. This main plan takes a strategic holistic overview of the whole UHB and its strategic ambitions and direction of travel whilst the addendum starts to provide a granularity of detail as to how our whole spectrum of services will recover and redesign as we move into the next phase of the pandemic. It is important to recognise however that these are not 'separate' or 'competing' plans- they are entirely complimentary. We have merely taken the decision to separate the information to make it easier for the reader to locate the level of information and assurance they require.

We have also created a *plan on a page (below)* which provides an overview, across both documents of the key milestones associated with this plans delivery.

To support the reader in navigating this document we have created a set of signposts to either follow or look up if specific information is sought on a particular theme.

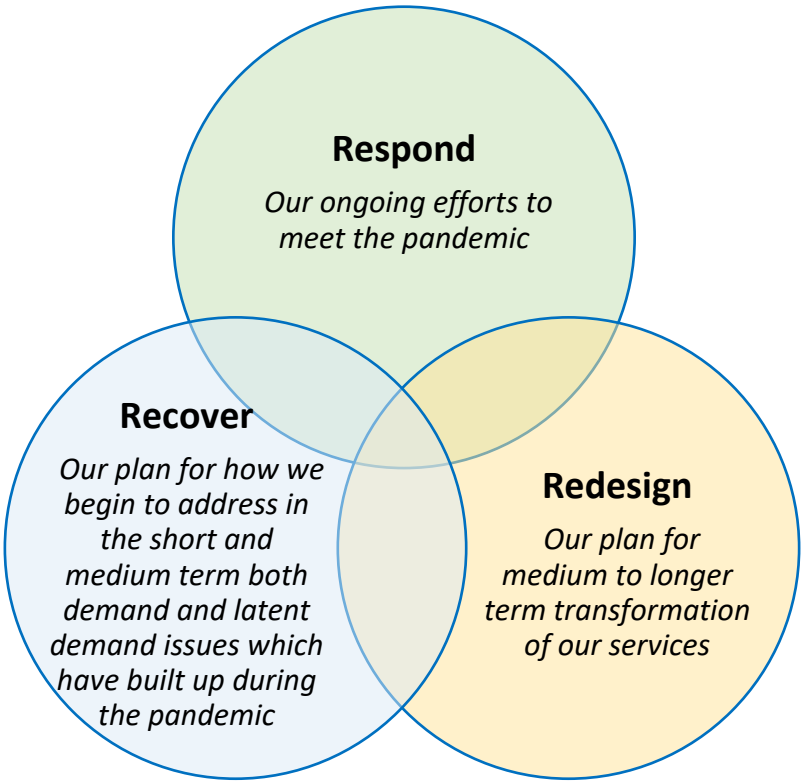
<table>
<tr><th>Signpost</th><th>Describes a link to….</th><th>Signpost</th><th>Describes a link to….</th></tr>
<tr><td colspan="4">UHB Priority</td></tr>
<tr><td>  </td><td>Taking great care of our staff</td><td>  </td><td>The ongoing Covid response</td></tr>
<tr><td rowspan="2">  </td><td rowspan="2">Accelerating the implementation of our digital strategy</td><td>  </td><td>The recovery of our services</td></tr>
<tr><td>  </td><td>Covid recovery amongst our population</td></tr>
<tr><td colspan="2">External Priorities</td><td rowspan="6"></td><td rowspan="6"></td></tr>
<tr><td colspan="2" rowspan="5">A Ministerial Priority
○ Prevention
○ Addressing health inequality
○ Timely access to care
○ Mental Health
○ Primary Care
○ Decarbonisation</td></tr>
<tr><td>  </td><td>Service Modernisation</td></tr>
<tr><td>  </td><td>Finalising our Clinical Strategy</td></tr>
<tr><td>  </td><td>Our Rehabilitation Pathway</td></tr>
<tr><td>  </td><td>Progressing the ambition for a UHW2</td></tr>
<tr><td>  </td><td>Ensuring financial balance</td></tr>
</table>

Plan on a page

The internal context of our planning

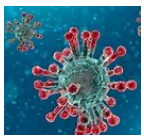
2020/21 was a year like no other as we all tackled the unprecedented global challenge of Covid-19. Like others the pandemic tested our organisation and all our staff in many ways. Whilst the pandemic and the challenges it presented are not behind us, we can now see the light at the end of the tunnel with the current rollout of three covid-19 vaccines. This has enabled us to develop a plan set against a journey of – *respond, recovery and re-design*.

Clearly how we *respond, recover and re-design* are not sequential phases of work. Rather they are better thought of as a 'Venn diagram' where close associations and dependencies between the various elements exist.



Our *respond, recover and re-design* approach however must not be mistaken for a "new" plan. Our long term strategy Shaping Our Future Wellbeing remains extant and we are resolute to its delivery. The design principles of the strategy continue to provide us with the framework which informs all of our planning. 21-22 represents evolution not revolution as we merely consider the most appropriate approach to delivering our strategy in the current environment.

As such we have identified ten priorities which we need to be ensuring a particular focus on over the coming twelve months if we are to move our *respond, recover and redesign* agendas forward in a coherent, organised and swift manner. They are shown below;



✓ **Our ongoing response to the pandemic**

✓ **Manage our planed care position- *The recovery of our services***

✓ **Managing our populations recovery from long covid**

✓ **Accelerate service modernisation- *Outpatients and primary care***

✓ **Taking great care of our staff**

✓ **Finalising our clinical services strategy**

✓ **Pathways**

✓ **Ensuring financial balance**

✓ **Accelerating the implementation of our digital strategy**

✓ **Our ambition for a UHW2**

In order to robustly respond to these priorities in the context of respond, recovery and redesign we have developed eleven strategic programmes which form the UHBs portfolio of change (see below).

Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Abi Harris	Abi Harris	Stuart Walker	Fiona Kinghorn	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Rachel Gidman	David Thomas

Strategic programmes
Operational programmes
Enabling programmes

This portfolio of eleven programmes is divided into four strategic programmes, five operational programmes and two enabling programmes. Latter sections of this plan articulates the scope of many of these.

Our Board Assurance Framework (BAF) lists the following risk: workforce; financial sustainability; sustainable Primary and Community Care; Patient Safety; sustainable culture; capital assets; Test, Trace and Protect; the risk of inadequate planned care capacity; and risk of delivery of the IMTP. A full copy of our BAF can be viewed here.

Understanding these key organisational issues has been central to how we shaped our approach to developing this document and the programmes shown above. Ensuring strong alignment between the nine key risks that the BAF describes and the priorities we articulate in this plan. We again considered these issues as part of the plan refresh in June 2021.

It would be neither practical nor desirable to list our response(s) to each of these areas in a discrete section of the plan. Our response(s) are woven through the entire plan and the programmes shown above.

Where we are aware specific pieces of work which we are progressing carry a specific risk(s) of note we also look to draw them out and address the mitigating action that we are taking. An example of this can be seen in our mass vaccination section of this plan.

We have produced a separate addendum, 'Planning for Recovery and Redesign' which sets out in more detail the specific programmes of work we will be delivering this year. The document has been developed in a way that it can be read as a separate stand-alone document, which is summarised in

this overarching annual plan. The addendum is attached at the end of this document, and is hyperlinked here.

The External context of our planning

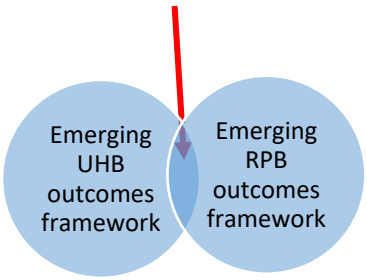
In setting the national context A Healthier Wales and the Quadruple Aim and Ten Design Principles within it have always correlated with *Shaping Our Future Wellbeing.* This plan continues to reflect that correlation.

There equally exist a range of other policy drivers and tools which we will continue to utilise to support how we plan. These include a range of national programmes including, but not limited to;

- National planned care programme
- National unscheduled care programme
- National primary care board
- National endoscopy programme
- National imaging / pathology programmes

Shortly before this plan was finalised Welsh Government published the Health and Social Care in Wales- Covid-19: *Looking Forward* document. There is a good alignment between the priorities articulated in this document and the priorities of this plan.

We are acutely aware that Cardiff and Vale UHB is not an island. Delivering our own performance improvement and much more importantly meeting the needs of our population cannot be achieved without partnership. We have listened to the feedback on our previous plans and noted that there have been occasions that there has been too greater a focus on 'the hospital'.



Consequently, we are clear that we must fully embed and align the outcome frameworks of both the UHB and the RPB so that we are focusing on the actions and activities that have the biggest material impact on the outcomes which sit across our entire system not just that of our own organisation. **We will look to do this over the coming twelve months**.

The "golden threads" of this plan

You will not find within this plan a separate section listing projects we are delivering to support, for example, the Wellbeing of Future Generations Act. The Act continually challenges us to fully embed the five ways of working within our work and the decisions we make.

Equally you will not find discrete sections covering reducing health inequalities, prevention or quality and patient safety. It is both impossible and undesirable to 'box' such issues. They are subjects woven into the fabric of our organisation - through our thinking and our decision making. Nevertheless in the brief sections which follow we look to re-confirm our corporate level commitments and milestones across some of these disciplines.

Quality, Safety and Patient Experience (QSE)

As an integrated healthcare organisation, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided as we look to be one of the safest organisations in the NHS. We will ensure there is no undue bias towards secondary care, but recognise 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.

As such we are proposing a focus on 8 key enablers in our revised QSE Framework for the next five years: These are:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

Annex one provides an overview of the key activities and milestones which our quality and patient safety team corporately are focusing on through 21-22 in order to make tangible progress against these six aims. This has been updated since the December submission of this plan.

Ministerial

Priority

Reducing Health Inequalities / Population Health / Prevention

Prevention is a key element of the Health Board's work, and must be seen as everyone's business.

The need for a preventative approach is clearer than ever in the context of the Covid-19 pandemic, both in the ongoing response but also in how we respond over the longer-term. The pandemic has exposed the deep-seated inequalities in health we continue to see locally, with impacts seen more heavily in our more deprived areas, and amongst Black, Asian and minority ethnic (BAME) communities.

The many long-term legacies of the pandemic which will need to be addressed are likely to include structural changes in the economy (with increased unemployment and its consequences), long Covid, and mental wellbeing impacts across all sections of our communities, including isolation and bereavement, and post-traumatic stress in some frontline healthcare workers.

Despite the many negative legacies, the pandemic has also seen rapid developments which can be capitalised upon to the benefit of population health. For example, we may see more flexible working patterns for many people, leading to better air quality and increased physical activity and active travel, and accelerated partnership working across the public sector.

In order to respond to these challenges and opportunities it is vital that we continue to focus on the wider determinants of health, working with our partners, as well as individual behaviours and risk factors. Critical to this will be engaging with the further development of locality working to embed a preventative approach.

The Cardiff and Vale Local Public Health Plan sets out our full work programme and outcome measures. During 2020-21 most of the efforts of our local team were focused on supporting the Covid response, principally the Test, Trace and Protect and Mass Vaccination programmes, in conjunction with public sector partners locally and nationally. As a result of these operational pressures, progress against many of our pre-pandemic local public health priorities for 2020-21 was limited, and we have not yet undertaken our usual annual review and refresh of our work-plan for 2021-22.

We already know that much of our local specialist public health resource will continue to be required to support the Covid-19 response during 2021-22, initially at a similar level to 2020-21. It is too early to know whether with vaccination and other control measures we will be in a position to scale back some of our local input during the year.

We conducted a high-level prioritisation of our work during March 2021, to guide our programme in the first half of 2021-22, with a full review of our plan during summer (Q2) 2021, assuming the pandemic response allows for this. This will also tie into a wider review of what public health should look like in the aftermath of the pandemic, as part of the Annual Director of Public Health report.

We will be setting out our population health approach under a new Shaping Our Future Population Health change programme, which will describe and integrate the population health system in Cardiff and Vale across our partnerships and the life course. We will integrate prevention into our other change programmes, including Shaping our Future Clinical Services, Shaping our Future Communities, and Shaping our Future Hospitals.

In addition to the issues generated, and further exposed, by the pandemic, our priorities will continue to respond to the pre-existing health needs of our local population - notably a growing and ageing population, stark health inequalities, changing patterns of disease, widespread unhealthy behaviours, and social isolation and loneliness. Our work programmes will therefore include:

- tobacco (implementing the key components of the smoking cessation system framework)
- immunisation (including ongoing strategic input to the Mass Vaccination programme)
- healthy weight
- healthy eating and physical activity
- healthy environment including healthy travel and responding to the climate emergency
- cross-cutting action on reducing inequalities in health, including food poverty and highlight equity of access as a potential contributing factor; addressing the wider determinants of health; and engaging with BAME communities, with partner agencies and through the Public Service Boards in Cardiff and Vale

Research, Development and Clinical Innovation

As we approach the midway point of *Shaping our Future Wellbeing* strategy we are finalising Innovation 2025., a plan for investment in innovation as a central pillar for realising our vision as a University Health Board. Innovation 2025 will continue to align innovation to the biggest challenges and service priorities set out in the UHB's ten-year strategy.

The Innovation Multidisciplinary Team (IMDT) was conceived by our core innovation team and remains at the heart of our innovation process and its success has led to adoption in other Health

Boards and attracted attention from John Hopkins and the Mayo Clinic in the USA. The IMDT has an unprecedented level of expertise across the full innovation spectrum.

In addition, from the outset of the pandemic we have taken a leading role in the research and development needed to fight Covid-19 including the now internationally known 'recovery' study where the UHB had nearly 200 participants.

Improvement, spread and scale

From early 2019 we, Life Sciences Hub Wales (LSHW) and the Bevan Commission have been working together as the Spread & Scale Development Group to deliver a Spread & Scale Academy for Wales. This led to the delivery, by the Billions Institute, of the first Spread & Scale Academy in Wales in autumn 2019. Following this the Spread & Scale Development Group agreed a two year high-level plan for future spread and scale activities with the aim of increasing the rate of spread of innovation and improvement across Wales (fig 1). The plan was designed to develop the capacity and capability within Wales to deliver Academies independently at the end of the 2 years. However the emergence of Covid-19 and the resultant pandemic meant that the agreed two year plan was put on hold.

The Covid-19 pandemic has seen an acceleration of innovation and transformation that will benefit from rapid spread and scale across Wales. Therefore the Innovation & Improvement team has been confirming options for supporting Spread & Scale Academies virtually in a way that aligns as much a possible with two year plan agreed by the Spread & Scale Development Group prior to the Covid-19 pandemic. Following the successful award of the ILA for Innovation in Health & Social Care, funding is now in place to enable Spread & Scale Academies to proceed. It is proposed that two Academies will take place in 2021. The first took place from the 10th-12th March 2021 and the second in the autumn.

Over the next twelve months, as well as the delivery of further Spread & Scale Academies for Wales as part of the ILA, focus will move towards the development of a Spread & Scale fellowship in Wales. The fellowship will enable continued support of teams who are working to spread of their improvement/innovation, but also develop expertise and capacity within Wales to enable us to accelerate change and develop a reputation as leaders in this area.

Sustainability

Sustainability and sustainable development is most commonly described as 'development that meets the needs and aspirations of the present without compromising the ability of future generations to meet their own needs' (World Commission on Environment and Development 1987).

We appreciate that Climate Change is the single biggest issue facing humanity. With a warming earth, rising water levels and increased incidence of extreme weather events leading to flooding, Cardiff is predicted to be impacted heavily as we move towards the end of the century. As such developing

sustainable healthcare needs to be everyone's business- from the thinking and planning of our existing and future estate, how we want our people to work and support them to work in a sustainable manner through to the clinical practices that we choose to adopt. Sustainability will consequently be seen as an inherent feature across this plan.

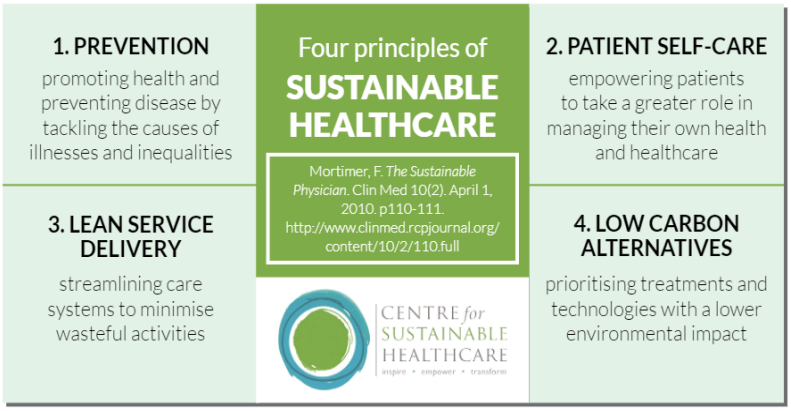
We are pleased to already have a strong track record of reducing our environmental footprint. Some of our key achievements and progress are listed below.

Our Re:Fit programme	The first phase of our Re:Fit programme alone included replacing over 7,000 lights across the Health Board with energy-saving LEDs, establishing five solar panel schemes across the estate, replacing over 100 ventilation motors with high efficiency units, and installing over 500m of pipework insulation. We have calculated that the work undertaken as part of this phase will reduce its carbon emissions by around 700 tonnes every year and produce annual savings of over £300,000.
ISO 14001	We have achieved continued ISO 14001 accreditation following an external audit by the British Standard Institute (BSI). This recognises the work it has done as part of its environmental management programme. ISO 14001 is an internationally recognised standard that helps organisations both minimise their negative impacts on the environment while improving their positive effects on it.
Changing clinical practices	desflurane, accounts for around 80% of CO2e emissions from the use of inhaled anaesthetics and has a climate change impact over 2,500 times worse than carbon dioxide itself. A team of anaesthetists in Cardiff and Vale UHB recognised this in September 2018 when they established Project Drawdown. The aim of this project was to educate healthcare staff about the impact on the climate of the anaesthetic gases they use in their daily practice and see if this alone induced a behaviour change. Within six months, they had reached their initial goal of reducing emissions by 50% from baseline. Working with the Accelerate programme, which is part of the Life Sciences Hub Wales, the team hosted a Sustainable Anaesthesia Innovation Conference in June 2019. Out of this conference, they formed the Welsh Environmental Anaesthetic Network (WEAN) with the goal of reducing the CO2e emissions of inhalational anaesthetics by 80% across Wales by 2021.
Biodiversity and Resilience	We have published on our website our biodiversity and resilience of ecosystems duty 2019 Report and Strategic Plan. This document can be found by clicking here
Digital	Investigating lower carbon IT solutions across our estate; using technology to support more flexible ways of working which reduce travel (site to site and commuting) as well as increasing our use of virtual consultations and shifting from paper to digital communications internally and externally

We know that we need to build on this and do more in recognition that it is estimated that 4% of all the UK's greenhouse gases are as a result of healthcare.

We have developed a sustainability action plan which can be found here in **annex 7**. This action plan adopts the four pillars advocated by the Centre for Sustainable Development. Linking to these pillars

we have aligned our strategic objectives (or wellbeing objectives) and have developed a proposed set of actions against eight themes using some of the learning from Newcastle's SHINE Programme.

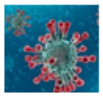


Centre for Sustainable Healthcare 4 Pillars

For each of the above themes, a series of commitments have been set out, with ambitious targets for the level of improvement we aspire to deliver, and confirmation of where the leadership for the action sits within the organisation.

OUR COVID PLANNING ASSUMPTIONS FOR 21/22

Ongoing response

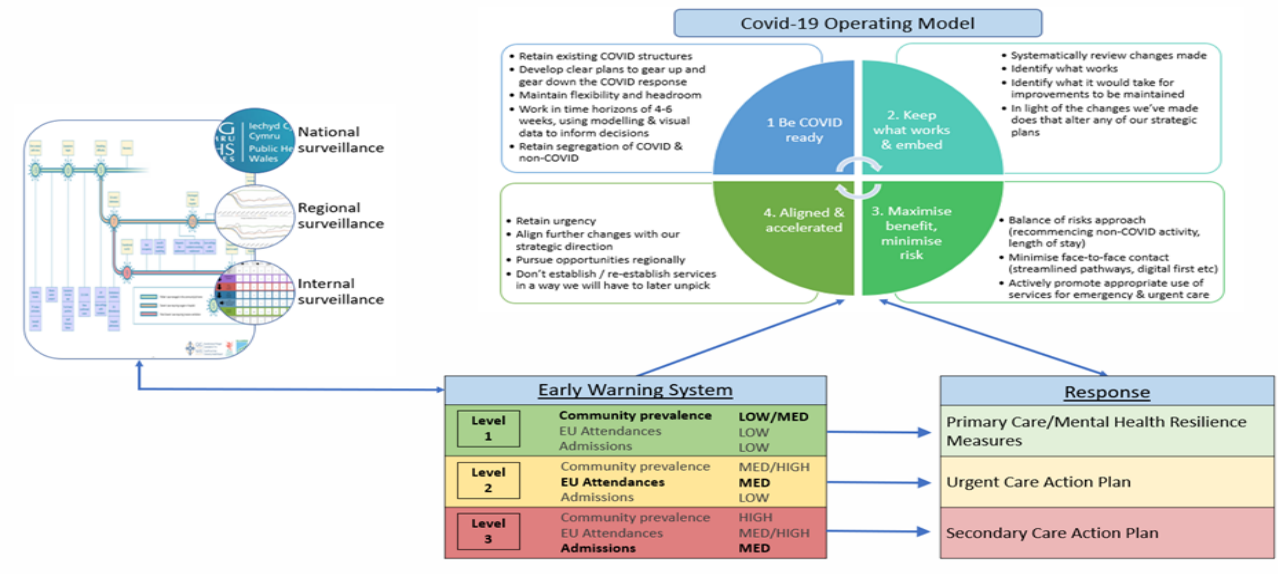


To the pandemic

The first principle of the UHB's approach to planning through the pandemic has been, and continues to be, "Covid ready". This recognises the need to be ahead of the 'Covid-curve' and an appreciation that the uncertainty is such that our plans must be dynamic and anticipate the full range of possibilities. As a result we:

- have developed, with our Local Authority partners, a comprehensive surveillance dashboard to closely monitor all aspects of the pandemic which gives us an early warning if the situation is deteriorating
- utilise 'nowcasts' to predict future Covid demand over 4-week time horizons
- have established the concept of 'gearing' to set out our escalation and de-escalation measures as Covid numbers increase and decrease
- have developed internal SIR (and now SIRV) models to produce longer-term scenario modelling and understand the range of potential trajectories for Covid

Our capacity and configuration plans are guided by local and national modelling and operational triggers informs our gearing. The figure below sets out our covid operating model and approach.



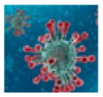
RESPONSE

Our focus on the continued threat of Covid-19 will, for the coming twelve months, continue to be shaped through the lens of the four harms. How we are planning against these harms is described below. At every stage of the pandemic we have responded quickly to create the capacity needed or to introduce ways of delivering services to our population, and introduced new services where they were needed (such as CAV24/7, mass vaccination service).

Partnership working continues to be at the heart of our Covid response, with collaborative approaches with our local authority partners in response to Test, Trace, Protect (TTP) and the delivery of mass vaccination services. Under the leadership of the Regional Partnership Board (RPB), we continue to work together with social services colleagues to ensure that our community capacity across health and social care for intermediate care – step up and step down – is right sized to meet changing patterns of demand, and that organisations are able to secure the necessary provision for people who may need care and support beyond their rehabilitation and reablement.

We also continue to work closely with all Local Resilience Forum (LRF) partners to respond to the challenges that Covid throws up, including ensuring adequate body storage provision for the region should it be needed, and ensuring responses to other major events that co-exist with Covid, such as severe weather that threatens business continuity.

Ongoing response



To the pandemic

Harm 1: Preventing the system becoming overwhelmed

As outlined above, the UHB has an established process for monitoring and responding to Covid, with well developed escalation plans. This operating model and approach has been refined over the last year and is fully embedded. This involves Local Coordination Centres running the sites on a daily basis and twice weekly health board level operations meetings. Plans are developed over 4-6 week timeframes, informed by data and modelling.

An assessment against the current national and local modelling has confirmed that we have sufficient physical bed capacity in the event of a third wave.

Critical Care

In Critical Care areas sufficient physical bed capacity would be achieved through the deployment of surge capacity identified at the start of the pandemic.

We have learnt so much over the last year and we are now entirely clear that a key component of our recovery efforts need to be the permanent expansion of our 'core' number of critical care beds. In doing so though we are cognisant of our ambitions for a "UHW2" and as such must find that balance of providing a high quality and safe environment for our patients and staff for an interim number of years before hopefully securing investment in an entirely new critical care unit.

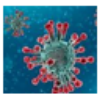
We have started early scoping work to begin articulating what a permanent expansion of critical care looks like on our current site. **Through quarter 2-3 of the coming year will seek to expand on this including what this means for other specialities who will be required to equally move so that we are in a position to, working with commissioners, develop a business case for expanding critical care.** This is likely to have revenue (partly WHSSC commissioned) and capital implications. The expansion also needs to reflect the implications of the additional CAR-T and other ATMP treatments that WHSSC is looking to commission from the health board over the next few years.

Non-Critical Care

In non-Critical Care areas, sufficient physical bed capacity will be achieved through the provision of our Lakeside Wing, a 400 bedded facility on the UHW site, alongside a number of additional surge wards and areas that were repurposed and used during the first two waves. Further detail on our bed capacity readiness is provided as part of the Recovery and Redesign Addendum.

Workforce remains a critical element for us. The full Workforce & OD Plan found here contains more details on our ongoing workforce response.

Ongoing response



To the pandemic

Harm 2: The Direct harm caused by Covid-19

Treatment for Covid-19

Since the start of the pandemic, we have learnt much about the treatment of the new virus, and outcomes for patients have been improved through the embedding of research in the treatment algorithms. We have seen the benefits of clinical academics, researchers and clinical teams working together in real time to improve treatment options, and outcomes, for patients.

Test, Trace, Protect

Our contact tracing service continues to be hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Council, with Environmental Health Officer oversight. A Regional Team provides oversight of the public health response across Cardiff and the Vale of Glamorgan, and provides advice on the management of incidents as they arise. We continue to devote a large proportion of our capacity to the response, currently focused on delivering TTP in our region.

The tracing service also continues to operate 8am to 8pm, 7 days.

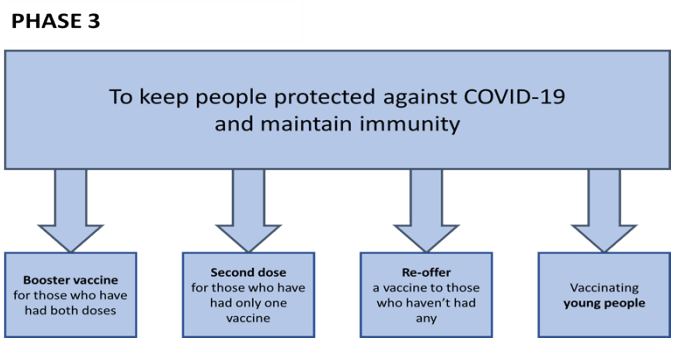
The TTP component of the minimum data set which accompanies this plan provides further detail on our position to date and our projections moving forward into 2021/22.

Vaccination roll-out

In December 2020 the UHB started its mass vaccination programme, the pace around which has continued to grow week by week. Milestone 2, delivering 1st doses to 80% of Priority Groups 1-9, was achieved by 19/04/21, and the Milestone 3, 80% of adult population given a 1st dose, is nearing completion. As part of this, we are pleased to have now offered everyone over 18 in Cardiff and Vale a first vaccination and detailed modelling has confirmed the capacity needed for us to deliver the second vaccination in the shortest possible timescales, vaccine supply permitting.

We have opened a fourth MVC, Bayside Mass Vaccination Centre, and also now have seven community pharmacies delivering c.240 vaccinations per day to our communities. Walk-in vaccinations have been successfully trialled at Bayside MVC, and continue to take place as part of the mop-up phase.

Phase 3 of the Mass Vaccination Programme will commence shortly (below image). A planning team has been assembled to assess future demand on the service and develop our delivery strategy. This will ensure the public continues to receive COVID-19 vaccinations in a timely manner, as close to home as practicable.



Looking beyond COVID-19 vaccinations, the opportunity to develop our approach to delivering vaccinations has been identified to build upon and embed the capabilities developed during the Mass Vaccination Programme. Over the course of several weeks, a target operating model will be developed to form the foundations for a future immunisation service model serving the population of Cardiff and the Vale of Glamorgan.

The minimum data set which accompanies the submission of this plan provides a detailed profile of forecast vaccination activity.

Long COVID

One of the legacies of the pandemic will be the significant numbers of patients with Long COVID requiring ongoing support, guidance and treatment. Further details on services we have established and ongoing plans are found in the Recovery and Redesign addendum.

Ministerial Priority

Harm 3: Indirect threat of Covid-19

Essential services in the acute setting moving forward

We continue to plan our provision of essential services against the WHO definition of essential services and Welsh Governments Essential services framework and throughout the pandemic we have maintained core essential services with our prioritisation of need based upon clinical-stratification rather than time-based stratification.

Key approaches which we took (and will continue to take) include:

- The development of protected elective surgical units ('Green zones/PESU') within UHW and UHL to keep patients safe and maintain essential major surgery throughout the pandemic and winter period.
- Maximising the utilisation of the independent sector capacity, including insourcing in Endoscopy and the use of a mobile MRI scanner
- The adoption of Attend Anywhere and Consultant Connect to digitally enable more effective communication with our patients and primary care colleagues

Our PESUs (Green zones) have been an overwhelming success. Such has been the success we believe this is the future template for complex elective care (i.e. a "hospital within a hospital") and have submitted it as a *'spread and scale'* application. This has ensured we delivered as much non-Covid activity as possible in a safe space.

Cancellations		
Type	Mar-Dec '19	Mar '20-May '21
Hospital Beds	4%	1%
Pre-assessment	8%	3%

Activity Undertaken in PESU	
External Provider	1797
UHL	1628
UHW	5731

Given the significant uncertainty in the current operating environment, it is extremely difficult to forecast activity with any degree of certainty. However, a range of added activity planning assumptions have been factored in which remain extant from previous 20/21 quarterly plans.

More information on this can be found in our Recovery and Redesign addendum however **Annex two also** provides a position statement on capacity across our essential secondary services. Where it has been identified that activity levels are expected to be less than 75% of pre Covid levels this annex also details some of the specific corrective action being taken.

Ministerial

Priority

Essential services in the primary care setting moving forward

For General Medical Services (GMS), all 9 clusters in Cardiff and Vale have developed business continuity plans which include:

- Establishing robust plans by which to maintain GMS services, should staffing capacity at practice level be severely affected through COVID through development of buddy arrangements between practices
- Developing centralised hub/s within the cluster by which to manage patients who are displaying a level of respiratory symptoms which potentially could be COVID 19 related
- Identifying options to deliver a centralised model should GMS provision at a cluster level prove unsustainable over time.
- Some practices chose to continue to operate a respiratory hub within their own premises, staffed by their own resources.

Whilst GMS Covid-19 hubs have been in place across all clusters, the use has varied across Cardiff and Vale. Importantly they remain available to be utilised as required.

A Covid-19 hub was established and has remained in use for the Urgent Primary Care/Out of Hours service. Urgent Dental Centres and Optometry centres were also established.

Covid recovery amongst

our population

Harm 4: The wider societal impact of Covid-19

The pandemic is going to have an enduring impact on our population and we remain resolute that we must begin to focus on these wider impacts in the coming twelve months.

- Please click here to see our plans for our rehabilitation model.
- Please click here to begin to see how we will work even closer with our RPB and PSB partners as a means of addressing those impacts which are issues broader than of just our health system.
- We will continue to maintain the online resource; www.keepingmewell.com

RECOVERY

The recovery

Of our services

Our experience through Covid has cemented our thinking that recovery and redesign are best achieved through a clinically-led, data-driven and risk orientated approach. Whilst developing plans from the bottom-up can be more time-consuming, we believe this will ultimately lead to better and

more sustainable solutions. Our ambition for recovery is clearly to restore and improve access to services, however we recognise that on the journey we will need to be cognisant of the potential harms faced by patients and therefore take steps to minimise these. In addition, the pandemic has demonstrated the ability of the NHS to transform at pace and we view this as a once-in-a-generation opportunity to reshape health care services in a positive way.

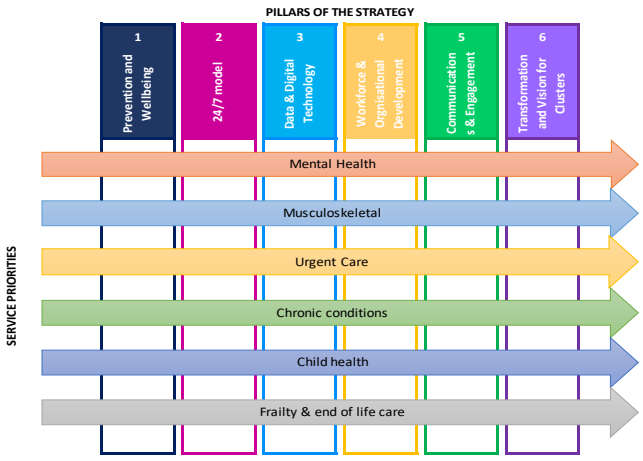
Since of initial submission of this 21-22 annual plan we have been working hard to refine our thinking in regards to recovery of, and redesign of, our system. The detail of our thinking and subsequent plans are fully documented in the **Recovery and Redesign addendum** of this plan.

We recognise that some particular specialities are ministerial priorities. Whilst these are covered in detail in the recovery and redesign addendum we also touch on some of them below in the remaining section of this plan in more of a strategic context beyond the next year.

Primary Care

Primary Care is the foundation to our plans. Prior to the Covid pandemic the UHB had begun the process of developing a local primary care strategy, as a key plank of our overall vision – *Shaping Our Future Wellbeing (SoFW)* – and aligned to the national primary care strategic direction. We revisited this work in the autumn of 2020 and the progression of this will be a key component of our planning and transformation programme during 2021-22 and beyond.

The framework developed (see below) looks to build upon the novel service models already implemented by the UHB for musculoskeletal (first point of contact physiotherapy) and mental health. These began as individual cluster initiatives which the UHB chose to spread and scale across all cluster areas, partly as a response to GMS sustainability and partly as a 'step-change' in our journey towards SoFW.



The ambition is to continue this approach across a number of key service areas, again scaling-up innovative work that has been proven to work at a cluster-level. The strategic objectives behind each are common:

- A greater focus on population health
- More accessible and timely care, closer to home
- Enhanced, system-wide, collaboration and integration with a stronger primary care and secondary care interface

Cluster development will be key to this and we have, and will continue to work closely with the national work on cluster development. National work is very much in the space of integrated, GP, social care, community health services and third sector models of care- this naturally aligns with our existing direction of travel.

During the pandemic the UHB has taken some significant steps in this strategic direction described above. In urgent care for example we have established a locality-wide urgent care centre in the Vale of Glamorgan and introduced the ground-breaking CAV 24/7 'phone-first' model. In both examples clinical leadership has been at the forefront of the concept, design and implementation and this will

continue to be our approach as we progress this strategic work further. To that end the UHB held a workshop on 24th March to take the development of the strategy to the next stage.

In addition to the operational imperatives outlined in the Recovery and Redesign Addendum, we will:

1. Fully develop, and engage upon, a clinically-led and bold primary care strategy, which sets out the next steps in our transformation journey towards the vision articulated in Shaping Our Future Wellbeing. **We aim to complete this work during quarter 3. This will be aligned with the development of our integrated health and care locality model being driven by the Regional Partnership Board, and our clinical services plan.**
2. Take further strides in implementation across each of our service priorities, prioritising progress on urgent and emergency care through further developing the CAV24/7 model and considering the learning from the Vale urgent primary care pathfinder model for it to inform the establishment of a potential model for Cardiff ahead of next winter.
3. Progress plans to deliver Shaping Our Future Wellbeing and the establishment of Health and Wellbeing Centres and Wellbeing Hubs. **Engagement work to commence for Barry Hospital and Health and Wellbeing Centre in quarter 1 and north Cardiff in quarter 2.**
4. Working with partners to improve the delivery of primary care and community services particularly for people with complex needs and to support specific groups including palliative care services, prison healthcare, sexual health services, homeless and asylum seekers.
5. Continue working with partners to provide support to care homes.
6. Ensuring the development and sustainability of the workforce for primary and community care, with an initial focus on the nursing workforce.

Underpinning this strategic approach will be improving access to and quality of data and information, as well as our plan for our primary and community infrastructure needs. This will continue to be driven through Shaping Our Future Wellbeing in the Community Programme and dovetail with the locality model work which you can read about here.

Cancer

Cancer remains one of the top five burdens of disease in Wales. The long-term solution to this lies in perusing an aggressive prevention agenda. Details of the UHBs prevention agenda is outlined earlier in this plan and specifically targets many of the main causes of cancer. During 2021/22 we will look to further develop our approach to disease prevention linked to the work we are progressing on developing our clinical services plan over the first two quarters of the year, with many of our Recovery and Redesign schemes described in the Addendum.

However, alongside prevention we must also focus on effective treatment and management of cancers.

We have a three-year cancer services strategy. This strategy in part describes how we will manage the reconstruction of the current cancer services support function. This will enable us to be far more effective and proactive in the improvement of cancer pathways, our demand and capacity planning / capability and overall improvement in performance management of national cancer waiting times standards. **By the end of 21/22, subject securing the required resources, we will have implemented these changes to the central cancer services function.**

The objectives of our strategy are linked to delivery of the Single Cancer Pathway, adoption of National Optimal Pathways and improving the delivery of cancer services across all aspects of patient experience and patient care.

We are committed also to providing the best possible cancer treatment to our populations and you can read about some of the work with have planned with Velindre Cancer Care here. This work includes plans to establish a dedicated area for acute oncology care, linked to the work we are progressing on re-provision of our BMT, ATMP and haematology environments so that we have the necessary facilities to provide the expanding range of novel treatments being approved by NICE (in line with the WHSSC Commissioning Plan) and to support our research programme, and that of Velindre NHS Trust.

Dementia Services

The Regional Partnership Board has funded the development of bespoke Dementia services within the hospital environment. The past year has seen the completion of a suite of rooms known as *Harmoni Suite* which aims to provide an off ward calming environment to help support cognitively impaired patients who require less busy environments, which will encourage them to engage in activities to help manage behaviours that are challenging. A range of activities will be provided in the *Harmoni Suite* supported by UHB and Third Sector colleagues from Mental Health Matters over the coming twelve months and beyond. These partners have together worked very effectively within the UHB supporting Patients on a number of our wards. The Partnership has also supported various ward based projects enhancing UHB capital programmes to provide Dementia friendly environment and equipment.

Learning disabilities

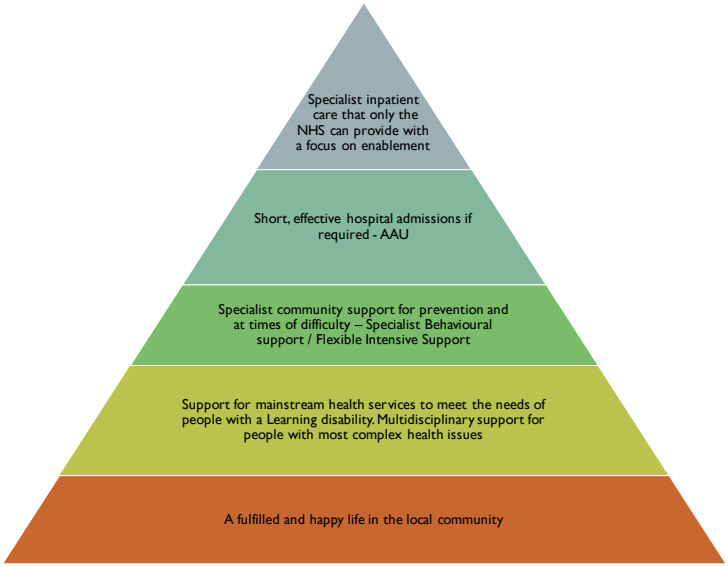
Adult Learning Disability services for Cardiff and Vale Residents are provided by Swansea Bay University Health Board. The regional service also supports residents of Swansea Bay University Health Board and Cwm Taf Morgannwg Community Health Board. A Joint Commissioning Group has been established and the three health boards have agreed the principles for a modernisation programme. This programme aims to redesign the current model of care for specialist inpatient services and the expansion and development of community Learning Disability provision in partnership with the seven local authority areas covered by the service. The outcomes for the modernisation programme are to reduce dependence on hospital-based services, ensuring that the new model of service is fit for purpose, meets population need, and mitigates some of the growth of high cost out of area placements. There will also be some capital works to address the maintenance backlog for the specialist residential units ('the bungalows').

The new model of service will require enhancement of the services provided within the community and this will necessitate a workforce review to strengthen the therapeutic interventions that are offered and expand the support services that are available to service users and carers. There will be a review of the skills and skill mix required for the residential and acute inpatient units and development of in-reach services to the inpatient model to improve flow through the levels of service. There are two Learning Disability acute liaison nurse posts within Cardiff and Vale. This is to support an improved experience for people with LD who attend hospital for physical or mental health conditions and aims to reduce health inequalities. These posts will help ensure the care bundle is fully implemented, support ongoing training of staff, facilitate effective communication between service users, carers, acute staff, primary care, community Learning Disability services and third sector. CAV have trained over 120 Local LD champions and hope to increase this to have two champions in each ward/clinic/department/service.

Links with Primary Care have been strengthened through the appointment of specialist Learning Disability liaison nurses and they are working with GP practices and primary care clusters to support the roll out of the revised annual health check. This includes the suite of education modules, launched to encourage uptake of more meaningful health checks and developing the awareness and skills of primary care clinicians to support our local population.

Services for children and young people with complex needs, including Learning Disabilities are delivered within the Children Young People Family Health Service directorate (CYPFHS). The development of a clinical pathway for children with LD across the Community Child Health Service is underway. Recent recruitment of an LD Nurse for CYPFHS will help facilitate the work required to enable support for children and young people in the community with learning disabilities to access health care and provide support to staff in inpatient settings (where required). The LD Nurse will provide teaching/support to multi-agency professionals on the health needs of children and young people with Learning Disability, whilst ensuring the development of pathways and that reasonable adjustments are in place to access healthcare services. The Nurse works closely with Psychology to ensure a multi-disciplinary team approach is taken when working with children and young people with a Learning Disability across Cardiff & the Vale of Glamorgan. Advice and information on behaviours related to Learning Disability is provided to Cardiff and the Vale of Glamorgan Local Authority Child Health and Disability Teams and relevant expertise is contributed to specific cases.

A FLAGSHIP SERVICE



Recovery enablers

It is not going to be possible to recover the system as described in the previous section without a number of key enablers.

Enabler 1: Digital

We have a UHB Board approved digital strategy Delivering Digitally: *Building a learning health and care system*. This can be accessed here in **annex three** and outlines our long-term ambitions. Our digital ambitions for the coming twelve months however fall into two halves and reflect our philosophy of 'digital by default';

- Improving our business as usual capabilities
- Accelerating our transformation agenda- which of course crosses those lines between recovery and redesign.

Business as usual

Our infrastructure priorities over the coming months include Win10 and device upgrades, network connectivity, infrastructure upgrades, development of an IT Helpdesk Portal and remote management solutions.

Our capability priorities are-

- Patient portal
- PREMS/PROMS - Telehealth
- Choose and Book / e-bookings
- Self-directed enquiry management
- Digital communications
- Letters, Correspondence & Leaflets
- Digital dictation & Transcription
- E-Triage front door & SoS pathways
- Capacity and flow - AU/MEACU/MEAU/SAU and whole hospital
- eTR - electronic order comms focus on radiology
- Electronic observations (e-obs)
- ePMA – electronic prescribing & medicines administration
- Capacity Management – visualise demand and capacity across the UHB
- Clinical Data repository (CDR) / Local data repository (LDR)
- National data repository (NDR)
- Scan4Safety
- Managed / Follow Me print

Accelerating our transformation agenda

We have a five year roadmap to deliver our Digital Strategy which will rapidly enhance our digital maturity, enable our staff, empower our patients and leverage our rich data sets so that we move to preventative health and care by becoming a learning health and care system.

Our roadmap indicates a priority order for initiatives and a governance model to ensure that what we do is clinically led, patient centred and managed.

An uplift in investment in infrastructure and staff to support the delivery of this strategy and this is being developed into a business case, with phased implementation of the five year period.

Enabler 2: Continued Organisational Development

Prior to the 2020 pandemic, culture and leadership had been a focused piece of work which commenced across the UHB with the ambition to increase the leadership capability and to empower our clinicians to make decisions and make changes for the benefit of our patients, represented by 'Wyn'. In 2019 we were creating a narrative around amplifying our strategy into action. The brand was known as Amplify 2025. This initial piece of work accelerated and assisted the changes that we saw during the pandemic which focused on clinical leadership enabling high trusting environments with low bureaucracy. The majority of staff worked an agile way and great milestones were achieved through a compassionate and collective leadership style. The cultural work continues in to 2021 and beyond and a virtual showcase will be developed to engage our staff and the population regarding the case for change and future services within the Cardiff and Vale health system.

Wellbeing for our staff was always paramount but even more so today. During this recovery phase we will be focusing on the impact that the pandemic is and/or will have on many of our staff. As such this year we will continue to progress;

- a dedicated staff pathway in the Covid Rehabilitation Service is available
- An additional 2 Health Intervention co-ordinators who will support the Employee Health and Wellbeing service to provide proactive and preventative interventions to support staff wellbeing
- REACT Mental Health training will provide staff with the confidence and ability to hold wellbeing conversations not only with colleagues but also patients and family members
- The importance and hydration of staff enabled a pilot scheme to be initiated with a click and deliver app which will enable clinical staff to order hot food and drinks to their department
- A review of the Rapid access Trauma pathway service has been implemented for staff to ensure it is sufficient to meet the increasing demands of the post recovery phase
- As a result of a charity donation from Gareth Bale and family a Staff Haven has been integrated into the UHB's surge hospital. This will provide a quiet environment where all staff can rest, relax and decompress in work.
- Three additional staff wellbeing havens are established across the UHB

Alongside these specific initiatives we are aligning our wider Organisational development agenda to have an emphasis on Equality Diversity and Inclusion (EDI), education and wellbeing to ensure all three are triangulated and are key pillars in the workforce and OD plan.

TRANSFORMATION

Enabling quality, productivity and continuous improvement through innovation

INCLUSION

Creating conditions which unleash more potential, and commitment to the goals and values

CAPABILITY

Meet learning and leadership skills needs through delivery of quality training & development.

EFFICIENCY

Achieve target workforce metrics (KPI's)

Please click here to find more detail about our Organisational Development agenda.

Digital Workforce and Systems

Last year provided us with more opportunity to align further with the new UHB Delivering Digitally Five Year Strategy. This strategy supports the direction of travel identified through Amplify 2025 as digital is identified as a key enabler. We have an ambitious programme of work during 2021-22 for our Workforce Systems development, which include Medical and Dental job planning and rostering systems and implementing a new Nurse Rostering system which will support the Nurse Staffing Act.

Please also click here see our workforce section of this plan to see how our approach to OD aligns with our wider workforce planning.

Enabler 3: Regional working where clinically appropriate

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work collectively to deliver pathways of care. There are a great number of services that are delivered only by individual organisations where it has been appropriate to centralise expertise, there are services which span organisations and services where different parts of a pathway are delivered in different organisations.

What is most important is that there is an equity of care across all our populations – both in terms of the services they can access, the timeliness of access and also the outcomes which they can expect. The population of Wales should not see the name of the organisation but rather the continuity and consistency of care regardless of geography.

Equity of care has, and remains, a guiding principle as to how we work with other Health Boards and Trusts- it forms a cornerstone of each of the areas we subsequently describe below. The pandemic has further strengthened cross organisation relationships, rallying to provide mutual aid, sharing good practice and providing much needed support for staff has been a collective effort. As we recover planned services we will need to continue to work with neighbouring Health Boards and Trusts to meet the needs of our collective populations.

As described in earlier parts this plan the scale of recovery which the health system, not just Cardiff and Vale UHB, needs to undertake is vast. Simply 'doing more' will not meet the challenge. Equally when facing the size challenge that the system does it remains vital that there is not a loss of focus on ensuring the best possible outcomes.

How we work with our Health Board partners remains an important component in helping address the waiting lists positions but also continuing to deliver the best possible care.

In order to support this work a collective demand exercise has been undertaken across ourselves, Aneurin Bevan University Health Board and Cwm Taf Morganwg University Health Board. This exercise has confirmed the collective challenges in planned care across organisations and importantly confirmed that ongoing regional projects are focussed on the right activities to provide sustainable solutions to planned care. There are a number of specific areas of focus for 2021/22:

Vascular Services

We remain committed to the full implementation of a SEW Vascular Network and establishment of a centralised SEW Vascular Surgery service at University Hospital Wales with supporting services in each Health Board. Pending approval of the vascular business case by respective organisation Boards it is the intension to have a 'live' network from **Qtr 3 2021.**

Ophthalmology

Electronic Patient Management System

A Regional Electronic Patient Management System is being implemented across organisations and will become fully operational in 2021/22.

Cataract services

We are also working collectively to develop proposals to meet the needs of cataract patients. Waiting lists have risen as a result of the pandemic and we are working to develop collective solutions which provide sustainable services for the future. This is in addition to the proposed immediate internal solution described in earlier sections of this plan.

There is an immediate requirement for all Health Boards in the south-east region to respond to the existing cataract waiting list position with the key aim to reduce clinical risk. It is accepted that as part of short-term recovery actions, optimal utilisation will be required of all existing physical and workforce capacity, and it is proposed that services collaborate to ensure regional consistency of provision- this means exploring opportunities to maximise and expand existing capacity.

Potential sites have been identified that could provide additional capacity in the short term including the Eye Centre in Bridgend, Llanwenarth Suite in Nevill Hall Hospital, Abergavenny and additional capacity within mobile threatres. All of these are well equipped, and need only moderate modifications to bring the capacity on line.

Utilising these options would provide centres in both the north and south of the region, and are therefore seen as a useful basis to take a regional view of patient need and to offer cross-Health Board support as prioritised.

The following actions will be progressed across the remainder of Qtr 1 and Qtr 2:-

- Preliminary clinical workshop on Friday 11th June 2021 to discuss and clarify the degree of consensus regarding regional collaboration in principle and of the proposals outlined above.
- Based on conclusions reached, a series of follow up workshops to agree detailed arrangements and an implementation plan.
- Parallel programmes work to inform the discussions at the workshops. This would include data collection, demand and capacity analysis, workforce requirements, funding arrangements and governance structures.

It is envisaged that the additional capacity could be operational by September 2021.

As well as increasing short term cataract capacity, this will then provide an opportunity to test regional processes, approaches and systems e.g. patient selection and workforce deployment that will support longer term Ophthalmology collaboration across the region.

Endoscopy

Endoscopy services across Wales have been under significant pressure for some time, resulting in large numbers of patients waiting, significantly outside target waiting times. The position has been further exacerbated by the COVID pandemic, with capacity impacted throughout the pandemic and continuing to be constrained by ongoing IP&C requirements.

Initial annual Plan submissions from Health Boards set out the scale of the patient backlog currently facing NHS Wales. Locally, each Health Board is now immediately progressing schemes to increase endoscopy activity- you can find more detail about the CAV approach in our Recovery and Redesign addendum .

CTM UHB is leading a proposal to procure two mobile endoscopy units to serve South Wales. The response to an expression of Interest to potential suppliers has identified that there are two units that could be available from July '21 and work is progressing rapidly seeking to secure this availability. Planning in relation to the deployment of the units, once procured, will happen at pace to ensure that all Health Boards benefit from this. We remain a committed stakeholder in this process.

Hyper Acute Stroke Units (HASU)

2021/22 represents the year that we wish to make tangible progress in moving towards a Cardiff UHB and CTM UHB stroke network- a network complemented with digital technology enablers. This work will be clinical driven by Mr Shakeel Ahmad, National Clinical Lead for Stroke and Consultant Geriatrician Cardiff & Vale UHB.

We recognise that this will be a hugely complex piece of work to progress and therefore will be looking to focus activities across three immediate areas-

I. Current Performance Challenges:

Understanding immediate actions that need to be taken to improve current performance – how we match patients' need to existing resource.

II. Immediate local planning priorities:

Clarity regarding local pathway to include:

- Ensuring all stakeholders are clear how the pathway should work within the stroke team and with other teams – ED, Radiology, Neuro, Gerontology, ECAS for example
- How we make the most of current resources and how we deploy specific staff/rearrange job plans
- What it would take to resource the pathway to meet need 24/7

III. Strategic regional planning priorities:

Agree an approach to developing an integrated regional plan – resourcing and governance

- Scope and current pathway mapping
- Describe whole service model – all disciplines
- Describe regional stroke pathway (across HASU and spoke and rehab services)
- Demand/capacity analysis
- Business case – regional

<u>Acute Oncology Services (AOS)</u>

Under the auspicious of the Cancer Care Leadership Group (CCLG) - a regional Executive lead forum of Health Boards and Velindre NHS Trust (VNHST) chaired by our Chief Executive, an ambitious programme of cancer service development is being taken forward.

Early in Qtr 1 the CCLG endorsed a regional business case regarding an enhanced Acute Oncology Services (AOS) across South East Wales. The business case is currently being taken through respective organisational governance structures with the plan expecting to be scrutinised within Cardiff & Vale very early in Qtr 2.

In parallel to this we continue to work closely with VNHST and other Heath Boards to agree a phase one implementation plan. Again it remains out ambition that implementation plans will be finalised early in Qtr 2.

<u>Tertiary service collaboration</u>

We are the largest provider of specialised services in Wales, and provide a wide range of specialised services for the populations of South East Wales and beyond.

In 2018 a partnership was established with Swansea Bay UHB to provide a forum for the two organisations to develop a shared view about the future delivery of safe, sustainable and effective specialised services for the population South Wales and beyond. Equity of access for the population of South Wales also formed a key driver and the activities described below tangibly begin to address historic equity issues.

Over the last two years, both organisations have undertaken a comprehensive assessment of the tertiary services that they provide on a regional, supraregional, national and UK basis. The aim is to use this baseline assessment to inform the development of a tertiary services strategy for each Health Board, as well as a joint strategy for the partnership.

The partnership has further strengthened for 2021/22 with the agreement of a memorandum of understanding (MoU) which sets out a series of new objectives for the next phase of its work programme:

- Our specialised services must be underpinned by a clear commissioning framework – including service specifications, commissioning policies, referral pathways, etc.
- Our specialised service models must be both clinically and financially sustainable and resilient, using a value based healthcare approach to deliver high quality patient experiences, care and outcomes.
- Our specialised service models must be underpinned by a sustainable workforce plan, which recognises skills and workforce availability, and provides appropriate training opportunities and access to research.
- Our specialised services should deliver care as locally wherever possible, and services should only be centralised where necessary.
- Service users should receive the same level of care wherever they access specialised services across the region.
- We should not be constrained by past thinking, we should work collaboratively with all stakeholders to develop patient centred, clinically described models, which can inform future commissioning decisions.
- Our specialised services should work synergistically to ensure equity of access across South Wales- recognising where there are differences and similarities between services.
- Our specialised services should aspire to achieve UK standards and specifications.

RSSPPP Work Programme for 2021/22

The partnership will progress the following areas of work over the course of 2021/22:

- Modernising Spinal Services for South Wales – The spinal surgery project set out a series of recommendations to configure services on a regional and supraregional basis, overseen by a network with operational authority, across all of the pathways for patients with spinal conditions. Work is underway to establish a shadow/interim network to maintain the progress achieved during the project, and to develop a business case for a Spinal Services Operational Delivery Network to address the key issues and risks identified during the project.

- Oesophageal and Gastric Cancer Surgery – The focus of partnership in Q1 has been to address the resilience of service provision for SBUHB residents. An engagement exercise will be undertaken over the course of the summer, to inform the support the development of the definitive service model for this service – in line with the All Wales Model Service Specification.
- Hepatopancreatobiliary Surgery – The partnership commissioned the Wales Cancer Network to develop a service specification for this service, to inform the future delivery of care across South Wales. Subject to the approval of the service specification by the NHS Wales Health Collaborative Executive Group, the partnership will develop proposals for a future service model to provide a safe, sustainable and effective service for the population of South Wales.

- Paediatric Orthopaedic Surgery – The partnership is exploring opportunities to work together with other partners, to address the resilience of local services, and to improve access to the specialised services provided at Morriston Hospital and UHW.

Velindre Cancer Care

In addition to the regional work regarding an enhanced AOS service described above we are also pleased to be part of a Cardiff & Vale / VNST Executive partnership. The partnership is principally looking to progress those recommendations listed below which form part of the recently published Nuffield Report, Advice on the proposed model for non-surgical tertiary oncology services in South East Wales, December 2020. The report is available by clicking here.

The partnership has agreed a project brief which covers these recommendations and is now holding a series of workshops through quarter 2 as part of the phase 1 work.

Prior to the submission of this refreshed plan to Welsh Government we along with VNHST, WAST and other South East Wales Health Boards provided the Deputy Chief Executive, NHS Wales, with a detailed joint letter which further sets out of ambition and plans regarding many of these recommendations. This section should be read in conjunction with that letter.

R3: In the near future, each LHB needs to: develop and implement a coordinated plan for: analysing and benchmarking cancer activity against other areas advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for haemato-oncology and solid tumour work together

R4: The new model should not admit who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient admission to the VCC therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review.

R5: To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.

R6: The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.

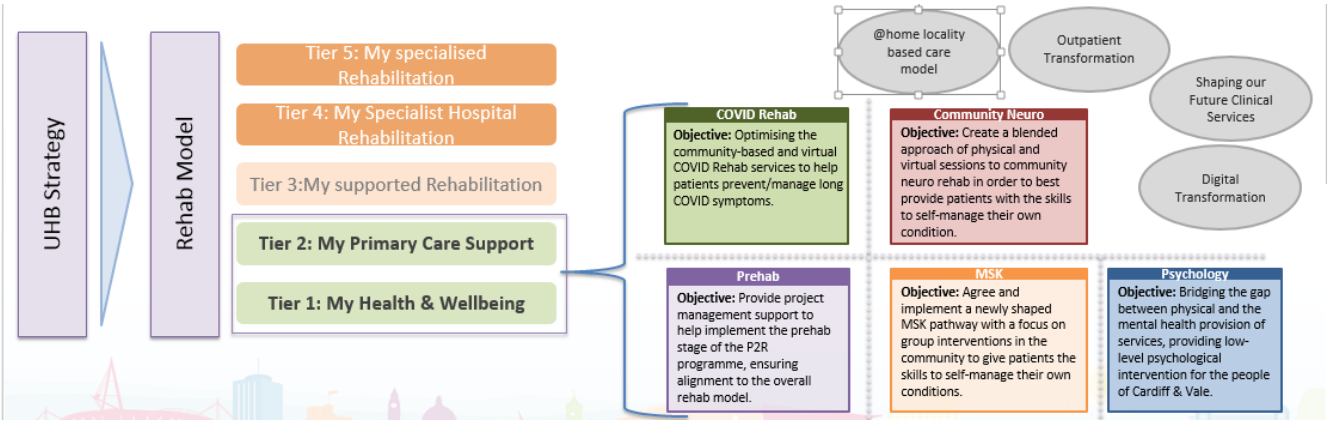
R7: The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.

Enabler 4: The Rehabilitation model

We know that in order to recover and redesign our services moving forward there is a need for us to develop and design a comprehensive rehabilitation model that recognises that whilst some patients will need specialised and hospital based rehabilitation, many more will need rehabilitation closer to home and in community settings and that we should be empowering patients to take control and responsibility for their ongoing health and wellbeing by equipping them with skills and knowledge to manage their ongoing rehabilitation needs.

Our emerging rehabilitation model shows how different physical and mental health rehabilitation services should be provided, with an aim of keeping patients in a community environment wherever possible.

Implementation of the Rehabilitation model will require developing coproduced behavioural change programmes focusing on prevention and self-management for people with chronic conditions delivered in the community. We have decided to initially focus on the community setting in the lower, wider tiers of the rehab model to create the biggest long-term impact for both patients and the health board in line with the Keeping Me Well strategy.



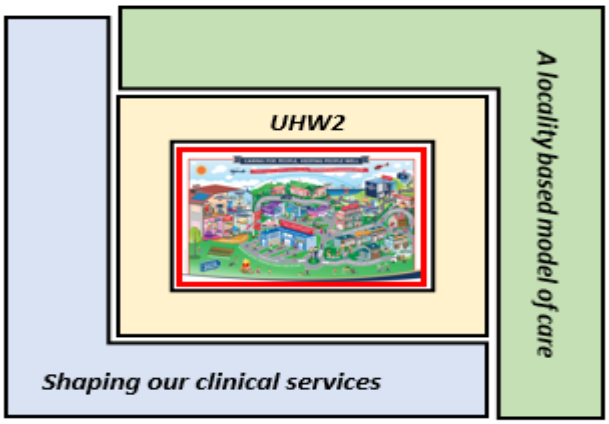
We will have finalised an integrated model by the end of March 2021 and through 21-22 will then move into implementation of the model. A specific delivery plan was still being developed at the time of publication of this plan but will be available upon request.

REDESIGN

The world-wide pandemic has created the conditions for a once in a generation opportunity to redesign our health and social care system. *Shaping Our Future Wellbeing* continues to provide the blueprint for this redesign.

Our ambitions however extend beyond the design of our own health and social care 'system'- we will also continue to work with wider health partners, local authorities, universities, industry and of course our local population.

Health and Social Care redesign



Our redesign efforts in this area will focus on three key components over the next few years- these components make up the other part of the organisations portfolio of change.

Whilst they are presented within discrete sub sections below (and indeed separate programmes) they are not discrete pieces of work- they are ***different pieces of the same jigsaw.*** Neither are they linear programmes, they require co-ordination and close working- the success of one is dependent on the ongoing success of another.

Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Abi Harris	Abi Harris	Stuart Walker	Fiona Kinghorn	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Rachel Gidman	David Thomas

Strategic programmes
Operational programmes
Enabling programmes

The RPB has signalled a commitment from all of the statutory partners to take a more ambitious approach to integrated health and care in the community, with an emphasis on supporting people to keep well and safe at home. The overarching vision the RBP has set it to 'support people to live the best life they can'.

Finalising our future

Clinical services plan

Shaping Our Clinical Services

In order to be fit for the future, a future articulated in our strategy, we need a plan for how our clinical services are designed and delivered. This plan will come through the *Shaping Our Future Clinical Services programme.* This programme will consider how our clinical services should respond to future challenges and maximise opportunities to delivery better patient outcomes and will reflect feedback from the recent public engagement.

You can find more detail about our Shaping Our Future Clinical Services programme in the public engagement document here.

Over the coming two quarters of 21-22 we will look to meet the following programme milestones.

- Design of the programme
- Development of a detailed programme plan.
- Refined the redesign methodology – *utilizing the 'CAV Convention' principlesand building on our learning from Canterbury District Health Board and other advanced healthcare systems across the globe.*
- Described our future models of care in our hospitals, our communities and at home, joined up with partners' services where this will bring a better quality and experience of care and support.
- Developed (detailed) clinical services plan/blueprint

❖ Undertaken preparation for consultation on the plan.

Early work around shaping our clinical services shows strong alignment to the key messages found in the recently published National Clinical Framework: *A learning health and care system*.

This work will also inform the infrastructure plans – both for acute hospitals and community facilities (see below).

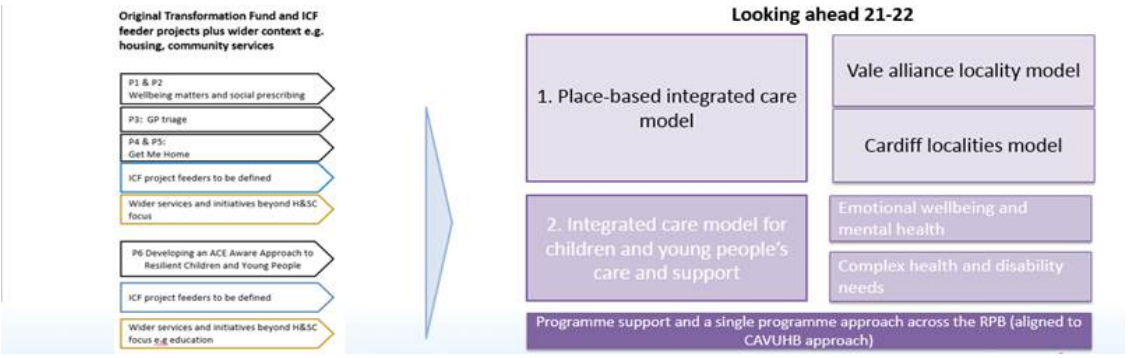
Finalising our future

Clinical services plan

The Regional Partnership Board and our @home Locality-Based integrated care model

A key component of successfully redesigning our services and delivering our strategy is the ability to deliver more care, out of hospital and closer to home. This will mean ensuring we provide our services across primary care, community health, social care and the third sector in partnership with acute specialists so that there is a shift towards out-of-hospital care provision and a greater focus on prevention and wellbeing within our local communities. This is strongly aligned with the RPB's programme for 21/22.

We want to create a step-change in the level of ambition in this area and consequently will look to bring projects already delivered by the Regional Partnership Board together into two work streams that are underpinned by a single programme delivery approach across the partnership



At the time of plan submission we near the conclusion of an eight week 'sprint' that is determining the critical programme components of this work including scope, outcome, programme deliverables, timescales and risks. Very early in quarter one of 21-22 we will have signed off these aspects and be moving into implementation. More information will be available upon request early in 21-22.

Our ambition for

a UHW2

Our Future Hospitals Programme – replacing UHW and continuing to develop UHL

The work on shaping our clinical services and a locality-based model of care (see above) together then provide confirmation of the infrastructure that is needed – in the community and in our acute hospitals. We know UHW is coming to the end of its life, as the once state-of-the-art facility struggles to meet the requirements of today's clinical services, and is wholly inadequate to meet future needs. This work will form the foundation for a renewed University Hospital of Wales – a state-of-the-art hospital that will be more sustainable and energy efficient and offer outstanding care in an environment suitable for the mid-21st Century, and a redevelopment programme for UHL, ensuring that it is able to provide the services necessary to compliment those delivered at a new UHW. This work is being set out in Our Future Hospitals Programme.

Whilst we are currently able to deliver high quality healthcare within available resources, this is getting more difficult and the pandemic has brought some of these issues to the fore front. We want to be

able to adopt innovative and modern clinical models that will be developed through shaping our clinical services. We know these models will look to move away from a being a reactive service to focusing on prevention and understanding the underlying disease as these are proven to improve health outcomes.

This has lead us to already being able to identify some key drivers for change in terms of what our acute hospital site(s) need to look like:

- Growth in patient number (demographic changes – absolute increase in numbers, exponential growth in older people and school age children – cohorts that have high utilisation of universal healthcare services)
- Chronic health conditions
- Novel health challenges
- New opportunities in health and social care
- The prevention opportunity
- Public expectations
- Sustainability – our commitment to meeting zero carbon targets and becoming an exemplar organisation in respect of 'healthcare without harm' to the environment and planet.
- Understanding the benefits of a Learning Health System

You can find more detail about our ambitions for replacing UHW and redeveloping UHL by requesting a copy of the UHBs Programme Business Case (PBC). At this stage, a range of short-listed options have been set out in the PBC, with the plans being refined as we move to the development of the Strategic Outline Case during 2021/22. These proposals also recognise the importance of co-location with our main teaching and research partner, Cardiff University. Together we teach the greatest volume of the next generation of clinicians and undertake more research than other organisations across Wales. Through our Clinical Innovation Partnership we have a well-established process for supporting clinicians, researchers and academics to progress ideas for innovation and improvement through our MTD process, resulting in a number of ideas progressing to IP registered product development. We have a shared ambition to undertake more high value research, having appointed the first Joint Research Director who is overseeing **the establishment of our Joint R&D Office which will be established in Q1**. We know that we have the opportunity to become an 'anchor institution' attracting investment into the health and life science sector in the region. There is an opportunity to boost this through the redevelopment of UHW, bringing very much needed investment and the creation of jobs and economic growth.

We have agreed that the next stage for the projects would be a SOC and some market analysis broken down as follows:

- Project 1: Clinical services transformation: develop clinical pathways following the principles of the clinical strategy. **This will take place over the next year.**
- Project 2: UHW2 development, including associated improvements at UHL and IT and digital – develop a SOC. **The aim is for a SOC to be delivered by 31/3/22.**
- Project 3: Develop Life Science eco-system – undertake market analysis and continue to work with stakeholders. **The aim is for this work to conclude in October '21 with a plan for next steps.**

On endorsement of the PBC, the Programme Team would look to further explore the content and sequencing of the individual project business cases.

Wider System Redesign

Genomics

During 2020-2021 the All Wales Medical Genomics Service (AWMGS) has had a number of key successes. The All Wales Genomics Laboratory Service (AWGL) has received continued investment in implementing the genomics/genetics test directory, resulting in the introduction of whole genome sequencing (WGS), and allowing the launch of 'Welsh Infants and Children's Genome Service' (WINGS). This was the first NHS Whole Genome Sequence service in the UK.

The AWGL has also successfully launched DPYD screening to avoid potentially fatal adverse chemotherapy reactions (again the first in the UK) and NTRK gene fusion testing for personalised therapies in cancer patients across Wales. It is anticipated that the genomic service will deliver a number of companion diagnostic for an increasing number of 'tumour agnostic' cancer drugs. These will transform traditional diagnostic pathways through a personalised medicine approach to cancer management.

The Clinical Genetics service have adopted the use of Attend Anywhere, resulting in a reduction in patient waiting lists. WHSSC (Welsh Health Specialist Services Committee) have agreed in the last quarter to fund a Tuberous Sclerosis clinic, a key achievement, allowing the patients a more streamlined approach to case management.

The AWMGS has established an integrated leadership and management structure, inclusive of directorate, business, training, quality and IM&T specialities; and continues to strengthen these functions in response to the clinical, commercial and economic drivers at a local, national and global sector level.

The AWMGS continues to work as part of the Genomics Partnership Wales programme with the Pathogen Genomics Unit and the Wales Green Park to deliver on the objectives set out the Welsh Government's Genomics for Precision Medicine Strategy.

2021-2022 Future Plans

- Implement the genomics Test Directory, increasing the number of cancer and haematological sites tested to our repertoire.
- This will also include the increased adoption of liquid biopsy (circulating tumour DNA) testing for early detection of cancer.
- In expansion of newly developed services, the AWGL will be implementing Whole Genome Sequencing for Intellectual Disability, and increasing the number of pharmacogenetics targets tested across wider areas of healthcare, greatly reducing the number of avoidable adverse drug reactions.
- The AWMGS is also exploring opportunities for an expanded new born screening services with Public Health Wales.
- The Clinical Genetics service are developing a clinical service for neuropsychiatric genetics in collaboration with Psychiatric Medicine.
- Work has also been scheduled to review and streamline the Clinical Genetics service pathways, to modernise our processes in line with technological developments.
- The AWMGS is in discussion with BCU to improve North Wales estates. In order to meet increased workforce demand an increased intake of Specialty Trainees and a HSST for Bioinformatics is planned for 2021-2022.

In order to remain at the forefront of genomics developments the AWMGS is working alongside Genomics Partnership Wales to gain approval of the business case for relocation of the service along with PenGU and the Wales Gene Park to the Cardiff Edge Business Park in north Cardiff. This move is the first phase of an ambitious plan to develop a precision medicine centre of excellence at Cardiff Edge in partnership with Cardiff University, Welsh government, local authorities and the Capital Region. This will create an RD&I asset with academia and industry which will include NHS national molecular diagnostics services, supra-regional and regional pathology services, targeted therapy research including advanced therapeutics medicinal products and a data science research facilities. This will align with the South Wales life science industry cluster and will the NHS precision medicine hub as part of a regionally organised NHS Wales' national precision medicine infrastructure.

Dragon Heart Institute

We have created the Dragon's Heart Institute to spearhead innovation and to act as a catalyst for change across public services to improve the outcomes for citizens in Cardiff, Wales and beyond. It will be a place for people to come to from around the world, to learn from a radical global collective of great leaders and powerful partnerships to collectively, we will solve the wicked issues we do and will face.

OUR KEY ENABLERS

Ensuring purposeful partnerships

Our Health system partners.

i) WAST

We remain engaged with the National Collaborative Commissioning Unit (NCCU) who have developed a suite of Ambulance service commissioning intensions for the Emergency Ambulance Services Committee (EASC). These commissioning intensions were first shared for endorsement at the EASC management committee on the 24 February. We will continue to input in, and understand these, as we move into 21-22.

ii) WHSSC

We have supported WHSSC's planning and prioritisation process, and have provided for the impact of the integrated commissioning priorities (ICP) accordingly as a commissioner at this point.

There are a number of our provider schemes that have not been prioritised that present some concern in terms of service fragility. These have been highlighted to WHSSC and a financial contingency has been included as part of WHSSC ICP to support in-year service risks.

We will continue to work with WHSSC on its work plan and service strategies to ensure progress is being made on quality and sustainability matters. This will also include understanding what recovery of services which we commission through them, and also those which we provide for them, looks like.

iii) HEIW

We have worked closely with HEIW inputting into the development of their annual plan whilst ensuring alignment with our own. We have also worked closely in the development and sharing of

our education commissioning requirements with the organisation. The requirements are detailed in **annex four**.

iv) PHW, DHCW, Shared Services

Through the relevant professional forums we have also ensured that the direction of travel articulated for the coming twelve months has been tested with these vital partners.

We have previously provided details as to how we are working with our Health Board partners and Velindre NHST on our *recovery* agenda.

Our local population

We recognise that to deliver our ambitions for accelerating change and improving quality, we must work harder to engage with the public (plus stakeholders and our own staff) to increase understanding and acceptance of the need for service transformation. We are committed to actively seeking out diverse views and experiences to shape our thinking and co-design our services, and we will continue to work closely with the South Glamorgan Community Health Council and our public and third sector partners to offer a range of opportunities for dialogue and involvement.

Key pieces of engagement in 2021-2022 will include:

- Completion of initial engagement on the Shaping Our Future Clinical Services programme; subsequent engagement and possible consultation on specific service changes deriving from the programme
- Engagement on emerging plans for UHW2
- Completion of regional engagement and subsequent consultation on the future of Vascular Services in South East Wales
- Regional engagement on reconfiguration of specialist services e.g. Oesophageal Gastric Cancer, Spinal Surgery
- Engagement to support delivery of the Shaping Our Future Wellbeing: In Our Community programme, with an early focus on the proposed Barry Health and Wellbeing Centre
- An ongoing programme of engagement to support the transformation of mental health services
- Partnership involvement in engagement to support Population Needs Assessment (via RPB) and Wellbeing Assessments (via PSBs)

Workforce

Our workforce delivery plan supports our overall aim of ***"caring for people, keeping people well"*** and is embedded throughout the IMTP. It is strategically aligned to prudent healthcare principles; ***A Healthier Wales*** and the 7 key themes within the new ***Health and Social Care Workforce Strategy***. It fundamentally supports the delivery of the organisation's ten year strategy, ***Shaping Our Future Wellbeing 2015-25***.

The full Workforce & OD Plan (refreshed for June 2021) is contained in a separate document which can be found here in **annex five.** This workforce plan is also supported by detailed Clinical Board and departmental led plans which have ownership within the business units of the UHB.

The main strategic aim is to improve our leadership potential within the organisation because we fundamentally believe if we get this right then all other good practice and improved performance will come. **Effective leadership, employee well-being and inclusion are critical to achieving our vision as illustrated in the diagram:**

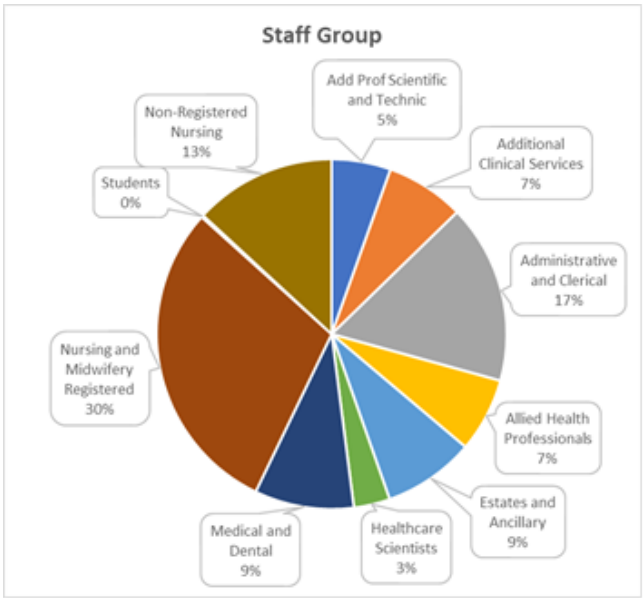
The integrated workforce plan priorities for 2021-22 continue to be adjusted to support COVID-19 and the UHB themes of **Respond, Recovery, Redesign**. It will be key this year for us to balance the workforce priorities across pandemic, mass vaccination and supporting the gradual increase of non-Covid/elective activity. To support this we continue building our plans against a number of anticipated service scenarios, as described in earlier chapters in this annual plan.

Our operational workforce plans cover:

- Winter/Covid-19/Surge Wards (Lakeside Wing)
- Primary Care Workforce planning
- Mass Vaccination Programme
- TTP and Community Testing Units
- Ensuring Temporary staffing are hired to support all Workforce Hub requirements
- Monitoring absence levels, including sickness absence trends, covid-19 absence

A high level summary of our permanent staffing headcount is outlined below. Further workforce data and analysis is contained in the full Workforce & OD Plan and in the associated Template Appendices. Primary Care workforce data is also contained in the full plan.

Staff Group	Headcount
Add Prof Scientific and Technic	861
Additional Clinical Services	1145
Administrative and Clerical	2612
Allied Health Professionals	1081
Estates and Ancillary	1336
Healthcare Scientists	527
Medical and Dental	1447
Nursing and Midwifery Registered	4654
Students	31
Unregistered Nursing	2070
Grand Total	**15764**



It is our intention in 2021 to retain and recruit staff post COVID-19 as we focus on the *recovery* element of

our People Plan. We will also be reviewing our retirement forecasting as anecdotal evidence suggests more staff may be looking to retire.

Work this year on supporting positive Culture Change will focus on the learning we have taken from 2020. We completed a rapid reflective exercise with the leaders across the organisation to understand the impact of COVID-19 on our leadership capability and capacity, identifying what has really worked well, and ensuring this is embedded within the organisation and what we need to learn from going forward. Twelve cases studies were added to the Discovery Report highlighting changes and innovation that happened during this period of time. 2020 presented many with the greatest challenges of our staff careers and people have responded with extraordinary resilience and innovation. It is important that the achievements are appropriately acknowledged and celebrated – and that the sense of pride that there is for many working across the organisation is captured. Our work has been informed by the development of a Discovery Report which articulates what we achieved during each of the pandemic we have experienced so far, what worked well and why. This is a significant sauce of evidence which is informing how we wish to work as an organisation going forward.

This year we will also continue to develop the Hybrid/Agile workforce agenda; using the learning from last year and our experiences of home-working to our advantage. This will dovetail in with the UHB Digital Transformation strategy. As we emerge from the pandemic, we will be implementing a hybrid-working model which facilitates staff working from home on a more regular basis, as well as in a smaller number of office 'hubs'. The focus is on the non-patient facing areas in the first instance, but not exclusively, and will inform new approaches in the provision of space for non-patient facing activities across the organisation. We are working closely with local authority partners as we develop these plans, to ensure we share ideas and identify shared solutions where this makes sense.

We will retain the importance and progress to support our Black, Asian and/or Minority Ethnic workforce and in undertaking active contributions to the All Wales Risk Assessment. We are also active members of the Cardiff Race Equality Taskforce and we have staff who are members off the Welsh Government's All Wales Race Equality Action Plan Group. Our CEO has recently been holding discussions with staff from Black, Asian and Minority Ethnic backgrounds to share their experiences. This listening opportunity has provided rich feedback and areas of improvement which will help us with action plans this year. We have also developed a Memorandum of Understanding with BAPIO.

We continue to progress the UHB Welsh Language Standards Action Plan and embrace this across the UHB (further detail can be found in the Workforce Plan).

Please also see our Recovery enabler 3- *continued occupational development* section of this plan.

Finance

Ensuring Financial balance

The 2021/22 annual financial plan aims to deliver an in year financially stable position. We continue to be in a dynamic environment with considerable uncertainty that is hindering planning commitments at this time. Delivery of the 2020/21 financial plan has been a considerable challenge supporting services in managing the impact of the coronavirus pandemic. It is anticipated that 2021/22 will be another very challenging year. The timing of confirmation of funding allocations secured through the final Welsh Government budget will mean the financial plan supporting the service response will continue to develop through quarter 1 and is draft at this stage.

Overview of the draft Financial Plan

We continue to have ambitious goals. The draft Financial Plan sets out our financial strategy in three parts:

I. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
II. Continuation of non-recurrent response to COVID
III. COVID recovery and reset (service)

1. Core Financial Plan: Delivering in-year financial stability maintain the current level of underlying deficit

We are aiming to deliver in year financial stability. This will provide the UHB with a significant financial challenge for the year that is based on a Health & Social Care budget 2% core allocation uplift in funding in 2021/22.

Based on current funding assumptions, the planned underlying deficit of £4.0m entering 2021/22 has increased to £25.3m due to the non-delivery of recurrent savings caused by the impact of COVID. A number of the UHB's high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. These could not be pursued due to the UHB response in managing the pandemic. As per the final annual plan financial principles and expectations we are assuming a non-recurrent allocation of £21.3m to address the impact of COVID on the recurrent brought forward position that relates to 2020/21 non delivery of savings.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months and this will be continually reviewed.

The 2021/22 plan will require the delivery of a 2% efficiency and value target. Given the continuing impact of COVID through 2021-22 this will challenge the organisation. The savings plan will focus on procurement, medicines management, Estates rationalisation alongside maximizing the benefits of developments implemented through COVID.

There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues.

A key assumption in delivery of the core financial plan is that the commissioning approach from WHSSC and neighboring LHBs does not financially destabilise the UHB and that block contract arrangements will continue through 2021-22.

DRAFT Core Financial Plan Summary

	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(21.3)
Adjustment for non recurrent items in previous year	(21.3)	(4.0)
Draft b/f underlying deficit	**(25.3)**	**(25.3)**
Net allocation uplift (including LTA inflation)	19.4	
Draft cost pressures assessment	(27.4)	
Investments	(4.0)	
Recurrent cost improvement plans 1.5%	12.0	
Non Recurrent cost improvement plans 0.5%	4.0	
Draft Surplus/(Deficit) *	**(21.3)**	
Non recurrent allocation to offset b/fwd COVID deficit	21.3	
Draft Surplus/(Deficit)	**0.0**	

The UHB plan gives a breakeven in year position.

2. Continuation of non-recurrent response to COVID

The UHB has developed three planning scenarios, based around potential COVID prevalence. Financial modelling is based on the COVID central scenario that assumes COVID is with us all year but continues to recede. The response will need to remain dynamic and responsive to changes in COVID demand, working within an established escalation framework. Based on the considerable uncertainty of planning commitments the forecast below currently represents quarter 1 and quarter 2 only.

COVID Financial Forecast 2021-22 (*based on month 2 MMR submission*)

	Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000
Testing	639	639	639	639	2,556
Tracing	1,912	2,868	2,868	2,868	10,516
COVID-19 Vaccination Programme	5,311	5,447	3,821	3,711	18,290
Extended Flu vaccination		91	1,243	203	1,537
Field Hospitals (Lakeside Wing)	990	939	930	862	3,721
Cleaning Standards	417	1,058	1,116	1,116	3,707
CHC/FNC Packages	747	747	747	747	2,988
Other COVID-19 related spend	16,051	17,548	17,601	16,636	67,836
Sub Total COVID-19 additionality	**26,067**	**29,337**	**28,965**	**26,782**	**111,151**
Non delivery of planned savings due to COVID-19					
Planned Operational Underspends	(1,665)	(1,157)	(461)	(261)	(3,544)
Slippage on planned investments					
Repurposing of development initiatives					
COVID-19 Impact	**24,402**	**28,180**	**28,504**	**26,521**	**107,607**

** other COVID-19 related expenditure includes Recovery Plan costs of £13.660m*

Key COVID financial assumptions

Local response stability allocation of £22.6m to cover first 6 months of the financial year based on Cardiff and Vale 13.3% allocation share. As per the final annual plan financial planning principles funding has been assumed to offset forecast costs for the seconds 6 months of the financial year.

Additional COVID funding has also been assumed totaling £3.544m relating to planned operational underspends to mitigate risks associated with the delivery of the 2021/22 savings programme.

Funding for national programmes on an actual cost basis:

- Testing costs
- Mass vaccination programme
- Transforming access to emergency care
- Cleaning standards
- NHS commissioned packages of care
- PPE
- Tracing costs

Full year forecasting remains a challenge given the range of potential COVID trajectories. Whilst COVID prevalence is currently low the organisation needs to remain COVID ready. Key cost drivers within our local COVID response include:

- Full year costs of £7.718m relating to the continued use of the independent sector. Independent sector usage described in our COVID recovery plan is in addition to this.
- Lakeside wing running and staffing costs. 50 beds are currently open.
- Additional staffing costs relating to the continued use of green zones.
- Revised layout and expansion of critical care
- Increased NCSO costs relating to medicines supply restraints
- Additional partnership working with the 3rd Sector
- Continuation of reductions in both private patient and commercial income streams

3. COVID Recovery and Redesign (Service)

The focus is now increasingly turning planning recovery of the system that will of course be a long term challenge. The organisation is now progressing its recovery plans in line with our initial recovery proposals against the WG £100m allocation for 2021/22.

Confirmation of £13.660m non-recurrent funding will support the following planned care proposals:

- Independent sector and insourcing £6.757m
- Waiting list initiatives £1.214m
- Specialty specific schemes £0.610m
- Therapies £0.448m
- Recruitment of key posts £3.381m
- Hire of 2 mobile theatre units £1.250m

Further recovery bids totalling £23.575m will be included within our draft annual plan addendum with an increased focus on unscheduled care, primary care, diagnostics and mental health.

Summary

This is a draft plan based on the final annual plan financial principles and expectations. We will continue to need to work closely with Welsh Government in finalising the plan and in ongoing assurances on delivery.

Financial Risks

We are facing a number of financial risks at this stage of the financial planning process. The key risks for are set out below:

- **Finalisation of planning assumptions and financial allocations** - We continue to be in a dynamic environment with considerable uncertainty that is hindering planning commitments at this time. Confirmation and allocation of additional funding secured in the Welsh Government Final Budget will influence the final plan.
- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 2% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them.
- **COVID Response** – The UHB will need to manage its COVID 19 response within the funds made available by Welsh Government. The response will need to remain dynamic and responsive to changes in COVID demand. Key to this will be the organisations ability to step down non recurrent COVID costs at pace. COVID stability funding post month 6 is yet to be confirmed but at this stage assumed to match forecast costs subject to review

The Health Board recognises the risks in the plan and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

Taking great care

Of our staff

Ministerial

Priority

Capital and Estates

The UHB has an approved capital management plan for the 2021/22 of £26.199m. The approved funding includes; £14.133m Discretionary Capital and £12.066m for Major Capital projects (see tables below).

In addition, and in response to Welsh Governments *Funded Programme for Targeted Improvement's in the NHS estate in Wales 2021-22*, we have submitted a range of schemes across a number of categories including Estates Fire Safety backlog, Estate Infrastructure, Mental Health Estate and Decarbonisation. Details on these schemes can be found in **annex six**. There exist further schemes that we would like to be considered if the budget allocation is not fully allotted. These are also listed in **annex six.**

Reflecting the direction of travel described in this plan it remains our intension to seek capital investment for range of further schemes. These include;

- Endoscopy expansion
- Hybrid / MTC theatre
- Increased cataract / Day-case modular theatres
- Community diagnostic hub
- "Virtual village"
- Critical care expansion
- BMT, Haematology, acute oncology service co-location
- Genomics
- Shaping our future wellbeing in the community- *North Cardiff wellbeing hub*

Many of these schemes will, as described in this plan, form key planks of the UHBs recovery plan and as such have ambitions to move on many of these, at pace, in the coming twelve months. We would welcome further conversations with Welsh Government on how best we can support rapid decision-making on cases developed.

Our Capital Management Group (CMG) reviews the UHBs Capital Programme on a monthly basis, and will reprioritise the programme in the event of new urgent priorities arising. The Capital Programme is also scrutinized regularly by the People, Performance and Planning subcommittee of the Board.

No.	Description	Cost			
		Major Capital	Funded Disc Cap	Business case Payback	O'Turn
		£k		£k	£k
MAJOR CAPITAL					
	Rookwood Relocation	1,150			**1,150**
	Refit				**0**
	Eye Care - e-referral system	540			**540**
	Cystic Fibrosis	198			**198**
	SARC OBC	390			**390**
	Geonomics				**0**
	Radiopharmacy Development FBC				**0**
					0
	Wellbeing Hub Cogan				**0**
	Wellbeing Hub Maelfa	9,788			**9,788**
	Wellbeing Hub CRI				0
MAJOR CAPITAL COMMITMENTS		**12,066**	**0**	**0**	**12,066**
DISCRETIONARY CAPITAL & PROPERTY SALES					
Schemes B/F:					
	Rookwood Relocation		786		**786**
Annual Commitments:					
	UHB Capitalisation of Salaries		440		**440**
	UHB Director of Planning Staff		165		**165**
	UHB Revenue to Capital		1,215		**1,215**
	UHB Accommodation Strategy		200		**200**
	UHB Misc / Feasibility Fees		100		**100**
Covid-19					
Business Cases funded via Discretionary Capital					
	CAVOC Theatres UHL				**0**
	UHL New Substation & Upgrade Med Gases				**0**
	Radiopharmacy Development FBC				**0**
	Hybrid/MTC Theatres (FBC)		1,026		**1,026**
	Wellbeing Hub Park View		230		**230**
	Refurbishment of Mortuary UHW BC		100		**100**
	Haematology Ward & Day Unit				**0**
	Endoscopy Expansion		100		**100**
	Critical Care Expansion				
	Pet Scanner				
	RUCS				

No.	Description	Cost			
		Major Capital	Funded Disc Cap	Business case Payback	O'Turn
		£k		£k	£k
IM&T:					
	Backlog IM&T		500		**500**
Medical Equipment					
	Backlog Medical Equipment		1,000		**1,000**
Statutory Compliance:					
	Fire Risk Works		200		**200**
	Asbestos		400		**400**
	Gas infrastructure Upgrade		300		**300**
	Legionella		450		**450**
	Electrical Infrastructure Upgrade		150		**150**
	Ventilation Upgrade		500		**500**
	Electrical Backup Systems		250		**250**
	Upgrade Patient Facilities		350		**350**
	Dedicated Team		200		**200**
Other:					
	Backlog Estates		1,000		**1,000**
	Ward Upgrade (2 wards)		1,100		**1,100**
	Lift Upgrade (3 lifts)		300		**300**
	Donated Building works				
					0
	Emergency Contingency		1,000		**1,000**
	Unallocated		2,071		**2,071**
DISCRETIONARY CAPITAL & PROPERTY SALES COM		**0**	**14,133**	**0**	**14,133**
Total Commitment		**12,066**	**14,133**	**0**	**26,199**

PLAN DELIVERY

Governance

We have had a clear approach for maintaining robust governance through the course of the pandemic with regular Board and Committee meetings taking place virtually to enable appropriate strategic oversight and scrutiny of the plans being developed and implemented.

Independent Board members have continued to have an informal session with the Health Boards Executive team whilst members of the Planning and Strategy team have also worked with independent members via Board development days to shape this plan.

Engagement during the production of this plan took place with the CHC in both December 2020 and February 2021.

The Board will receive assurance from the Strategy and Delivery sub-committee on progress with delivering the key elements of plan.

The Audit Committee will review and have oversight of governance and risk arrangements to ensure these remain robust.

The approach to developing this plan (and the quarterly plans developed through 2019/20) are also currently subject to Audit Wales and internal audit examination.

Monitoring

Following a detailed piece of work through the later part of 2019/20 to understand where we are on our journey to delivery our strategy (we approach the half way point) we have created a Change Hub within the organisation. This change hub will own the developed a number of transformation programmes that collectively will be responsible for delivering many of the key commitments given in this plan.

Appendices

Annex one: Summary of Quality and Patient Safety priorities for 21-22

Priority	Headline Activity	By when
Quality, Safety and Experience Framework 2021-2026	QSE Committee approval	Q2
	QSE dashboard and refreshed reporting arrangements to Board and QSE	Q2
	Finalised QSE Committee and Group governance structures	Q2
Organisational Safety Culture	Undertake an organisation wide Patient Safety Culture	End Q1
	Align QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)	End Q2
Leadership and the prioritisation of quality, safety and experience	Strengthen QSE leadership and governance	End Q4
	Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020	End Q4
	Establishment of the UHB citizen voice panel	End Q2/3
Patient experience and involvement in quality, safety and experience	Safety Survey with patients	Q3
	Development of library of patient/ staff/ carers stories to inform learning	End Q2
Patient safety learning and communication	Review of QSE corporate structures to include Learning from Deaths Committee (established), Clinical Effectiveness Committee and Organisational Learning Committee	End Q3
	Embed the use of simulation training to embed learning and drive improvement	Q4
	Development and sharing of the learning from events work to share good practice across the UHB	Q2
	Agreement of a Humans Factor Framework and Implementation plan	Q3
Staff engagement and involvement in safety, quality and experience	Agreement of a Framework for supporting staff who have been involved in concerns about patient care.	Q2
	Roll out of the Talk de-briefing tool	Q4
Patient safety, quality and experience data and insight	Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project (Applied Analytics) to support Directorate teams in using data to drive improvement)	Q4
	Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents)	Q3
	Implement Once for Wales Concerns Management System in line with National Programme Board requirements	Q1/Q2/Q3/Q4

	Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions	Q3
	Implement Once for Wales service user experience system in line with National Programme Board requirements	Q2/Q3 /Q4
Professionalism of patient safety, quality and experience	Development of a QSE accreditation/ syllabus	Q4

Annex two: Summary of essential services capacity for Qtr 1 & 2

GREEN	AMBER	RED
<75%	50-75%	>50%

Essential Service	Status- Expected capacity for Q1-2 compared to pre-Covid-19	Action being taken to improve situation and/or action being taken to manage resulting risks (ONLY if amber or red)
Renal Dialysis	Green	
Solid Organ Transplantation	Amber	Service is open for deceased organ transplantation and has access to theatres via CEPOD. Due to the risk and impact of COVID on immunosuppressed patients, the inpatient ward T5 has had to reduce the beds availability from 20 to approx. 11 to support with maintaining social distance and IP+C requirements to reduce any risk of COVID being acquired in hospital. Service is open for Living Kidney donor organ transplantation but in addition to the bed base reduction in capacity, the service only has access to approx. 50% of its pre COVID theatre lists for this and also to accommodate category 2 renal surgery cases. The Directorate is working with theatres to access additional lists where at all possible and prioritising living kidney donors.
Thoracic Surgery	Green	
Haematology	Green	
Neurosciences	Green	
Major Trauma Centre	Green	
Stroke	Green	
Gastroenterology	Green	
Acute Oncology	Green	
Lung Cancer	Green	

Essential Service	Status- Expected capacity for Q1-2 compared to pre-Covid-19	Action being taken to improve situation and/or action being taken to manage resulting risks (ONLY if amber or red)
Skin cancer	Green	
HPB Cancer & Urgent	Green	
GI Cancer & Urgent	Green	
Head & Neck Cancer & Urgent	Amber – 50-75%	Dental Hospital Main theatres are now operating two days per week which has increased the available capacity, with further planned increase later in the year this service will turn "green".
Breast Cancer	Green	
Spinal Urgent	Red (Adult) Amber (Pead)	Spinal elective has transferred to UHW from UHL but currently have 2 lists (4 sessions) per week in Main Theatres, hopefully increasing to 3 lists (6 sessions) in Q1 (compared to a scheduled 12.5 sessions per week pre-COVID) and 2 Paeds Scoli sessions per week compared to 3 sessions per week pre-COVID. Constraints to increase in-house are theatre workforce and beds, so working through what would be needed to increase activity. Exploring options for outsourcing.
Urology Cancer	Green	
Ophthalmology R1 & R2	Amber – 50-75%	Ophthalmology amber as many of their lists are local anaesthetic only due to covid pressures and a chunk of their R1,2 patients will need general anaesthetic procedures. Options being explored to increase capacity including a twin theatre build or outsourcing
Emergency Surgery	Green	
Trauma	Green	
Emergency Ophthalmology	Green	

Annex three: Our digital strategy

CAV_Digital Strategy_Final DT1.p

Annex Four: Education Commissioning Requirements

IMTP Commissioning - 24

Annex five: Workforce and OD plan

IMTP 2021-24 Workforce OD Deli

IMTP 2021-24 Workforce OD Plan

Annex six: Funded Programme for Targeted Improvement's in the NHS estate in Wales 2021-22

Targeted Improvement's in the NHS estate in Wales 2021-22	
Estates Fire Safety Backlog	**£m**
UHW Tower Block 1 Fire Alarm system upgrade	0.737
Fire Safety – Community Based Facilities; Phase1	0.100
Fire Alarm system detection device upgrade UHL	0.184
Total Estates Fire Safety Backlog	**0.837**
Estate Infrastructure	**£m**
Dental Block Main Distribution Replacement	0.978
UHW Main Vacuum Plant Replacement	0.223
University Hospital Llandough Plantroom Upgrade	0.992
Total Estate Infrastructure	**2.193**
Mental Health Estate	**£m**
Community Based Facilities	0.050
Total Mental Health Estate	**0.050**
Decarbonisation	**£m**
Air Conditioning Controls Scheme	0.688
Burner Replacement for UHW Centralised Boiler House	0.564
Control Valve Replacement Program	0.169
Pipework Re-insulation program	0.094
Total Decarbonisation	**1.515**
Total Scheme Cost	**4.595**

Additional schemes for submission (subject to further funding being available)

- Secondary glazing and insulation to existing estate, particularly UHW buildings (recent issues of heat loss during cold spell through draughts on wards)
- Fire Alarm upgrade - various across the estate
- Fire Compartmentalisations - various buildings across the estate
- Fire Doors - various buildings across the estate
- Floor coverings – various buildings across the estate
- Internal decoration – various across the estate
- Ceiling upgrades – various across the estate
- Infrastructure upgrades pipework - removal of asbestos lagging to main pipe distribution in tunnels and re-site pipework (Llandough and UHW)
- Building Fabric Repairs
- Boiler Upgrades (not refit)
- BMS Upgrades and supporting controllers (not refit)
- Footpaths and Pavements
- Upgrades to Estate for Dementia patients
- Upgrades to Estate in compliance with Mental Health

Annex seven: Sustainability action plan

SUSTAINABILITY_ACTION_PLAN_v7[2748].p

Planning for Recovery and Redesign

Addendum to the 2021/22 Annual Plan

June 2021

Cardiff and Vale University Health Board Recovery and Redesign

1. Background

The Covid-19 pandemic has had a significant and wide-ranging impact on health services. There has been, and continues to be, the direct impact of Covid, the indirect impact on non-covid service provision, the long-term legacy of covid related ill health and the wider consequence for the health of our population resulting from economic and social impacts.

The Health Board is proud of the flexibility, resilience and pragmatism that our teams have displayed which has allowed us to meet the dual demands of managing two significant waves of Covid whilst maintaining access for all essential services.

The first principle of the UHB's approach to planning through the pandemic has been to be "Covid ready". As we move through 2021-22 this principle will remain at the core of our planning whilst we simultaneously drive to make a significant recovery and redesign of services, particularly those where activity was reduced in order to allow capacity for the pandemic response or where the wider consequences of covid are now translating into increased demand. Dynamic and advanced planning – remaining one step ahead of the Covid curve – has been pivotal to our recent success. This has required transformational change and bold decision-making and it is now time to apply that same approach to the longer-term challenge of the UHB's Recovery and Redesign Programme.

In March 2021, the Health Board submitted a draft annual plan to Welsh Government, with an addendum that focused specifically on Planned Care recovery and redesign. This updated addendum is now broadened to cover the whole system operational recovery and redesign portfolio – for primary and community care, mental health, secondary care and tertiary services.

Our planning for recovery and redesign will continue to be agile and plans will develop and refine over time. This document, therefore, is not intended to be a comprehensive and exhaustive 'plan' to chart a specific course from A to B. Rather, this document sets out the UHB's evolving position, approach to addressing the challenge and highlights the current principal schemes which have been proposed to help the organisation meet the needs of our patients.

2. Context - Where are we now

Whilst the UHB maintained essential services throughout the pandemic, maximised use of external capacity and rapidly introduced new ways of working across the system, the scale of the recovery and redesign challenge ahead is enormous – driven by both the impact of the reduction in activity during the last year and suppressed demand. We have been working at speed to assess and model the potential scale of the backlog, roll out new ways of working and develop plans to increase capacity. The UHB has demonstrated over the past year that it can 'innovate with urgency' across the system – resulting in new models of care such as the phone-first model 'CAV 24/7', Mental Health Recovery College, Primary Urgent Care Centre and the Protected Elective Surgery Units. Plans set out later in this document demonstrate how we will build on those opportunities.

Primary Care, whilst establishing robust business continuity plans to maintain essential services, is now under considerable additional strain with increasing demand from delayed presentations, an increase in new referrals resulting from the widened consequences of covid and the need to support the delivery of vaccination programme. In relation to General Medical Services, Primary Care contractor services continue to be directed nationally. There are current pressures on services with requests for list closures and practice mergers. Several practices are reporting escalation levels 3 or 4. We have not had any requests, as yet, for practice closures.

Dental services are operating at around 50% capacity and 30% capacity for AGPs. Eye care services are operating around 80% capacity with the good models put in place during covid - Glaucoma Ophthalmic and Diagnostic Treatment Centres (ODTCs), Independent Prescribing Optometry Service (IPOS) and Domiciliary Emergency Eye Care Service (DEECS) – continuing to form a critical part of our response and recovery plans.

Following an initial fall in **mental health** referrals in wave one, referrals have increased and now remain at historically high levels (Figure 1) – attributed to the impact of the lockdown restrictions from enforced social isolation, uprooted everyday life and widespread and negative economic consequences. With regards to Mental Health performance measures, recent high referral levels have put pressure on our capacity to assess within 28 days. Conversely compliance for treatment, care and treatment planning and reporting have improved (Figure 2).

Figure1: Mental Health referrals

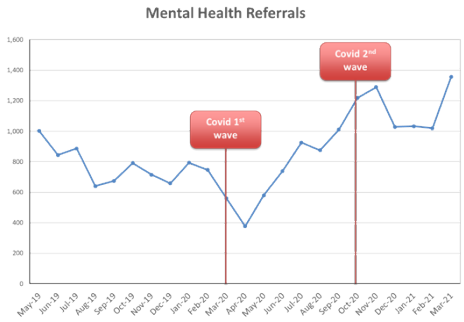
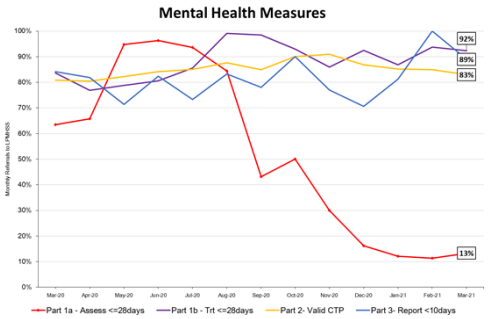


Figure 2: Mental Health measures compliance



Clinical teams are reporting an increase in the level of acuity in presentations for both adults and children and young people, leading to an increase in hospital admissions. The Health Board continues to work closely with system partners to ensure there is a holistic response. Recovery plans recognise the delayed impact on mental health services.

Following a significant reduction in **planned care (elective) activity** in the first wave, this has subsequently increased – and the Health Board is on track to deliver its activity commitments set out in the March 2021 draft plan.

New outpatient activity reached its lowest point of 29% of pre-covid activity in April 2020 but has subsequently recovered to 88% in March 2021 (Figure 3). At the start of the pandemic, the Health Board rapidly adopted virtual consultations as a major component of its response – rising from 2.4% of total appointments at the start to 40% at the peak. As face to face appointments have returned in greater volumes, virtual working has reduced (Figure 4) and, therefore, going forward a focus on virtual remains a fundamental workstream in the Health Board's Outpatient Transformation Programme.

Figure 3: New outpatient attendances

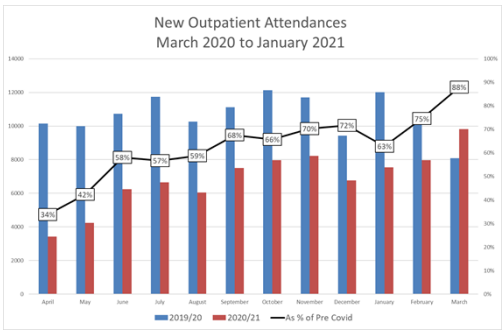
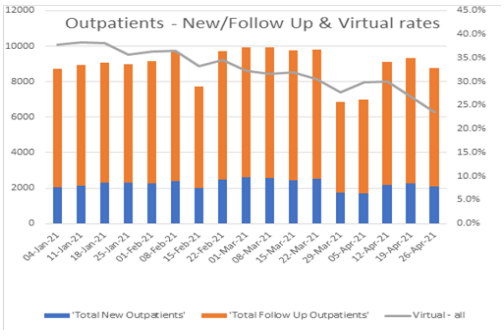


Figure 4: Outpatient activity & virtual rates



Elective or planned treatments requiring inpatient or day case admission to hospital started to decline in March 2021 and reached its lowest point of 27% of pre-covid levels in April 2020. Activity recovered to 81% by the end of March 2021 (Figure 5).

Radiology activity across all modalities (CT, MRI, Ultrasound and General, including Plain Film X-Ray) started to decline in March 2020 and reached its lowest point of 24% in April 2020. Activity recovered to 92% by the end of September 2020 and is over 100% at the end of March 2021 (Figure 6).

Figure 5: Elective & daycase admissions

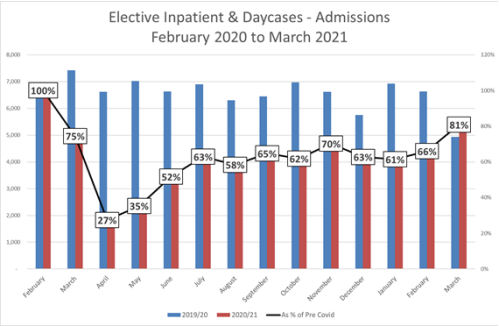
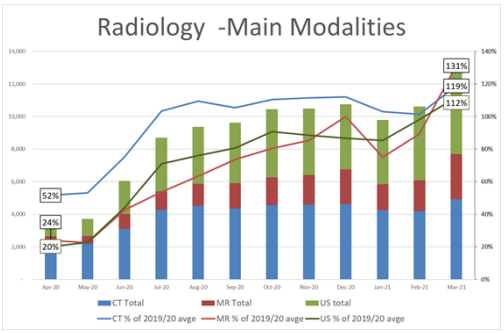


Figure 6: Radiology activity



With regards to **unscheduled care**, attendances at our Emergency Unit fell during both waves, to under 50% of pre-covid levels in wave one but to a lesser extent in wave two (Figure 7). Non-covid emergency occupancy saw a similar drop off at the start of wave one but a re-emergence subsequently approaching pre-covid levels (Figure 8) and with significant uncertainty on the future trajectory.

Figure 7: Elective & daycase admissions

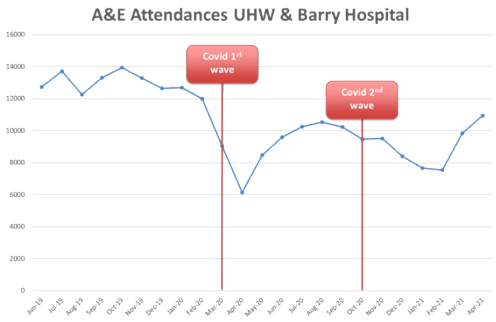
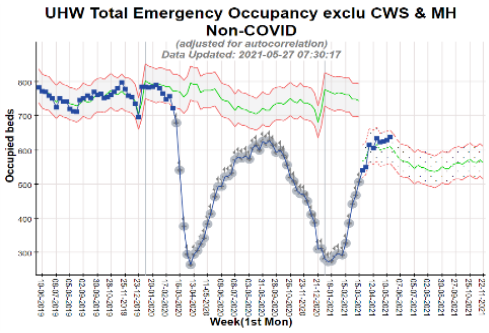
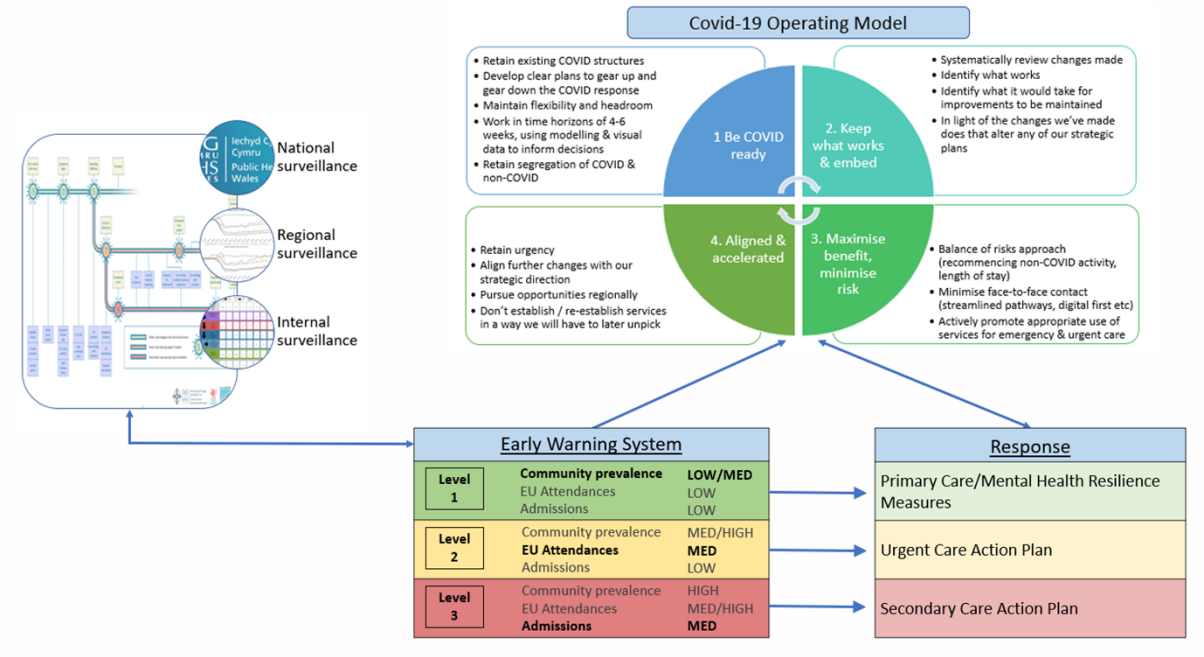


Figure 8: UHW non-covid occupancy (emergency)



Our capacity and configuration plans are guided by local and national modelling and operational triggers informs our gearing. Figure 9 sets out our covid operating model and approach.

Figure 9: Covid operating model and operational triggers



An assessment against the current national (Figures 10 & 11) and local modelling has confirmed that we have sufficient physical bed capacity in the event of a third wave. In Critical Care areas this would be achieved through the deployment of surge capacity identified at the start of the pandemic. In non-Critical Care areas, the UHB retains the provision of our Lakeside Wing, alongside a number of additional surge wards and areas that have been used during the first two waves. Table one provides a summary evaluation of the average daily bed requirements higher and lower bed projections. Workforce availability, however, remains a key risk.

Figure 10: Critical care occupancy requirements

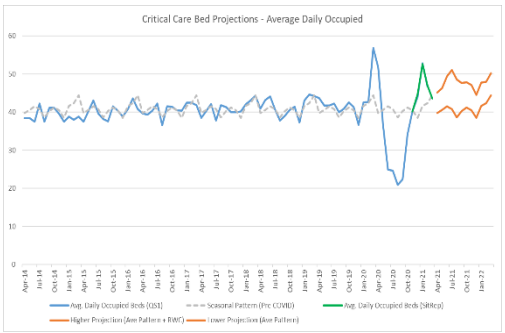


Figure 11: Other beds occupancy requirements

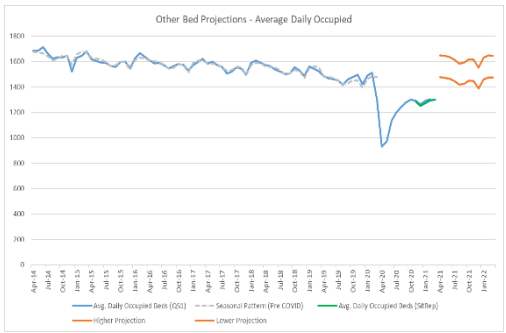
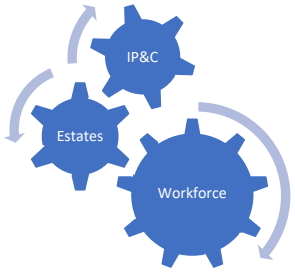


Table 1: Summary Evaluation of Average Daily Beds at Higher and Lower Projections

Scenario	Critical Care Beds (incl. PACU)	Other Beds
Lower Projection	Average daily occupied beds at low of 39 in August '21 (excl. Dec) and a peak of 44 in March '22. Current capacity sufficient to meet lower projections with no required expansion on the beds currently available No additional workforce constraints.	Average daily occupied beds at low of 1418 in August '21 (excl. Dec) and a peak of 1476 in Feb '22. Current capacity sufficient to meet lower projections with expansion of bed capacity during winter in line with previous year trends. No additional workforce constraints
Higher Projection	Average daily occupied beds at a low of 47 in Nov '21 (excl. Dec) and a peak of 51 in July '21. Likely that additional capacity will be required through the re-opening of a surge capacity on 3rd Floor of UHW. Workforce constraints become the rate limiting	Average daily occupied beds at a low of 1584 in Aug '21 (excl. Dec) and a peak of 1649 in Feb '22. Bed capacity opened in UHW and UHL for covid patients. Lakeside wing and UHW capacity enacted for short period to meet potential demand. Workforce constraints become the rate limiting factor

Beyond the summary provided, our escalation arrangements remain extant and are expected to continue throughout 2021/22. Ongoing evaluation indicates that physical bed capacity is also available to meet projections which factor in 80% and 90% bed occupancy. The configuration of our sites was significantly altered in both waves in order to allow the segregation and zoning of ward capacity with, for example, the Covid wards placed on the 7th floor of University Hospital Wales (UHW) and progressively moving down to the 6th and 5th floors as demand increased in wave one. Similar arrangements for zoning will be considered during any future wave with sufficient consideration also being provided for the expected re-emergence of non-covid pressures such as RSV.

Finally, in terms of the 'where are we are now' position, it is important to see the Recovery and Redesign Programme in the context of the prevailing operating conditions. The UHB is acutely aware that our workforce is tired and stretched as well as needing time for reflection, briefing and support. Furthermore, there will be a lead in time for, and constraints around, securing a skilled workforce to service the ambition. Our service capacity is significantly reduced due to ongoing Infection, Prevention and Control (IP&C) requirements and our plans



requiring estate changes or expansion will be constrained by lead in times for approval and construction.

3. Overview of approach to Recovery and Redesign Programme

The UHB's experience through Covid has cemented our thinking that recovery and redesign are best achieved through a clinically-led, data-driven and risk orientated approach. Whilst developing plans from the bottom-up can be more time-consuming, we believe this will ultimately lead to better and more sustainable solutions. Our ambition for recovery is clearly to restore and improve access to services, however we recognise that on the journey we will need to be cognisant of the potential harms faced by patients and therefore take steps to minimise these. In addition, the pandemic has demonstrated the ability of the NHS to transform at pace and we view this as a once-in-a-generation opportunity to reshape health care services in a positive way.

Table 2: CAV Approach to Recovery and Redesign

Principles	Objectives	Methodology
• Clinically-led • Data-driven • Risk-orientated • Covid-ready	• Restore and Improve Access • Transform pathways • Minimise Harm	• System-wide pathways • Recovery cycle • Programme Management approach • Protected capacity

The operational Recovery and Redesign Programme forms five of the eleven overall Health Board strategic programmes (figure 12) and governance structures are developing which will ensure continued strategic alignment.

Figure 12: UHB's strategic programmes

Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Abi Harris	Abi Harris	Stuart Walker	Fiona Kinghorn	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Rachel Gidman	David Thomas

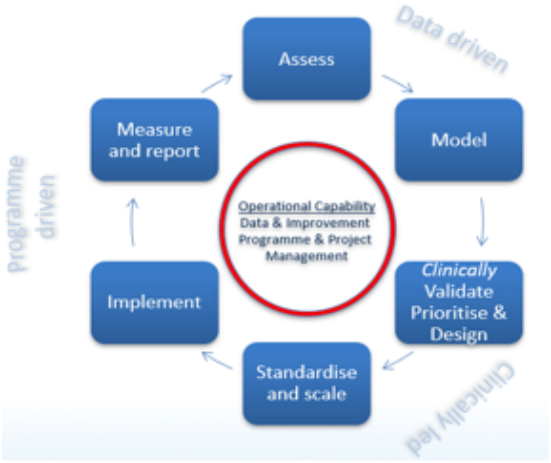
Strategic programmes
Operational programmes
Enabling programmes

It is clear that the scale of the ambition set out in this document will not simply happen. It is system-wide, comprehensive and a fundamental step-change in the way health services are delivered – and we need to do it at pace. This requires a programme approach with dedicated clinical leadership, programme and project support, operational capacity and analytical capability.

The scale of our recovery and transformation ambition means our method needs to be equally bold. We are embarking on a *root-and-branch* redesign of health care, systematically working on a service-by-service basis. Our high-level

methodology for this is set out in the recovery planning cycle in Figure13, setting out the key steps to engage senior clinicians across primary and secondary care in the process of diagnosing, prioritising, re-designing and implementing.

Figure 13: Recovery Planning Cycle



The first two components of our recovery cycle, *assess* and *model*, require us to use data to develop a common understanding of our starting position and the potential implications for our forward projection of the decisions we take.

The Health Board, in conjunction with its external partner Lightfoot, has through *Signals from Noise (SfN)* developed a tool to measure and project demand and recovery trajectories based upon different assumptions. An example of this was provided in the draft submission of the planned care recovery plan in March 2021.

The assessment and modelling have shown that:

- The scale and complexity of the challenge is significant. The reduced activity levels and presentations over the last 12 months has led to potentially significant suppressed demand, with different specialties at different starting points.
- A full 'recovery' from the pandemic will likely take **5 years** and will require sustained and **significant additional capacity**.
- Additional capacity alone will not be enough – the NHS needs to fundamentally **transform** the services it provides and the way in which they are provided
- Both additional capacity and pathway redesign will take time and therefore there will be a need to **support and involve patients**, manage expectations and enhance the services which are alternatives to treatment.

The next sections of this document outline the schemes we aim to take forward under each of the five programmes, detailing the external resource we require. The schemes that are being put forward as part of the Recovery and Redesign Programme are all related to an issue or challenge which has arisen due to covid and can show a quantifiable impact and benefit. Resources sought are not to correct historic finance or resource gaps in services. Additionally, each scheme meets one of more of the following categories:

- Risk and urgency - Mitigates a clear clinical risk or there is a scale of need and benefit

- Sustainability - Required for ongoing investment in a core service. Either to convert a risk / urgency scheme or an investment now for the future

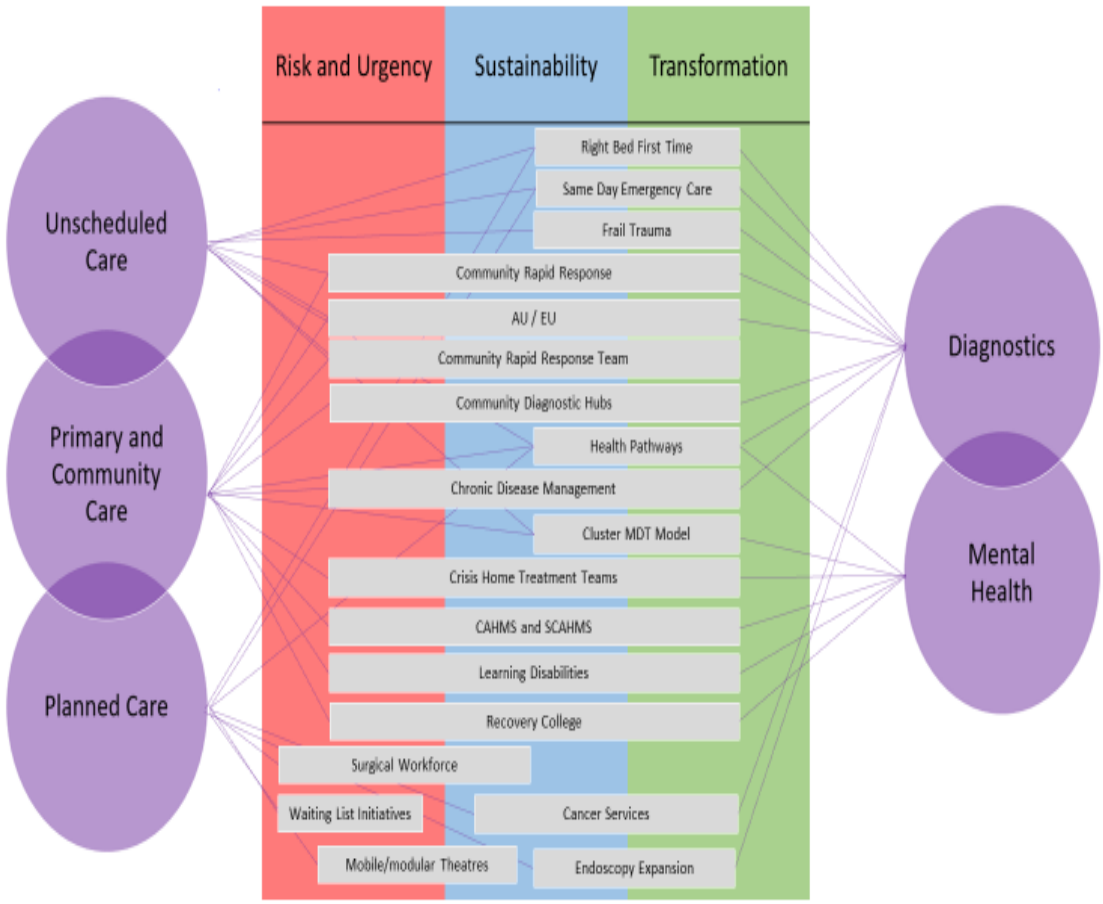
- Transformation - New models of working which are congruent with strategic directions

It is important to note that the plans are described and presented under the relevant Programme, rather than by specific priorities or themes. For example, plans for Children & Young People are reflected across the Programmes rather than as a dedicated section. Similarly, partnership working and integrated care forms both an explicit and implicit priority within each Programme ensuring that we work together with our partners for our population.

4. Integration of Recovery and Redesign Programme Workstreams

The Recovery and Redesign Programme consists of five core areas: Primary and Community Care, Mental Health, Planned Care, Unscheduled Care and Diagnostics. The development of these programmes allows us to take a true programme management approach to drive improvements and deliver change. Whilst these programmes provide structure, it is clear that many of the schemes contained within them cross multiple programmes and also meet more than one of the core recovery categories. Figure 14 highlights the integration and relationships between some of the principal schemes that are being proposed through the addendum. Additionally, it gives a high-level indication of the how important our joined-up programme approach will be to ensure we're able to deliver the scale and breadth of change necessary.

Figure 14: Integration of Programmes, Schemes and Categories



5. Primary and Community Care

As noted, Primary and Community Care has felt the impact of Covid-19 acutely and significantly with the response from our teams being characterised by numerous remarkable examples of service change. These changes have facilitated continued operational delivery which has ensured maintenance of access to essential services alongside the delivery of the vaccine roll out programme and a concerted diversion of care away from acute hospitals.

The UHB is clear that Primary and Community Care is the most fundamental element of our healthcare system and thus provides the basis for much of our future planning. Our Recovery and Redesign Programme is rooted in a desire to ensure more accessible and timely care closer to home, enhanced system wide collaboration and a greater focus on population health.

When considering Recovery and Redesign we aim to always first ask ourselves "why not primary care?". Embedding this as a core consideration is vital, equally as important is for us to understand the current context within which Primary and Community Care is operating. Following the pressures during the 1st and 2nd waves of the pandemic, it is clear that these services are now under further significant strain at this stage of recovery as the impact of the lockdown easing is felt. The annual plan therefore recognises the absolute priority to support Primary and Community Care services in the current pressures, as well as placing them front and centre in whole pathway recovery and redesign.

The UHB recognises that the delivery of services in the community, a key driver for our Recovery and Redesign Programme, requires extensive partnership working across many sectors. To help achieve this the Programme will include a particular focus on building on the operational processes and relationships which have been enhanced during the pandemic response, with a dedicated scheme in this spirit outlined further in our Unscheduled Care Programme. Improving access, both in and out of hours, for services such as GMS and GDS remains central to our strategic planning and the close alignment between our operational and strategic programmes will help facilitate an expediency in delivering these improvements.

The establishment a locality-wide urgent care centre in the Vale of Glamorgan and the introduction of the CAV 24/7 'phone-first' model have been noted earlier. In both examples clinical leadership has been at the forefront of the concept, design and implementation and this will continue to be our approach as we further progress our Primary and Community Care Recovery and Redesign Programme.

Primary and Community Care – Overview of Principal Schemes

Recovery and redesign imperatives that have Primary and Community Care at their core have been forthcoming from all areas of the UHB, the full list of these can be found in Table 3.

One of the principal UHB priorities for 2021-22 is the provision of capacity and resource to help address significant backlogs in areas such as ***chronic disease management***. A transformative approach to the delivery of diabetes care has been piloted in recent months and shines a light on our emerging thinking in this area. The development of the e-referral model has provided quick and expert advice to GPs and reduced the reliance on specialist referrals. An innovative plan to expand this service through the provision of locality Specialist Nurses will allow for a more patient focused approach to the delivery of insulin and GLP1 injectable treatments. A similar model is proposed for the management of chronic respiratory conditions where a pilot is underway to build on the GPSI e-advice service, with plans to supplement this with the provision of a Respiratory Physiologist to facilitate early diagnosis and admission avoidance, recognising the profound impact that Covid has had on this group of patients.

One of the legacies of the pandemic will be the significant numbers of patients with ***Long Covid*** requiring ongoing support, guidance and treatment. The UHB established the specialised Covid rehabilitation service in December 2020 and has developed an MDT focused Rehabilitation and Community Care pathway with liaison and support from Primary Care. The development of a dedicated rehabilitation website underpins the work of the team and acts as a resource for guided self-care management. Our plans for 2021-22 will be to continue to develop the model of care needed to give the range of multidisciplinary input required and provide timely access to care. The Recovery and Redesign Programme will ensure there is sufficient capacity for flexibility and embracing novel ways of delivery to meet the needs of individuals living with Long Covid.

Principal schemes for Primary and Community Care also include a focus on ***Child Health***, with our initial focus being on services such as Health Visiting, Safeguarding and Look After Children where the impact of the pandemic has been profound with many of the ongoing requirements yet to fully emerge.

Resilience and capacity features prominently in our Recovery and Redesign Programme, particularly in reference to GMS. Further expansion of the ***MSK model***, and continued support to our Mental Health model, will be central to 2021-22 plans. Work continues to support cluster development, in line with national and local requirements, with a focus on workforce development and sustainability.

Primary and Community Care is a fertile ground for the development of Recovery and Redesign opportunities and the UHB is committed to ensuring our ***pathway redesign*** programmes explore primary care first options as a priority. Further development of Health Pathways and a focus on speciality planning across primary and secondary care is already underway. This work will prove pivotal in providing structure and guidance for GPs and patients awaiting specialist review which is delayed due to the pandemic. The rapid expansion of Interface GPs, who straddle primary and secondary care with an explicit remit for pathway redesign, is a scheme strongly championed by the UHB.

In the Cardiff South West GP Cluster the introduction of an MDT approach, aimed at supporting GPs to ***enable complex patients to remain at home*** rather than be admitted for care, has been transformative in reducing the number of referrals to assessment units for older patients. This innovative model focuses on creating hubs, with dedicated support teams, who facilitate the provision of health and social care for complex patients. Improved communication and interaction with the third sector have been notable benefits of the pilot. The UHB now plans to phase a roll out of similar models in other Clusters which will be facilitated by our ongoing commitment to the development of Cluster level planning and delivery models.

Proposals to enhance the capacity of community dental services, providing a direct alternative to hospital attendance, gives a clear illustration of our commitment to the principle of ***transferring services to the community***. A further exciting opportunity exists to establish new ***community diagnostic centres***. This revolutionary approach will provide direct access to a range of imaging and other diagnostics for GPs, whilst offering patients appointments closer to home. This will in turn fundamentally change referral pathways within primary care and to secondary care, improving access for patients, increasing capacity and allowing primary care teams enhanced oversight of pathways. In time, the capacity released within acute hospitals will be re-utilised to provide improved access to services for inpatients.

Table 3: Primary and Community Care Recovery and Redesign schemes

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional planned benefit	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000s	Quarter Start Date
Risk and Urgency	Oral Surgery - Community & Primary Care	Transfer some extraction procedures from the acute hospital to community setting	77 procedures	R	220	345	Q2
Sub-total: Schemes with funding approved by Welsh Government in 2021/22					**220**	**345**	
Risk and Urgency	General Dental Services/Orthodontics	Additional capacity on weekends/evenings to address backlog that has arisen during the pandemic and continues to be challenging.	Estimated to be around 500 patients per month once fully established.	NR	540	0	Q2
Risk and Urgency	Emergency Dental Service	Additional capacity on weekends to address backlog	Predicted monthly activity of > 150 patients.	NR	151	0	Q2
Risk and Urgency	Community Dental Service	Additional capacity to address backlog see patients waiting over 1 year for dental care from CDS Waiting list	Predicted monthly activity of > 200 patients.	NR	125	0	Q2
Risk and Urgency	Long Covid rehab team	Multidisciplinary therapies team managing long Covid patients recovery. This is a joint bid between acute and community teams which focus on capacity within Primary care GP Practices to manage the long Covid burden. By joining up the bids there will also be work to ensure that there is a flow of patients from both primary and secondary care	Current backlog of 450 patients that require interventions from Physiotherapy, OT and Psychology as a minimum	R	411	398	Q1
Risk and Urgency	Cervical screening backlog	Catch up backlog cervical screening - 1/2 day prac nurse session per week per practice	Additional patient activity to be determined by work on screening backlog	NR	39	0	Q2
Sustainability	Health Visiting / Safeguarding	Significant number of Health Visitors redeployed and a reduced core programme was supported during Covid, now the resulting backload in Child Measurement programme is estimated at 1,700 hours/9,000 outstanding developmental assessments. Increased safeguarding number of case conferences undertaken in March 2021 is double that of March 2020	Workforce will aim to begin meeting the emerging unmet need, poor immunisation uptake, increased numbers of children in care and increased emotional wellbeing needs in C&YP.	R	268	268	Q3
Sustainability	Children Looked After	Increased numbers of children being taken into Local Authority care. Increased complexity. Need to increase the specialist nursing numbers. This is a prudent/high-effectiveness model.	Consultant sessions are aimed at additional assessments for under-5s and nursing sessions will enable the additional assessments for over-5s	R	308	308	Q3
Sustainability	Chronic Disease Management: Clinics (Respiratory, Diabetes, CHD)	Backlog capacity within practice clinics to deal with increased demand -these will be GP or Nurse clinics based on the specific requirement of the practice and their patients	Significant additional capacity expected > 300 patients per month	NR	363	0	Q2
Sustainability	MSK to support GMS sustainability	Additional physiotherapy resource for the expansion of the MSK in PCIC which has been so successful in supporting primary care and reducing referrals for specialist review	Estimated that more than 400 additional patients will be seen	R	158	305	Q3
Sustainability	Support for GMS sustainability as part of recovery	Sustainability team within Primary Care to support those practices with list pressures and those requiring additional support for future planning	Support to practices to mitigate sustainability challenges and requests for list closures	NR	100	100	Q2
Transformation	Community Diagnostic Hubs	Direct access for GP to primary care diagnostics whilst offering patients appointments closer to home. This will in turn fundamentally change referral pathways within primary care and to secondary care, improving access for patients, increasing capacity and allowing primary care teams enhanced oversight of pathways.	Reduced waiting times for diagnostics, improved patient experience, 1000's appointments released within current services, earlier diagnosis, care closer to home	R	4,050	7,839	Q0
Transformation	Chronic Disease Management: Diabetes	Consultant time to allow the continuation of GPSI Diabetes pilot which is now handling all e-advice queries from GPs and e-referral management. Additional support for bA1c Diabetic specialist nurse in each of the 3 localities for insulin and GLP1 injectable initiation.	Reduced waiting times for patients, improved access and > 100 appointments per month.	NR	136	0	Q2
Transformation	Healthpathways	Accelerate the programme in line with new pathways being developed at pace during the recovery and transformation phase. Increase clinical editor time and subsequently streamliner activity. Additional administration also supported via bid.	Review of current HealthPathways and expansion based on recovery and redesign programme	NR	140	140	Q1
Transformation	Eye Care - Teach and Treat clinics	Establishment of clinics where optometrists work within the University for assessment and management of ophthalmology patients and thus avoid the need for virtual clinic assessment by Ophthalmology. To see new/Follow up patients in Primary Care settings redirecting activity from secondary care	Reduced activity in acute hospital, care delivered closer to home	R	63	63	Q2
Transformation	Eye Care Specialist optometrists	Specialist Optometrists with the Higher qualifications in Glaucoma, Medical Retina and Independent Prescribing. To assess outpatients with complex eye problems. Pre-operative assessment of cataracts, injections for wet macular degeneration and glaucoma laser treatment are all potential options for these rolls	Predicted monthly activity of > 200 patients.	R	99	99	Q3
Transformation	GPSI Community Clinics	Building on the GPSI triage/ advice model, the pilot is identifying patients suitable for community clinic .3 session per week in addition to the diabetes service (PC1)	Reduced waiting times for patients, improved access and > 30 appointments per month.	NR	29	0	Q2
Transformation	MDT - Cluster	MDT approach to the care of complex patients at home through provision of hub teams which has been shown to significantly reduced admission in South West Cardiff Cluster Pilot. This schemes enables patients to remain at home and supports of aims of achieving primary care first approach to care. Funding is for the continuation of current pilot and the extension to 2 further clusters.	Initial pilot indicated an avoidance of up to 210 GP referrals to acute services over an 8 month period. This improvement was within one cluster which required particular improvement. Wider impacts across the additional clusters will be evaluated during the pilot	R	1,215	1,568	Q2
Transformation	Chronic Disease Management - Respiratory hubs	Respiratory physiologist implemented to aim for reduced respiratory admissions as patients received more accurate and timely diagnosis, enabling optimal management.	Long waiting lists in respiratory directorate will be improve via this approach	NR	39	0	Q2
Transformation	Interface GPs	The rapid expansion of Interface GPs, who straddle primary and secondary care with an explicit remit for pathway redesign. Posts will be pivotal to the delivery of pathway redesign across all specialities. They will build on the work already started in surgery and option is also available for additional clinic capacity as part of model.	Development of new service models, pathways and patient support based on integrated approach will benefit patients and UHB through better access and appropriate pathways. Additional activity to be further considered.	R	145	307	Q2
Sub-total: New schemes					**8,380**	**11,395**	

6. Mental Health

It is recognised both locally and nationally that the mental health covid 'peak' has accelerated in recent months and is now very much upon us with the current pressures on children's and adult mental health services starkly apparent. As previously outlined, waiting time challenges are evident in some key areas, these issues are being experienced across Wales with flow through services reduced as a result of challenges in engaging patients in remote appointments and increasing complexity of initial presentations. There is a tacit recognition that the Mental Health sector retains ongoing challenges with recruitment to vacancies, in line with national shortages, and thus the UHB is exploring a range of novel approaches to staffing across services, including remote working.

Our transformation work in Mental Health is underpinned by utilisation of third sector partners and multidisciplinary models which will continue to be championed within the Recovery and Redesign Programme to prevent further deterioration in waiting times. The importance of the prevention model is central to our plans, as is our focus on improving the experience of younger people transitioning between services, with options being considered for a change programme to develop a needs-led service for those between 14 and 25 years of age.

Crisis management will feature as a principal concern within the Programme and working closely with our blue light partner we will build on Crisis Concordat for Wales actions. Through this approach we aim to support the police in identifying the needs of people presenting to statutory and non-statutory services in social and well-being crisis.

The UHB plans for mental health thus reflect the current pressures but build on an already ambitious transformation programme that has been ongoing. This has seen the Health Board move from institutionalised care to more than 50% of its mental health budget being allocated to community services. Further work is underway to co-produce mental health services of the future which place service users in control of their recovery.

Mental Health – Overview of Principal Schemes

Recovery and Redesign imperatives with Mental Health at their core will build on the well establishment transformation agenda within the UHB, a full list of schemes can be found in Table 4.

As explained, some of the principal schemes within Adult Mental Health Services centre on crisis management, this includes additional support to the ***Crisis Team Home Treatment Service***. Currently the impact of the pandemic has led to a very limited offer of home treatment options for patients, therefore the UHB is supporting this

innovative transformation approach of utilising a team of Peer Workers which will allow for evaluation of effectiveness locally. Providing additional support to the ***Adult Liaison Psychiatry*** team within our EU is another key focus of crisis support. Some of the main presentations in this area are patients expressing suicidal thoughts and those who have taken overdoes, increasing the provision of services at weekends and out of hours is therefore essential to reduce pressure and improve quality.

Support to families and carers features as a prominent priority in our Mental Health Recovery and Redesign Programme and schemes within this arena include ***Peer Care Support Workers and Hospital Discharge Support Workers.*** These schemes aim to support patients and families to remain at home through enhanced support and rapid access to assessment and treatment. Within primary care an ***extension of counselling services,*** which have been central in maintaining psychological therapy waiting times, is strongly supported. The use of Attend Anywhere for virtual appointments has ensured patients are able to receive treatment in appropriate time for conditions such as Depression and Generalised Anxiety Disorder.

Bereavement and Post-Covid Support Groups is another example of the UHBs commitment to tackling the long-term impact of the pandemic. With a considerable proportion of Covid deaths being attributed to patients with dementia, the provision of group and individual sessions will aim to reduce distress and provide support for carers who have lost relatives. The introduction of ***Dementia Care Advisors*** to provide joined up and consistent care for patients and families is a further principal scheme aimed at meeting our objectives in respect of dementia services.

The development of our ***Recovery College and Wellbeing College*** has been a particular highlight of the last year and the Mental Health Recovery and Redesign Programme will support and develop this provision further. Our courses are co-produced by people with lived experience of mental health challenges and guided by the principles Hope, Control and Opportunity in everything we do. The Recovery College will be expanded to increase provision for courses that support for our staff, with bespoke provision targeted at staff who are experiencing stress and anxiety subsequent to the pandemic.

Within ***Child and Adolescent Mental Health*** there are a range of important schemes that form a considerable part of our Recovery and Redesign Programme. ***A focus on eating disorders*** spans all age groups with the aim of implementing early, highly specialist intervention with intensive follow up. This group of patients are some of the most clinically vulnerable and thus the aim is to reduce the risk of mortality, prevent costly intervention and decrease avoidable admissions.

Primary Mental Health and Specialist Child and Adolescent Mental Health are areas which are planned to be supported through the development of specialist

assessment teams with protected capacity to deliver appropriate mental health assessments. Increased nursing capacity to extend the model for ***Crisis 24/7 CAHMS Liaison*** will aim to reduce waiting times, increase capacity and prevent hospital admissions.

The UHB is clear that ***Children and Young People with Learning Disabilities*** have been disproportionally affected by the pandemic and it is imperative that we begin to address the impact this has caused. The long-term plans for these services focus on the provision of community teams lead by specialist nurses for early intervention with the support of psychology intervention in times of crisis.

Table 4: Mental Health Recovery and Redesign Schemes

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional Planned Benefit	Recurrent / Non-Recurrent	21-22 £000s	£22-23 £000s	Quarter Start Date
Risk and Urgency	Adult Liaison Psychiatry in EU department	EU cover over nights and 'bring back' resource to reduce impact on EU from MH presentations. Main presentation of these are individuals who have taken overdoses or those expressing suicidal intent	11% increase in 2020 compared to 2019. Total of 1731 referrals Jan to Dec 2020	NR (18 months)	125	162	Q2
Risk and Urgency	Bereavement / post-Covid Support	Providing group and individual 1:1 support and help to re-integrate into community to carers. 1/4 of all Covid 19 deaths people with dementia	The anticipated benefit is to reduce distress promote better engagement for carers who's relatives have died in hospital due to Covid. Quality measures post counselling can be used to outline benefit of approach.	NR (18 months)	45	59	Q1
Risk and Urgency	Peer carer support workers	Working with SOLACE and the Community Team to support carers and families who are requiring support around caring for someone who has a mental health condition, providing information and signposting to resources.	>50 carers and families. Providing much more rapid access to services, anticipate increase in referrals for people with memory difficulties at earlier point in pathway. Greater satisfaction among carers likely to result.	NR (18 months)	42	54	Q1
Risk and Urgency	Eating Disorder Service - Adult	Therapy and admin uplift to manage backlog and increase in new referrals which have been significant during Covid leading to large waiting times and increased risk. This is likely to reduce the risk of mortality in this group who are one of the most clinically vulnerable groups in MH services.	Waiting time for assessment reduced to weeks rather than 4 months as is currently. Treatment waiting time to reduce to Tier 1b target of 26 weeks from current 8 month waiting time.	NR (3 years)	243	314	Q2
Sustainability	Crisis 24/7 CAHMS Liaison	Increased nursing capacity to extend crisis team which have seen increased due to Covid	Will reduce waiting times, increase capacity and prevent hospital admission	R	243	243	Q3
Sustainability	Eating Disorders - C&YP	Early, highly specialist intervention with intensive follow up. Following Covid, presentations are younger and with higher levels of physical risks on referral	100% increase in referrals between 2019 and 2020, from 50 per year to 100. Reduce risk, prevent costly interventions and avoidable hospital admission	R	210	210	Q3
Sustainability	Acute Interface	Increase in admissions such that >150% over recent weeks. Additional nursing staff required to sustainably address risk and reduce the use of high-cost agency staff	Ensure safety, suitable staffing and reduced risk	R	198	198	Q3
Sustainability	Learning Disabilities & Behaviour that Challenges	C&YP with Learning Disability (LD) have been disproportionally affected by the pandemic Increased need for crisis support for C&YP with challenging behaviour and a number of acute hospital admissions. The provision of a Community LD Team will be a key feature of longer term plans in this area.	Additional capacity to improve crisis support. The proportion of patients with complex learning difficulties has increased: 39% of all referrals in 2019/20 to 73% in 2020/21	R	102	102	Q3
Sustainability	SHED	The SHED team deal with high risk eating disorders across Cardiff & Vale UHB and Cwm Taf Morgannwg UHB and we have seen an increase in referrals this year. This proposal will impact the therapeutic offering within the SHED team to manage the recent increase in referrals during Covid.	Reduced waiting times and better access for patients. Reduced clinical risk.	R	86	167	Q3
Sustainability	Dementia Care Advisors	For inpatient areas - providing much more rapid access to services, anticipate increase in referrals for people with memory difficulties at earlier point in pathway.	>50 patients and families. Greater satisfaction among carers	NR (18 months)	77	99	Q1
Sustainability	Hospital Discharge Support Workers	Age Connect support to continue with previous project, working with LPOP team to ensure that a range of voluntary sector health and social care services are pulled together in response to the identified needs of people who have been referred by LPOP.	206 (p/a). Decreased admissions to Older People units has been demonstrated by this approach in a pilot.	R	41	52	Q1
Transformation	Crisis Team Home Treatment Uplift	Stabilisation of crisis referrals and reduce admissions, readmissions and OOA bed use. Currently Crisis Resolution Home Treatment Team largely unable to offer effective home treatment due to increase in referrals during Covid-19 period. This is a transformative approach that will allow for some testing of the effectiveness locally in advance of a wider proposal.	Crisis Team is responsible for all admissions and early discharge facilitation. 21% increase in referrals over two comparative 4 month periods between 2020 and 2021.	NR (24 Months)	219	282	Q2
Transformation	Primary Mental Health and SCAMHS	Creation of a specialist assessment team with protected capacity to deliver appropriate mental health assessments.	Estimated supressed demand of 1766. Full activity and benefits will be dependent on final model for delivery.	R	230	230	Q3
Transformation	Psychological Therapies - Mobile Working	Mobile working for 24 staff. New updates to Vision 360 system mean current stock do not meet the clinical needs of the team. To allow home access and better mobile working between sites new equipment required.	Better access for primary care liaison staff	NR	25	0	Q1
Transformation	Third sector - redirection of mental health referrals	Redirect wellbeing and welfare referrals away from Tier 1 providers. Current indicators reveal this is a relatively stable demand but likely held in reserve in the eventuality of greater demand for service with the gradual opening up post Covid.	400 referrals - manage ongoing rise in referrals and impact of Covid on Black, Asian and Minority ethnic groups, people who have lost work and those who have Covid related anxiety.	NR (2 years)	270	270	Q1
Transformation	Recovery College - Staff wellbeing and recovery	Trainers for wellbeing courses for staff, service users and carers. This is a transformative approach to staff wellbeing and recovery from Covid with bespoke courses targeted at staff, service users and carers who are experiencing stress and anxiety subsequent to Covid 19. Courses focus on fatigue, post Covid burnout, anxiety and low mood.	463 enrolments in last term, up from 292 in first term. 25% of enrolments are from staff, engagement in this will support staff to return to work, reduce and anxiety and improve skills of staff, service users and carers	NR (18 months)	123	205	Q2
Sub-total: New schemes					**2280**	**2649**	

7. Unscheduled Care

The Unscheduled Care Recovery and Redesign Programme is central to the UHB's plans across all of our core services. Put simply, without a functioning unscheduled care system there are significant limitations on the transformative approach the UHB can take to planned care, primary care, mental health and diagnostics. The pandemic has provided us with additional impetus to ensure we have the support systems in place to allow people to remain independent at home, preventing the need for urgent care, or to receive the urgent care they do need away from acute hospitals. Many of those schemes, such as CAV 24/7 and urgent care centres, will continue to be driven from the Primary and Community Care recovery portfolio, with the UHB ensuring close partnership working across programmes to maximise value, benefit and strategic alignment.

System wide and regional working are of course at the core of the Unscheduled Care Programme. At a system level we will continue to work with partners to develop plans to improve unscheduled care pathways and patient experience. This will include working with Welsh Ambulance NHS Trust and other Health Boards to reduce ambulance handover delays, increase alternative pathways in the community and alternative pathways in-hospital. Regional working in unscheduled care includes our ongoing commitment to develop our Regional Integrated Winter Preparedness plans ahead of winter 2021/22, as well as continued progression of plans for enhancing stroke services building on the local work undertaken and the national framework.

The UHB has well-established partnership arrangements with Local Authority and Third Sector colleagues. Discharge to Recover and Assess pathways are becoming more established with fewer assessments of individuals' long-term care needs being undertaken in an acute environment, building on this, alongside the development of robust Single Point of Access systems to support referral pathways, forms a core part of our thinking.

The key to our Unscheduled Care Recovery and Redesign Programme will be core delivery against a small number of high impact, multi sector schemes. There is explicit recognition that only a whole system approach to inpatient demand and capacity is acceptable, this comes alongside a real desire to use the opportunity afforded to us to provide a forward-looking foundation to reduce admissions, reduce length of stay and facilitate working between primary, community and secondary care.

Unscheduled Care – Overview of Principal Schemes

The programme approach to the delivery of unscheduled care has begun in earnest, the four principal schemes that form the basis of the plan are rooted in national strategy. Importantly they each have an emphasis on primary and secondary care

interaction with the prospect of digital solutions helping improve communication, flow and capacity management. A full list of schemes can be found in Table 5.

Right Bed First Time is an effective patient flow management approach which at its core aims to provide patients with the best possible care, and shortest possible length of stay, by ensuring that on admission they access the most appropriate bed for their individual needs. This approach, historically often at odds with wider pressures within acute hospitals, aims to ensure patients are admitted to the dedicated clinical environments which will enhance their pathway and facilitate timely access to necessary services.

Whilst Right Bed First Time is a model facilitated from the acute hospital, it's focus very much begins within the primary and social care sectors. A pilot ***Community Rapid Response Team*** forms an integral part of the model with a new team supporting our main EU/AU at UHW to avoid low level admissions for patients with non-medical needs. This Local Authority team will consist of Community Connectors, Domiciliary Carers and Occupational Therapists who will ensure engagement with Independent Living Services and core Community Services. The embedding of "What Matter Conversations" and supporting patients via D2RA pathway will be central and help identify community solutions and network care options. Additional Community Connector resource will also be implemented to support our UHL hospital to help build on the excellent partnership working being undertaken in the Vale of Glamorgan.

Within the acute setting, the Right Bed First Time model is enabled by an appropriately sized and skilled workforce that is able to deliver consistent care. The use of data to inform decision making is critical, as is the enhancement of Allied Health Professionals to drive down length of stay and provide highly personalised discharge and follow up planning. A focus on reablement, supporting those patients requiring both step down and step up care, forms part of the longer-term vision.

One of the opportunities that the UHB capitalised on during the pandemic was the ability to transform the delivery of ***frail trauma services***. The reduction in elective operating, and an overall decrease in trauma presentations, led the UHB to undertake a range of initiatives which have resulted in improved patient experience, reduced length of stay and better outcomes. The initial improvements in these metrics were reduced between the 1st and 2nd wave of Covid, as normal services began to re-emerge, thus the UHB is aiming to ensure these benefits can be maintained and are not adversely impacted by the rapid expansion of the planned care scheme. The success of the Frail Trauma project is largely predicated on the work undertaken by our therapy teams. Dedicated resources across multiple specialities facilitate a joined up, patient orientated system which aims to deliver a truly multi-disciplinary approach to inpatient care.

Beyond Frail Trauma there is no understating the significant impact that Covid-19 has had on the wider Trauma service; for example, the relocation of fracture clinics (UHL for adults; CHfW for paeds). The UHB is committed to addressing the impact on the wider Trauma service as part of our recovery programme with an objective of delivering a fit for purpose service that provides excellent and timely care across UHW and UHL, minimises patient length of stay, and is led by a suitably skilled and supported workforce.

Same Day Emergency Care (SDEC) is a well-recognised and evidence-based approach to the delivery of unscheduled care. Aligned to national priorities the delivery of a comprehensive SDEC provides an alternative for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. The UHB is committed to delivering SDEC across our surgical services, utilising opportunities for service redesign that have been presented through the pandemic.

The UHB has already begun the proposal of making Surgical SDEC a key part our Unscheduled Care Redesign and Recovery Programme through the provision of an additional physical space for the required expansion of our Surgical Assessment Unit. Following refurbishment, this space will provide the appropriate clinical environment to bring together a range of surgical specialities to wrap care around patients and significantly reduce the flow of surgical patients through our Emergency Department.

The ability of the "front door" of our acute hospitals to evolve, develop and adapt to the moving requirements of the pandemic has been exceptional. The ***AU / EU Service Transformation*** programme encompasses a multitude of workstreams which will look to build on the creativity shown by our teams, as well as addressing some long-standing challenges which have become increasingly acute over the last year. At its core will be a drive to improve patient flow and minimise congestion by remodelling the use of the current footprint and delivering transformative ways of working. The first workstream that is being championed is the expansion of our ***Medical Emergency Ambulatory Care Unit (MEACU)*** which will increase our focus on dedicated SDEC at UHW for medical patients. The proposal is to extend the hours the unit is open on weekdays and at weekends to provide investigation, care and treatment for patients who would otherwise have required admission to hospital. In addition to MEACU, the UHB is also planning to provide a ***Rapid Access and Treatment Zone (RATZ)*** to provide early access to a ring-fenced senior decision maker to facilitate reliable triage and on-ward referral of patients according to clinical need.

Table 5: Unscheduled Care Recovery and Redesign Schemes

Lead Theme	Scheme Name	Scheme Description	Planned Benefit and Improvements	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000s	Quarter Start Date
Transformation	Right Bed First Time	Ensure patients receive the best possible care and have the shortest possible length of stay by getting them into the right bed first time when admitted to hospital and are discharged as soon as medically fit, enabled by an appropriately sized and skilled workforce.	When project is fully implemented the overall benefits are expected to include: Increased patient safety Decreased LOS Increased staff experience Admission avoidance Greater collaboration with external agencies	R	507	979	Q3
Transformation	Right Bed First Time - Therapies	Dedicated therapies support to Right Bed First Time and the unscheduled care model in general	Aimed at reducing length of stay by up to 1.5 days for unscheduled care patients, this will facilitate better discharge and improve flow through medical wards	R / NR	408	209	Q3
Transformation	AU / EU Improvements	Rapid Access and Treatment Zone (RATZ) - Provide a reliable process that can triage patients according to their clinical need and stream patients to the correct location or service and to the correct person to manage their clinical needs. MEACU - Provision of dedicated Same Day Emergency Care (SDEC) at UHW for medical patients. This will provide enhanced ACP provision in the evening on weekdays and Nursing and ACP cover at the weekends. The unit will provide investigation, care and treatment for patients who would otherwise have required admission to hospital.	When project is fully implemented the overall benefits are expected to include: Improved access to urgent Care EU admission avoidance Improved patient outcomes Reduced length of stay in MEACU	R	594	1151	Q3
Transformation	Community Rapid Response Team	A dedicated rapid response team supporting EU, avoiding low level admissions for patients with non medical needs. This services is partnership working with the team provide through local authority ensuring community engagement working hand in hand with EU having the What Matter Conversations to identify community solutions, care network and environmental needs to support return to home.	When project is fully implemented the overall benefits are expected to include: Decreased admissions to acute wards (aim 1-3 patients per day) Increased discharges from EU Aim for care provided within 24-72 hour window for A1&A1L ward Greater collaboration with external agencies (eg local authority)	R/NR	177	342	Q3
Transformation	Same Day Emergency Care	Surgical Same Day Emergency Care (SDEC) is aligned to national priorities, the delivery of a comprehensive SDEC provides an alternative for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.	Potential for a significant reduction in length of stay per annum.. Will lead to reduction in appropriate admissions, significant reduced surgical activity through AU / EU (~90%) and decreased time to theatre for general surgery ambulatory cases.	R	432	836	Q2
Transformation	Trauma	Dedicated resources across multiple specialities facilitate a joined up, patient orientated system which aims to deliver a truly multi-disciplinary approach to inpatient care.	Reduction in length of stay for frail trauma patients. Quicker access to theatre and improved post surgery rehabilitation.	R	270	522	Q2
Sub-total: New schemes					**2388**	**4039**	

8. Planned Care

The planned care element of the Recovery and Redesign Programme is the area most developed to date. Recognising that the Health Board maintained its essential services and that it has now, twice, re-established activity following cessation during each of the pandemic waves, we are currently delivering and increasing plans to recover activity to pre-pandemic levels and beyond.

Our ambition for planned care is clearly to restore and improve access to services, however we recognise that on the journey we will need to be cognisant of the potential harms faced by patients and therefore take steps to minimise these. The pandemic has demonstrated the ability of the NHS to transform at pace and we view this as a once-in-a-generation opportunity to reshape planned care services in a positive way. The provision of our Protected Elective Surgical Units (PESU) at both UHW and UHL is a prime example of the UHB seizing the opportunities presented, with these units ensuring dedicated surgical capacity is maintained, leading to over 7000 patients being treated with zero nosocomial infections.

With demand likely to significantly exceed capacity for a prolonged period it will be necessary to make conscious, consistent and objective decisions about who should receive services, in a risk-orientated and equitable manner. Our previously detailed speciality planning work has begun involving primary and secondary care to review pathways, redesign job plans, and integrate communication with primary care through digital enablers such as virtual consultation and e-advice.

As a Health Board we are committed to pursuing opportunities for regional working and understand our responsibilities as a specialist centre, particularly the need for the Recovery and Redesign Programme to factor in the fragility of some services in neighbouring organisations and the drive to centralise complex surgery. Our planning incorporates the regional centralisation of vascular surgery, the support we are providing to CTM and South West Wales in interventional radiology, and the service planning underway in a number of areas with Swansea Bay, such as spinal surgery, paediatric Orthopaedics and upper GI. In addition, we anticipate continuing to support other Health Boards in some key areas, as and when requested, such as we have recently with Swansea's Paediatric Cleft Lip and Palate surgery. The UHB will continue to drive the use of all available opportunities to restore access for day case surgeries, including the use of the independent sector which has proved so valuable over the last 15 months.

As described in the main annual plan the UHB is driving forward our three-year cancer services strategy. During 2021/22 we will look to further develop our approach to disease prevention whilst simultaneously increasing our current capacity for treatment and diagnostics. Our objectives are intrinsically linked to delivery of the Single Cancer

Pathway, adoption of National Optimal Pathways and improving the delivery of cancer services across all aspects of patient experience and care.

As described in the March recovery plan submission the rate at which IP&C covid-safe guidance can be relaxed, the speed of securing additional estate and facilities and the ability to recruit the workforce for additional capacity remain key factors in our rate of recovery. It is recognised however, that additionality alone will be insufficient to meet the scale of the challenge hence new ways of working based on whole-system pathway redesign will be a key feature going forward.

Planned Care – Overview of Principal Schemes

The Planned Care Recovery and Redesign schemes are provided in full in table 6a and 6b, with the first table detailing the schemes that been funded by Welsh Government in 2021/22 and the second table detailing new additional schemes.

Whilst the full list of schemes is extensive there are a number of emerging themes which are derived and build sustainability on top of the schemes already approved. First, there is a commitment from the UHB to support and champion our ***Cancer Services*** improvement programme which aims to transform our service delivery to enable more proactive management of cancer pathways and focus on delivery against the Single Cancer Pathway. This improvement programme will be facilitated by both the prehab to rehab agenda, which the UHB is currently recruiting to, and the additional capacity for outpatients and treatments which are noted in the broader Planned Care Recovery and Redesign Programme. An ***expansion of our Post Anaesthetic Care Unit (PACU)*** is a further principal scheme that will provide additional capacity for complex cancer surgery to be undertaken, along with other high-risk urgent operations. This model will ensure the benefits of our PESU in UHW can be maintained, whilst providing space for our Critical Care unit to remain Covid ready and meet the sustained increase in non-covid admissions.

Whilst transformation and sustainability remain key, the need for ***additional surgical theatre capacity*** cannot be underestimated and the UHB plans to support this agenda in a variety of ways. The introduction of mobile/modular theatres, the utilisation of waiting list initiatives and close contractual arrangements with independent sector providers will also help manage risk and urgency considerations that are increasingly prominent due to the pandemic.

The pandemic has facilitated a drive to evolve the delivery of ***outpatient services.*** The creation of a temporary 'Virtual Village', a physical digitally enabled space where clinicians can go to undertake virtual consultations, thereby facilitating this method of delivery is a prime example of our recent progress – with our aim to build a bigger permanent 'Virtual Village' at UHL subject to capital investment. This is one element of

our clinically-led Outpatient Transformation programme with other workstreams also proceeding at pace, such as See on Symptoms (SOS), Patient Initiated Follow Up (PIFU) and PREMS / PROMS being rolled out to reduce 'follow up' outpatient appointments, support remote monitoring, ensure timely follow-ups for those meeting the criteria and create capacity to see more 'new' outpatients quickly.

A phased expansion of our ***Pre-Operative Assessment*** service is viewed as central to ensuring improved theatre utilisation and reduced cancellations which are increasingly important given the IP&C considerations which remain in place.

As outlined in the March 2021 Annual Plan submission, the Recovery and Redesign Programme will seek to both provide additional capacity and transform delivery. The provision of highly skilled, ***specialist therapy teams*** is one example of a scheme which can achieve both aims. With the requirement to ensure the UHB remains 'Covid ready' being at the forefront of our planning, utilising additional therapy expertise to reduce the length of stay for patients is a prudent and deliverable way of maintaining capacity.

The recovery of our ***WHSSC commissioned services*** also forms part of our Planned Care Recovery and Redesign Programme through both immediate activity delivering schemes and support to longer term workforce planning. Our paediatric WHSSC funded services, such as Paediatric Surgery, are further supported through our phased expansion of operating theatre capacity and additional outpatient backlog clearance support.

Table 6a: Planned Care Recovery and Redesign Schemes – with funding approved by Welsh Government in 2021/22

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional planned benefit	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000's	Quarter Start Date
Risk and Urgency	Rheumatology WLIs	Waiting List initiatives	36 opa	NR	71	71	Q1
Risk and Urgency	Ophthalmology - Mobile Theatres (SSSU) (changed from Twin Theatres)	Additional theatre sessions within SSSU, including a change in the operating model to increase cases per list	85 procedures (Jun-Aug). 170 procedures > Aug	R	230	240	Q1
Risk and Urgency	Mobile Theatre Hire	Procure two mobile theatres, including a day case unit, and site on UHW estate to provide additional day case capacity.	2 operating theatres per day - approx. 50 patients per week	NR	1252	1739	Q2
Risk and Urgency	Cardiology WLI	Waiting List initiatives	170 opa p/m	NR	158	158	Q1
Risk and Urgency	GP with Special Interest Allergy	Appoint a GP to undertaken outpatient clinics for allergy	128 opa	R	40	40	Q1
Risk and Urgency	Gynaecology Treatment Room (CNS + admin)	Set up a gynaecology treatment pathway within current outpatient setting	60 opa / treatments	R	120	160	Q2
Risk and Urgency	Dietetics - Weight Management Service	Cardiff and Vale Integrated Weight Management Service	Over 30 patients per month	R	208	283	Q2
Risk and Urgency	Physio - OPWL	Physiotherapy Outpatient Waiting List capacity	Reduction in outpatient waiting list and waiting times	NR	74	0	Q1
Risk and Urgency	Physio - MSK model	Living Well Programme - Physiotherapy Musculoskeletal community model and management of patients currently on waiting lists	1207	R	166	232	Q2
Risk and Urgency	Dermatology WLIs	Waiting List initiatives	146 opa + 32 treatments	NR	343	343	Q1
Risk and Urgency	Gastroenterology WLIs	Waiting List initiatives	60 opa	NR	17	0	Q1
Risk and Urgency	Cardiology - Enhance Triage Clinics	Reduce numbers of patients and waiting time for cardiology outpatient appointments.	Weekly clinics of 10 patient to reduce risk	NR	46	0	Q1
Risk and Urgency	Independent sector - St Josephs - Increased Day Surgery	Provide additional capacity for St Josephs to undertake day case procedures.	128 procedures	NR	3640	0	Q1
Sustainability	Consultant gastroenterologist / endoscopist	Consultant endoscopist to support additional capacity	Enhanced ability to meet diagnostic targets and reduce waiting list. Focus on single cancer pathway target	R	59	122	Q2
Sustainability	Clinical endoscopist	Clinical endoscopist to support additional capacity	Enhanced ability to meet diagnostic targets and reduce waiting list. Focus on single cancer pathway target	R	43	67	Q2
Sustainability	Theatre Staff - (includes overseas)	International recruitment of theatre staff	First phase of additional theatre staff to facilitate all surgical schemes across the organisation and reach >100% capacity	R	2055	3135	Q2
Sustainability	Anaesthetic Consultants	First phase of anaesthetic consultant recruitment	First phase of additional anaesthetic staff f to facilitate all surgical schemes across the organisation and reach >100% capacity	R	650	679	Q2
Sustainability	Anaesthetic Practitioners B5 to B6	Workforce planning for Band 6 anaesthetic practitioners.	Facilitates all surgical schemes across the organisation and reach >100% capacity	R	45	45	Q1
Sustainability	Vascular Consultant Surgeon	Recruitment of Vascular consultant to support additional activity.	Provides sustainable workforce for growth in vascular activity	R	117	122	Q1
Sustainability	HPB Consultant Surgeon	Recruitment of HPB consultant to support additional activity.	Provides sustainable workforce for growth in HPB activity	NR	117	0	Q1
Sub-total: Schemes with funding approved by Welsh Government in 2021/22					**9451**	**7437**	

Table 6b: Planned Care Recovery and Redesign Schemes – New schemes

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional planned benefit	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000's	Quarter Start Date
Risk and Urgency	Paeds Surgery - OP WLI	WLI costs for paeds surgery outpatients	30 outpatient clinics to reduce waiting time	NR	32	31	Q3
Risk and Urgency	Daycase SSSU	Ward staffing costs Qtr 3 for 13 additional trolleys to deliver a range of daycase activity across a number of specialities helping to manage backlog.	100 treatments per month	R	227	293	Q3
Risk and Urgency	Therapies Team	Therapies multidisciplinary team to work across a 7 day rota to deliver interventions in PESU, elective care and speciality care wards. The benchmarked position is that this would decrease length of stay by 1.5 days per patient to enable better use of limited bed stock in support of increasing the elective activity across specialties. Agency / substantive	Facilitates reduction in length of stay by 1.5 - allowing for additional surgical activity across recovery plan.	R	349	160	Q3
Risk and Urgency	Enhanced diagnostic service	External locum physiologists to facilitate weekend working in echo service	300 Echo scans per month and reduced waiting times	NR	162	162	Q1
Risk and Urgency	Increase Pacing lab capacity	Workforce costs for additional day of cath lab capacity and extended working day.	20 cases per month	R	132	132	Q1
Risk and Urgency	Outsourcing - EP / Device	Additional capacity for EP/device procedures in independent sector	1 session per week - up to 12 cases per month	NR	467	-	Q1
Risk and Urgency	Neurology WLI	Additional activity to reduced the backlog of patients awaiting neurology outpatient appointments	5 per week 6 per clinic	NR	304	-	Q1
Risk and Urgency	Uplift of PACU from 6-8 beds	Expansion of our Post Anaesthetic Care Unit (PACU) is a principle scheme that will provide additional capacity for complex cancer surgery to be undertaken, along with other high-risk urgent operations. This model will ensure the benefits of our PESU in UHW can be maintained, whilst providing space for our Critical Care unit to remain Covid ready and meet the sustained increase in non-Covid admissions.	Additional capacity for up to 10 high risk surgical patients per week.	R	269	269	Q1
Risk and Urgency	Cardiac Surgery WLI	Weekend WLI activity to help continue our improvements in cardiac surgery	Approximately 6 cases per month	NR	583	583	Q1
Risk and Urgency	Nephrology WLI	Require an additional extra clinic twice a month, 0.625 sessions per week	Return waiting list to pre-Covid-19 levels	NR	38	38	Q1
Risk and Urgency	Nephrology WLI (vascular access)	Require an additional extra clinic every week, 1.25 sessions a week (including admin time)	WLI to reduce waiting list backlog (estimated at 20%, from 50% reduction in activity	NR	76	76	Q1
Risk and Urgency	Neurosurgical WLI - outpatients	WLI for outpatient activity	48 patients per month	NR	122	122	Q1
Risk and Urgency	Consultant Neurosurgeon	Additional neurosurgical capacity to help deliver improvement in neuro surgical position.	Provide cover for neurosurgical operating and clinics	NR	70	-	Q3
Risk and Urgency	Paeds Endoscopy - new diagnostic backlog clearance	WLI costs for diagnostic endoscopy clearance	19 session to address backlog of circa 40 patients	NR	43	43	Q3
Risk and Urgency	WLI- cancer	2 weekend clinics per month to support maintenance of cancer WL due to Covid	40 patients. Help achievement of single cancer pathway	R	11	17	Q2
Risk and Urgency	Ophthalmology Fellow	1.00WTE - to facilitate additional work in mobile theatres	Supports the increased ophthalmology activity to reduce backlog and support	NR	32	63	Q3
Risk and Urgency	Ophthalmology Nursing outpatient team	2.00 WTE - to facilitate additional work in mobile theatres	Supports the increased ophthalmology activity to reduce backlog and support recovery	NR	43	84	Q3
Risk and Urgency	Locum consultants - orthopaedics	To facilitate outsourcing and maximise use of additional theatre capacity. Scheme will help to maximise effectiveness of delivery within limited space	136 patients. Reduce backlog but also help with validation of waiting list given complexity of patients on the waiting list	NR	162	313	Q3

Table 6b: Planned Care Recovery and Redesign Schemes – New schemes (cont'd)

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional planned benefit	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000's	Quarter Start Date	Start Date
Risk and Urgency	Enhanced pay rates	Estimate of cost of nationally negotiated enhanced pay rates for Agenda for Change staff for targeted additional overtime work	Included in WLI activity above	R	1100	1,100	Q1	Apr-21
Sustainability	Respiratory - Lung Function Tests	Increase in workforce capacity to provide additional lung functioning testing, a service that has been impacted by Covid and has increasing demand.	Reduction in waiting list which currently stands at 861 patients. Activity increased 34% in the last 12 months.	NR	165	213	Q2	Jul-21
Sustainability	Respiratory - Service Recruitment	To support the increased workload, increased patient numbers and support wellbeing there is a requirement for an additional respiratory workforce.	There will be a reduction in the waiting times and number of patients on the respiratory waiting lists (Asthma, Bronch, COPD, General, ILD). Expect to see a reduction in patients admitted to an acute site as they will have been treated in a timely manner.	NR	335	460	Q2	Aug-21
Sustainability	Respiratory - TB	Support the TB service- including vaccinations, Cardiff prison and university - with additional workforce capacity. Activity has reduced during Covid due to social distancing and the closing of borders. It is anticipated the service will have a surge of demand once borders fully open to travel.	65 per month. Will support reducing the backlog caused by Covid.	NR	38	38	Q2	Jul-21
Sustainability	Clinical Pharmacology and Adverse Drug Reaction Service	Service suspended during Covid-19 for a period of 3 months whilst clinicians were redeployed to support other areas. Long waits for initial appointment. Recruit additional resources to support the increased waiting lists due to Covid.	Providing extra sessions or WLI's will support the team to bring down the number of 52 week breaches. 16 new or 32 follow up	NR	80	80	Q2	Jul-21
Sustainability	Anaesthetic Consultants	Second phase of anaesthetic consultant recruitment. Locum / substantive	Second phase of additional anaesthetic staff to facilitate all surgical schemes across the organisation and reach >100% capacity	R	624	679	Q2	Aug-21
Sustainability	Pre-Operative Assessment (phase 1)	Phase one of additional pre-assessment investment in order to support the rapid expansion of surgical activity and ensure that the benefits of improved utilisation and reduced cancellations can be maintained and improved.	140 patients per month in first phase. reduction of 5% in cancellation rates realised so far in pilot	R/NR	246	225	Q3	Oct-21
Sustainability	Paeds Surgery - Follow Up Capacity	Appoint CNSs to maximise nurse led follow up clinics	Help to provide sustainable service delivery	NR	104	104	Q3	Oct-21
Sustainability	Radiographers for Theatre Capacity	Additional 2 radiographers for additional theatre capacity. First phase of increase radiographer plans.	Facilitates the overall increase in surgical activity across the recovery and redesign planned care programme	NR	97	97	Q3	Oct-21
Sustainability	Surgical Outpatient WLI and weekend working	Delivery a number of weekend super clinics with teams of consultants, fellows and nurses supporting - General Surgery and Urology	200 patients. Outpatient activity / reduction in outpatient backlog	NR	108	108	Q2	Jul-21
Sustainability	ENT Backlog	As there has to be an increase of 20% to start reducing the backlog the aim is to appoint one additional ENT surgeon	80 patients per month. as soon as possible. This will support the schemes that increase daycase and outpatient activity and will contribute to the reduction of the backlog in ENT	NR	54	125	Q3	Oct-21
Sustainability	Spinal injections and outpatients	The spinal plan will be split between the option around an LLP approach with the team and an increase in inpatients sessions for consultants.	50 + 160 opa. Reduce outpatient backlog and manage some condition through injections	NR	130	251	Q3	Oct-21
Sustainability	Urology	Additional consultant to support wider schemes - Independent sector /Daycase facilities	Support the additional activity noted in earlier plans. Reduce outpatient backlog and deliver additional day case and level 4 inpatient activity	NR	81	157	Q3	Oct-21
Sustainability	Dermatology, Teledermatology Virtual Clinics	Additional sessions for Teledermatology Virtual Clinics to transform Virtual referral reviews with a view to having a decrease in hospital visits. Teledermatology system enables GP referrals to be sent with photographs.	40 cases/patients per session Increase of 200 virtual patient reviews per week	NR	146	-	Q2	Sep-21
Sustainability	Gastro-Hepatology Outpatients	Consultant sessions to address backlog for patients with liver disease as a result of Covid. Patients with liver disease and those with decompensated disease have a high mortality if not diagnosed/treated promptly.	36 patients in total. > 200 patients awaiting OP appointment	NR	4	-	Q2	Jul-21
Sustainability	Cancer Delivery	Delivery of the cancer strategy through transformative of the current support function to become more proactive in the improvement of cancer pathways, demand and capacity planning capability and overall improvement performance management of the delivery against national cancer waiting times standards.	Improved performance against SCP and better outcomes for cancer patients.	R	302	302	Q3	Oct-21
Sustainability	Additional Bed Capacity	38 beds to support additional planned care activity	Supports the increase surgical activity noted throughout the plan	NR	1504	1,504	Q1	Jun-21
Transformation	Digital / home cardiac	Delivery of digital/home cardiac rehabilitation programme to reduce risk,	60 patients per month	R	125	125	Q1	Apr-21
Transformation	Enhanced recovery for orthopaedics	Enhanced recovery to develop an opportunity to significantly reduce length of stay and thereby increase capacity for inpatient work. Nurse practitioner (1.00wte) PA (2.00 wte). One day joints	Reduced length of stay for certain cohort of patients equals an additional 20 patients per month then pre-Covid	NR	86	209	Q3	Oct-21
Sub-total: New schemes					**8453**	**8162**		

9. Diagnostics

Diagnostics retains a key place at the centre of many of the UHB's Recovery and Redesign Programmes however its importance is further reiterated through a dedicated portfolio of work. The UHB has already made significant progress in recovering its diagnostic waiting times yet there remain pressures in some areas of imaging and endoscopy. Progress is being made and the backlog of >8-week diagnostic waits is reducing. It is noted that the approach to date is not sustainable for the long term and the plans below set out an agenda for continuing this trend in a sustainable way. This includes collaboration across primary and secondary care including the schemes referenced in the primary care programme i.e. the development of community diagnostic centres.

***Diagnostics* – Overview of Principal Schemes**

A full list of the additional recovery schemes for which the UHB is requesting funding is provided in table 7.

The UHB has an existing plan to increase the ***endoscopy theatre capacity*** at UHL. As part of our recovery planning the UHB has reviewed this scheme and intends to continue at pace with these proposals to deliver a fit for purpose and sustainable model. Concurrently there is an established requirement for an immediate increase in capacity and as such the UHB will continue with the current insourcing arrangements whilst also actively exploring the options of a ***mobile endoscopy solution on a regional basis***. Each of these schemes will facilitate our ongoing drive to achieve exemplary performance in diagnostic services, along with contributing to our key priorities of delivering the Single Cancer Pathway and associated targets.

Additional scanning capacity will be provided through the ***expansion of our MRI mobile facility*** alongside additional short-term capacity to help maintain performance. Longer term it is the provision of our ***community diagnostic hubs*** that will fundamentally change our approach to diagnostic delivery. As noted in the Primary and Community Care Recovery and Redesign Programme, these provide a wide-range of diagnostics closer to home, at scale and can be deployed quickly. The potential for these hubs is enormous, we estimate that around 80% of GP referrals and 30% of consultant referrals could be provided for from these units, equating to tens of thousands of scans per year. This would be a transformational shift in diagnostic care, meaning we would envisage the majority of new diagnostic capacity being placed in community settings rather than acute hospital sites. Importantly this will release significant capacity within our hospitals which can be reutilised to the benefit of those patients requiring inpatient and intraoperative imaging.

Table 7: Diagnostics Recovery and Redesign Schemes

Lead Theme	Scheme Name	Scheme Description	Activity (per month unless stated) / Additional planned benefit	Recurrent / Non-Recurrent	21-22 £000s	22-23 £000s	Quarter Start Date
Risk and Urgency	CT - increase scanning	Request for substantive funding whilst commencing overtime in the interim to begin activity immediately. Increase scanning capacity by 35 hours per week	4560	NR	150	0	Q1
Risk and Urgency	Ultrasound - General	The recruitment of 2 sonographers and 2 machines will give an additional 20 scanning sessions per week in order to manage the combination of back log, unmet need and predicted demand increases through the post Covid recovery from other specialties	6700	NR	135	0	Q1
Risk and Urgency	Medical Physics - Gamma/Dexa	The backlog is significant within DXA scanning as well as a predicted increase in demand for Gamma camera post Covid particularly as the recovery of the cancer position continues. This would give 5 WTE technicians as well as 1 qualified staff member delivering an additional 14 sessions scanning per week	1010	NR	128	0	Q1
Risk and Urgency	Neuroradiology	1.1 WTE consultant to be added to other sessions as part of job planning to meet ongoing deficit in reporting in Neuro plus backlog of interventional neuroradiology	Reporting gap on backlog plus 148 interventional patients	NR	130	0	Q1
Risk and Urgency	MRI - complex subspecialties, cardiac, paeds	There is a need to increase the number of supervised sessions by three per week to accommodate the subspecialist scanning requirements. This will be three additional consultant sessions that will be picked up by current staff	294	NR	36	0	Q1
Risk and Urgency	Endoscopy Insourcing - Extension	Extension of current endoscopy insourcing arrangements		NR (2 years)	887	887	Q1
Risk and Urgency	Endoscopy Insourcing - Extension	Increase current insourcing plans	Q1 = 150 procedures / Q2 = 300 procedures	NR (2 years)	2,230	2,332	Q1
Sustainability	Endoscopy nurses / HCAs			R	295	529	Q2
Sub-total: Schemes with funding approved by Welsh Government in 2021/22					**3,991**	**3,748**	
Risk and Urgency	Mobile Endoscopy					0	Q0
Risk and Urgency	MRI Mobile - Extension	Extension of the mobile MRI scheme	Ensure benefits of additional capacity can be maintained and expanded	NR	485	0	Q1
Sustainability	Ancillary Support	Additional workforce support to suppport services in areas such as radiology, pathology, labs, sterilisation	Necessary to service a significant proportion of other plans across recovery and redesign	R	972	1,255	Q2
Sub-total: New schemes					**1,457**	**1,255**	

10. Digital enablers

The UHB has an approved, clear and ambitious digital strategy which provides a roadmap for how digital technology will enable the transformation of clinical services. A number of schemes within the Recovery and Redesign Programme will only be achieve the transformation necessary through the support of digital enablers. The details of the key enablers are provided below, including the specific funding requests for approval.

Digital Enabler Description	Programmes Supported	Benefits	21/22	22/23
Deliver a range of schemes aimed at transforming secondary care pathway information - for patients, primary care and secondary care - based on the post-covid pathway and service changes. Examples include patient accessible information of schemes such a e-SoS & PIFU pathway	Planned Care, Unscheduled Care, Diagnostics, Primary and Community Care, Mental Health	Care closer to home; improved referral pathway, increase patient experience, improved waiting list management, patient empowerment self care.	134	183
Undertake scoping on readiness for implementation of hospital wide management systems that can show real time detail on internal demand. Including bed flow, unscheduled care demand, resource management	Unscheduled Care, Primary and Community Care, Planned Care	Scoping will provide the basis of further detailed work to support the business case production of the system.	49	-
Transformation project to deliver modern workflow in radiology to move away from current paper based request system. This project will revoluntionise the radiology pathway and facilitae improvements across the Health Board .	Planned Care, Unscheduled Care, Diagnostics, Primary and Community Care, Mental Health	Improved workflow management and workflow redesign. Imrproved performance against targets include single cancer pathway. Reduced admin time. Reduced clinical risk. Reduced information governance risk	169	338
Software costs to support radiology transformation		As above	80	80
Additonal coding support to improve the flow of patient through the EU / AU department.	Unscheduled Care	Fully digitise clerking and improved coding. Reduces risk, improves flow	38	76
Accelerated deployment of PREM/PROM platform	Planned Care, Primary and Community Care, Mental Health	Improved patient experience, reduced follow up, reduced risk, release of capacity	99	103
IT staffing costs for the development of community diagnostic hubs as outlined in Recovery and Redesign Programme	Primary and Community Care, Diagnostics	Care closer to home; improved referral pathway, increase patient experience, improved waiting list management, patient empowerment self care.	49	38
Total revenue costs			***618***	***817***
Capital costs to support across Recovery and Redesign Programme			***126***	***92***

11. Revenue Implications

The scale of recovery is unprecedented in the history of the NHS. As previously stated, this will require not only additional capacity but a fundamental transformation of the services we provide. Table 8 below provides a summary of revenue costs for 2021/22 and the recurrent revenue investment required.

Table 8: Summary of Recovery and Redesign scheme costs - 2021/22 and 2022/23

	2021-22 £000's			2022-23 £000s
Programme	**Schemes with funding approved by WG for 2021/22 £000s**	**New schemes £000s**	**Total £000s**	**Total £000s**
Planned Care	9,451	8,453	**17,904**	**15,599**
Unscheduled Care	-	2,388	**2,388**	**4,039**
Primary Care	220	8,380	**8,600**	**11,740**
Diagnostics	3,991	1,457	**5,447**	**5,003**
Mental Health	-	2,280	**2,280**	**2,649**
Digital enablers	-	618	**618**	**817**
Total	**13,662**	**23,575**	**37,236**	**39,846**

Of the £37.236m required for 2021/22, £13.662m has already been approved by Welsh Government. New schemes identified since the March 2021 submission, which cover the broader whole system recovery and redesign agenda, total £23.575m.

The cost for 2022/23 is estimated to be £39.846m, of which circa £13m is recurrent and the remainder is fixed term i.e. schemes we have assessed that will be required for one to three years to support recovery.

12. Workforce Requirements

Our approach to workforce planning, central to our Programme, is described in detail within the Health Board's main annual plan. With regards to specific workforce requirements to service our Recovery and Redesign ambition, an initial assessment estimates circa 330 additional posts required.

13. Capital Requirements

The proposals described within this paper will require some capital investment in targeted areas to reach the capacity ambitions. Many of these were outlined within the March 2021 submission and are provided again for reference, others relate directly to the new schemes. Please note the target timescales will require the *fast-track* process to capital approval during the pandemic to continue to be utilised.

PROPOSAL	TARGET TIMESCALE
Day case modular theatres to address the backlog of patients awaiting routine day case surgery and facilitate more capacity for tertiary and complex surgery within the main building of UHW	Q3 21-22
Pre-operative assessment facility to support theatre efficiency and patient optimisation, including 'prehab-to-rehab' model	TBC
The establishment of Community Diagnostics Hubs	Q3 21-22
Two additional endoscopy theatres at UHL, the use of mobile endoscopy theatres on a regional basis in the interim	Q2 22-23
"Virtual Village" at UHL to deliver a safe and comfortable space for staff to engage virtually with patients	TBC
Same Day Emergency Care – re-provision of physical space within UHW to support Surgical SDEC	Q3 21-22
Fracture Clinic – re-provision of adult and paediatric fracture clinic capacity which facilitates the AU/EU improvement projects	Q3 21-22
Gynaecology Treatment Rooms – creation of procedure rooms to reduce reliance on operating theatres	Q2 21-22
AU / EU – ongoing adaptions to remain aligned to covid IP&C requirements	Q2 21-22
Digital Requirements – range of supporting / enabling schemes to deliver recover agenda	Q2 21-22
Work is ongoing to identify additional capacity requirements that are arising through Recovery and Redesign	2021-22

14. Timescales for key deliverables – To be updated in final submission

As we have stated, we are keen to carry the urgency of the pandemic through to our planning for recovery and redesign. Ultimately there are three key factors which will determine the timescales for recovery:

1. Estates
    a. Business case process
    b. Construction timescales

2. Workforce
    a. Decision-making to recruit
    b. Recruitment and training timescales

3. IP&C measures
    a. Reduction in Covid
    b. Decisions to reduce and remove additional IP&C measures

To a large extent the IP&C measures are outside of anyone's direct control and will be a response to the unpredictable trajectory of the pandemic. By contrast the first two, or at least the decision-making components of the first two, are within the gift of NHS Wales and Welsh Government. For that reason our assumption is, given the urgency and lead-in, that decisions will be made at the earliest opportunity to allow us to commence the implementation of schemes with expediency.

2021 / 22	Key Milestones
Quarter One	• Internal capacity increases and outsourcing continues – elective IPDC activity returns to 70% of pre-Covid following second wave
Quarter Two	• Next phase of additional internal theatre sessions • Expansion of insourcing and other independent sector opportunities • Elective IPDC activity increases to 80% of pre-Covid • Capital schemes approved
Quarter Three and four	• Elective IPDC activity increases to 90% of pre-Covid • Significant reduction in imaging and endoscopy diagnostic backlogs with additional capacity coming on stream – aiming towards elimination of patients waiting greater than 8 weeks • Significant shift of proportion of diagnostics undertaken in community • Aiming for 90% of surgical patients to receive their care in Surgical SDEC model • Recover Primary mental Health measure compliance

	• Embed and grow cluster level MDTs to improve prevention and avoid admissions in vulnerable groups
2022/23	**Key Milestones**
Quarters 1&2	• Elective IPDC Activity increases to reach 100% of pre-Covid • Some relaxation of IP&C measures may be possible to increase throughput and therefore increase elective IPDC activity levels above 100% of pre-Covid
Quarters 3&4	• Elective IPDC activity increases to above 100% • If IP&C measures can be removed, throughput returns to pre-Covid levels and therefore elective IPDC activity levels would reach c.120% of pre-Covid

It should be noted the above milestones assume there is no significant third or fourth wave over and above that outlined. Any such occurrence would mean the recovery timescales are deferred.

eport Title:	**Cardiff & Vale UHB approach to planning for 22-23**								
Meeting:	Board						**Meeting Date:**	24.06.21	
Status:	**For Discussion**		For Assurance		For Approval		For Information		**x**
Lead Executive:	Abigail Harris, Executive Director of Strategy and Planning								
Report Author (Title):	Jonathan Watts, Head of Stratgeic Planning								

Background and current situation:

It is a statutory requirement that all Health Boards and Trusts in NHS Wales develop and submit Board approved three year Integrated Medium Term Plans (IMTPs) each year to Welsh Government (WG).

In response to the Covid-19 pandemic this traditional planning rhythm was paused. Through 20-21 organisations were asked to develop quarterly plans whilst in 2021-22 organisations were asked to develop an annual plan.

No guidance has yet been issued to NHS Wales as to what the expectation is for 22-23 and the formal planning framework is not usually published by WG until the circa September / October.

Nevertheless, the UHBs portfolio of nine change programmes- *shaping our future hospitals, shaping our future communities, shaping our future clinical services, shaping our future population health, primary acre, planned care, unscheduled care, diagnostics and mental health* plus its two enabling programmes of workforce and digital should continue to form the cornerstone of the UHBs strategic planning.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Welsh Government Expectations

In light of both the ongoing Covid-19 pandemic and the new Welsh Government which has been formed (and the impending new *programme for government)* it is unlikely there will be an immediate shift back to three year IMTP planning. It is the assessment of strategy and planning that the requirement will be a further annual plan for 22-23.

Using this assumption a high-level corporate delivery plan has been drafted (**annex 1**) which describes the key milestones and points of engagement which should take place.

A key milestone in this delivery plan is the session with the health system management board (HSMB) on the 2nd September. This touchpoint will be the opportunity to reinforce with clinical boards the UHBs;

- Key sustainability issues
- Major risks it is carrying
- The absolute ‘must do’ priorities

- The headline workforce, financial and operational assumptions are that they could be framing their planning against.

Prior 'informal' engagement with Clinical Boards will take place through July and August to ensure they themselves are shaping these priorities.

Existing and Emerging Priorities;

Whilst internally the UHBs nine strategic programmes should be the main driver for the development of the UHBs plan there are a number of existing and emerging priorities coming out of Welsh Government that must be considered.

The four harms of the pandemic (preventing the system being overwhelmed, the direct harm of covid-19, the indirect harm of covid-19 and the wider sectorial impact) and system recovery- are highly likely to form a core component of the NHS planning for 22-23.

In addition a number of specific pledges were made by the new Labour government as part of the 2021 Senedd elections. Many of these are also likely to be bought forward into policy and subsequently the 22-23 planning framework. Those most relevant to the UHB include;

- Increase training funding by 8% in 2021.
- Train 12,000 doctors, nurses, AHP & psychologists by 2026.
- Fund NHS services to recover & provide treatments people waiting for.
- Strengthen national leadership through new National Executive.
- Priorities investment mental health services.
- Invest in workforce, training people to provide early support with mental wellbeing and resilience.
- Priorities service redesign to improve prevention, tackle stigma and promote a no-wrong-door approach to mental health support for all.
- Invest in & roll-out new technology.
- Introduce e-prescribing & support developments that enable accurate detection of disease through artificial intelligence.
- Invest in integrated health & social care centres.
- Fund 3 new Intensive Learning Academies in partnership with Wales' Universities to improve patient experiences & outcomes.
- Introduce autism statutory code of practice.
- Invest £40m into integrated care of older people complex needs.

Other wider issues that represent a priority for the sixth Senedd that the health and social care system will have a material role to play in include and can expect to see in the 22-23 planning framework include;

- Climate change
- Poverty
- Skills

Across these the new Minister for Health and Social care specifically drew out five in one of her first meetings with NHS Wales CEOs - *Waiting Lists (recovery), What can we do together (collaboration across boundaries), Mental Health for staff, Prevention and children's services*

Wider plan alignment

The process to develop the 22-23 plan will also require alignment with;

- The UHBs corporate commissioning intensions
- The UHBs population needs assessment
- External legislative requirements such as the Future Wellbeing of Generations Act (for example)
- The interface in terms of content and process with Area Plan and RPB

Recent Audit Wales and NWSSP Audits

During Qtr 3 and 4 of 20/21 both Audit Wales and NWSSP undertook audits of the UHBs approach to strategic planning and the development of IMTPs. Both were positive reports but noted the following actions which required management responses;

- The need to reaffirm the role which the strategy and planning sub-committee play in the preparation and scrutiny of emerging plans
- The continued strengthening of 'front line' engagement in the planning process
- The ongoing process of scrutiny and assurance of plan delivery by the UHB Board.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

It is clear that 22-23 will be a challenging year not only operationally in the context of recovery but also from;

- **A workforce perspective**. Our staff are fatigued yet the systems workforce supply will likely continue to be a rate limiting factor in many of the changes that both the system and as a UHB we would wish to make.
- **A financial perspective**. The UHB will be carrying forward an underlying financial deficit and whilst it is widely expected that there will a central recovery 'fund' made available for the coming 3-5 years there remains a lack of clarity as to both how the UHBs underlying deficit is to be handled and also how allocation of recovery monies will be managed. In addition, the clear messages emerging from WG is that the call on major capital investment resources is/will continue to far outstrip available resources.

It is therefore essential that the UHB commits to a robust approach to developing its 22-23 plan ensuring that both system and UHB priorities are addressed.

Suucessful development of the plan will also be dependent on timely notifcation of commissioning intensions from external organisations. WHSCC have bought forward their commisisoning cycle so that the UHB will have clarity on the commissioning of Specialised services by August / September. Ambulance commissioning intensions (developed through EASC and the NCCU) are not currently scheuled to be devloped until Q3 of 21/22. This could prove a challenge. Conversations with the NCCU are ongoing.

The UHBs Strategy Development and Delivery Group (SDDG) has traditionally retained responsibility for overseeing the development of the UHBs IMTP. It is proposed the group retains this responsibility for the 22-23 annual plan. Recognizing the size and breadth of this group (which is its strengthen) it maybe necessary to have an informal sub group of SDDG to oversee the day

to day development of the plan- particularly as we near the end of 2021 when intense work on the plan will be required. Core membership of the informal group should be;

During plan development there will need to be apporiate engagement with;

Clinical Boards regarding their local planning assumptions for 22-23
Full Board and apporoiiate sub committees
Community Health Council (CHC)
Partner organisations across Health and social care
The UHBs local partnership forum

Recommendation:

Board are asked to note the indicative timeline and engagement points described in **annex 1**

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	**x**	6. Have a planned care system where demand and capacity are in balance	**x**
2. Deliver outcomes that matter to people	**x**	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	**x**
4. Offer services that deliver the population health our citizens are entitled to expect	**x**	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	**x**
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	**x**	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click for more information*									
Prevention	**x**	Long term	**x**	Integration	x	Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Annex 1: High-level 22-23 plan development timeline