

ANNUAL PLAN 2023-24



INDEX

OUR PLAN FOR 2023-2026

OUR PLAN ON A PAGE

SECTION 1: PLANNING CONTENT

PLANNING ARCHITECTURE

Our Population

OUR STRATEGY - SHAPING OUR FUTURE WELLBEING

REGIONAL PARTNERSHIP

CLUSTER AND PAN CLUSTER PLANS

OUR STRATEGIC COMMISSIONING INTENTIONS

Our Key Planning Assumptions

SECTION 2: PROVIDING THE DELIVERY FRAMEWORK

OUR OPERATIONAL MODEL

Leadership

Culture and Valuing People

Data to knowledge

Learning, improvement and research

Whole systems perspective

DELIVERING VALUE

SECTION 3: DELIVERING THE PRIORITIES

OVERVIEW OF DELIVERING OUR PRIORITIES

URGENT & EMERGENCY CARE

PLANNED CARE, CANCER AND DIAGNOSTICS

SPECIALIST SERVICES

CHILDREN AND WOMEN

MENTAL HEALTH

REGIONAL PRIORITIES

SECTION 4: APPENDICES

Ministerial Priorities Templates

Infrastructure plan

Our Plan for 2023-2026

How to read our plan

This document is designed to capture our core intentions, give clarity on our priorities, be clear on the anticipated improvement they will bring about and to help our staff to understand how their work contributes to preventing and tackling health inequities and improving outcomes for the population we serve.

Importantly, our plan makes a commitment to ensuring that quality is at the heart of all we do. We are developing an organisational operating model that embeds quality and continuous improvement, learning and a value-based healthcare approach as the means to deliver our ambitions and that delivers the very highest quality of care through prudent use of resources.

The plan is split in to three broad sections:

- **Section 1: Our Planning Context** - the strategies, priorities and assumptions that frame our plan
- **Section 2: Our Delivery Priorities** - setting out the key deliverables and milestones against our priorities
- **Section 3: Delivering Quality** - our approach to embedding quality in all that we do

Where we are now

Last year, we submitted an annual plan in a three-year context, because we were unable to deliver a financially balanced plan in-year.

Since then, the continual pressures of increased demand have been compounded by a number of external factors, including the consequences of Brexit, the cost-of-living crisis and the war in Ukraine, all of which are impacting our health and social care system across the UK. This has meant that, as an organisation, we have been unable to deliver the level of recurrent savings that we set out in our 2022/2023 plan or mitigate a number of escalating cost pressures.

As such, our plan this year is an annual plan, setting out how we will deliver upon key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term.

The focus of our plan this year

The volatile planning environment that we find ourselves in; our challenging financial position, significant workforce challenges across both health and social care, and the enormous uncertainty that the NHS faces, means that our plan this year needs to focus on a smaller number of priorities for the next 12 months, so that we can navigate our way back to a sustainable position whilst improving the quality and value of the services we provide.

Despite this challenging context, we want this plan to inspire **hope and confidence** in our ability to deliver quality for our people; residents, patients and staff.

Crucially, it is important that our plan **balances realism with ambition**. It is important that our plan reflects a stretching yet credible plan that demonstrates how we will deliver the commitments we have made.

By being clear on our future direction, a smaller number of delivery priorities, focussing on quality, aligning clear measures of success and tracking our progress against these, we will be able to see the real and tangible difference we are making together to improve outcomes for our population. This includes continuing to transform our health and care system as we accelerate our shaping our future wellbeing in the community/@home programme.

It is within this context that we have set our **delivery priorities** for 2023/2024:

- To enable people with **urgent or emergency care** needs to access safe and high-quality care at the right time, in the right place, delivered by the right team
- To recover, reset and transform **planned care, cancer** and **diagnostic** services
- To deliver exceptional **specialist and tertiary services** for our local, regional and national populations
- To ensure that **every child has the opportunity for the best start in life** and to **provide high quality, safe and patient centred women's services**
- To continue our **mental health** transformation with a focus on the principles of home first, integration, safe hospital care and improving access to psychological support and specialist teams

The 2023/2024 ministerial priorities are delivered through these priority areas and through the local implementation of the national *Strategic Programme for Primary Care* and *Six Goals for Urgent and Emergency Care* and *Planned Care Programmes*- but we have also articulated our detailed plans against these within the appendices. Our approach to addressing inequity is described in our *Shaping our Future Population Health* and *Local Population Health* plans.

These priorities provide a central and unifying mission for staff no matter where they work in the organisation- everyone has a part to play.

Delivery of each of these priorities is underpinned by a core set of principles, which when applied, will ensure that we are delivering population health focussed services and care that are safe, timely, efficient, effective, evidence based and person-centred. In our *Delivering Quality* section, we make a commitment to systematically instilling these principles within our day-to-day planning and operations, through focusing on the following key enablers:

- Leadership
- Culture and valuing people
- Data to knowledge
- Learning, improvement and research
- Whole-systems perspective

Evidence confirms that high quality care provides the best outcomes, is cost effective and gives best value to the tax payer.

Our financial recovery programme set out clear guiding principles last year, to ensure a cost reduction programme that:

- Through our operating model, drives quality and delivers value
- Invests in services with clear benefits realisation plans which more than cover the investment
- Ensures a balanced focus on tertiary services for the wider population we serve, and the Cardiff and Vale population
- Balances baseline operational cost reduction appropriately with a continued local Covid-19 response cost reduction
- Commits to improving our underlying deficit as a Health Board without expectation of increased resources from Welsh Government

The actions we will take in alignment with these principles will be described in more detail in section 3.

We recognise that sustainability for Cardiff and Vale UHB cannot be achieved without sustainability in the NHS Wales system, social care and communities, and so there has never been a more important time for system thinking, collaborative leadership and partnership working. This plan describes how we will be an equal partner in tackling these challenges across the system, with *Accelerated Cluster Development* as a vehicle to ensuring coordinated planning and delivery from our front-line staff through to our Regional Partnership Board. *Further, Faster* gives us the blueprint to accelerate delivery of our Integrated Community Care Service this year, which starts with the person and is focused on optimising their independence at home, pre-empting crises, responding rapidly when there is a crisis, and minimising hospital stays.

Whilst the environment we are planning in necessitates a focus on immediate quality and sustainability priorities, we must not neglect the importance of our medium or long-term strategic direction, for the answers to many of our short-term problems lie in the redesign of services.

During this planning cycle, we will enter the end of the lifespan of our current ten-year strategy, *Shaping our Future Wellbeing Strategy 2015- 2025* and we are in the process of engaging with our people, partners and the public to refresh our strategy for the next 10 years, with a plan to relaunch this in Summer of 2023. This will be an important moment for our organisation as we refresh and recalibrate our direction and ensure that our strategic intent is (i) embedded in our day-to-day planning through our operating model and is (ii) deeply rooted within our IMTP planning process.

Ultimately, the successful delivery of our plan is completely dependent upon our people, both residents and staff, who have endured turbulent times and who continue to respond to multiple challenges. We are extremely grateful to our people, and we commit to showing this gratitude by continually driving improved outcomes for our population and through the delivery of *Our People and Culture Plan* focussing our efforts on improving recruitment, retention and wellbeing whilst building compassionate, collective and inclusive cultures.

QUALITY AT THE HEART OF ALL WE DO

Our statement of intent

Delivering quality underpins our purpose and mission – not only does it drive our ‘why’ it will also be the mechanism for ‘how’, through our operating model, we will deliver improved quality, outcomes and value for our population.

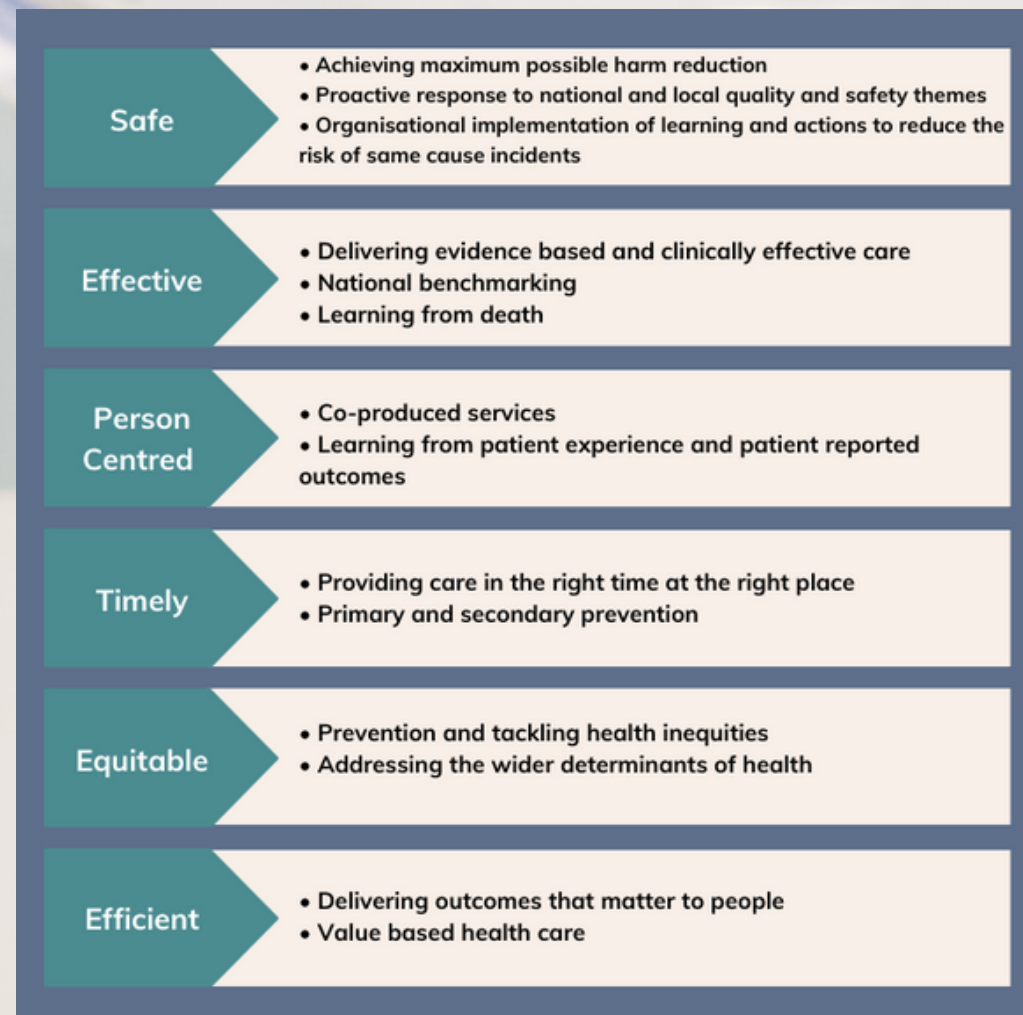
A Healthier Wales sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. The first NHS Wales core value described in *A Healthier Wales* is “Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times”.

The Duty of Quality, one of the four components of the Health and Social Care (Quality and Engagement) (Wales) Act (the Act), reinforces the principle that quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture.

Quality will form a “golden thread” that runs through our plan, and we are committed to ensuring that the six domains of quality and their supporting principles shape the operating model and inform all decisions made about the delivery of health care in Cardiff and the Vale of Glamorgan and to the wider population served by the UHB.

The operating model will create a framework that drives decision making, planning, delivery and evaluation around the 6 domains of quality and our organisational values.

More specific information on how we will develop our emerging operating model aligned to these principles can be found in section 3, *Delivering Quality*.



Our Plan on a Page



SECTION 1: PLANNING CONTEXT

PLANNING ARCHITECTURE

Our Integrated Annual Plan does not sit in isolation.

Successful partnership working is critical to delivery of our priorities, and this document is just one component of a series of interrelated plans and strategies developed in partnership with other organisations, which together, provide a common purpose and help us to navigate a complex system, over varying time periods.

A *Healthier Wales* provides the long-term vision and destination, and this suite of plans provide the vehicle to get there.

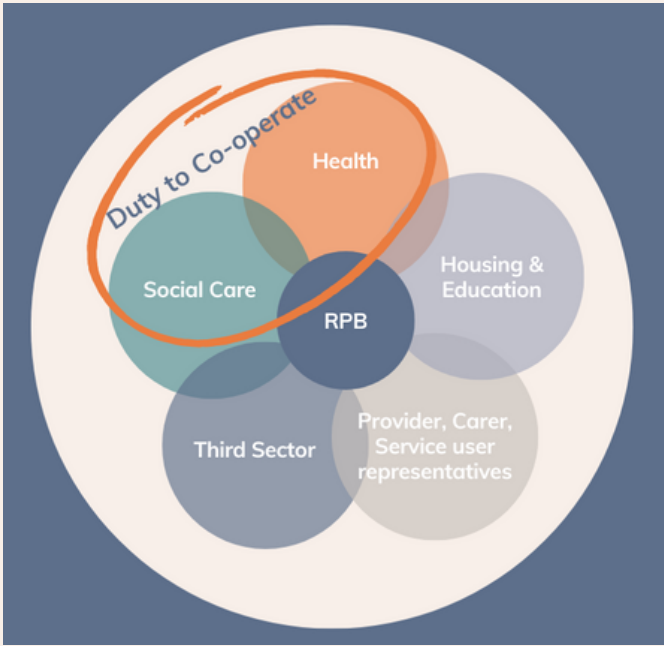


In NHS Wales, we are on a journey to shift away from the traditional and often compartmentalised approach to service planning, to a culture of truly integrated planning which focuses on population health and well-being. As an organisation we are fully committed to working as an equal partner with our counterparts across - NHS Wales, local government, third sector and community systems to achieve this vision.

The Public Services Boards' Wellbeing Plans for 2023-28, due for publication in April 2023, reflect the collective action of the regional partnerships to address the economic, social, environmental and cultural wellbeing of the population'. The Regional Partnership Board's Joint Area Plan, 2023-28, sets out the priorities of the partnership to deliver community-focused, integrated health and social care services aimed at enabling people *to live the best lives they can in their homes and communities*.¹

The national programmes such as the *Six Goals for Urgent and Emergency Care*, *Planned Care Programme* and the *Strategic Programme for Primary Care*, including the *National Accelerating Cluster Development Programme*, provide the framework to ensure population needs are driving our plans at all levels, describing a clear and two-way line of sight from patients and front-line staff through to the priorities of the Regional Partnership Board.

IMTPs, Joint Area Plans and Pan-Cluster Plans all have a shared focus on recovery, reducing inequalities and improving outcomes.



All of the Ministerial priorities set out in the Planning Framework as outlined below span all three plans and require system working to successfully enact the required improvements pertaining to:

- Delayed Transfers of Care
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care, Recovery, Diagnosis and Cancer
- Mental Health and CAMHS

Plan	Ownership	Population coverage	Plan Type	How the plans should link
Cluster Plans	Clusters	Cluster footprint	Annual Delivery plan	Reflect and respond to local population health, care and well-being needs and priorities
Pan Cluster Plans	Pan-Cluster Planning Groups	County footprint	3-year plan	Intelligence from clusters ensure that the locality plans accurately reflect population health, care and well-being needs, in the context of the Joint Area Plan priorities.
IMTP	Health Boards	Health Board Population	3-year plan	Health boards, local authority and third sector partners use intelligence from locality plans to inform and steer organisational decision making and strategic plans
Joint Area Plan	Regional Partnership Board	Regional Population	5-year plan	Sets direction and leads strategic planning and partnership working between Local Authority, Health Board and 3rd Sector
Strategic Plans	Health Boards	Health Board Population	5-10 year plan	Longer term strategic plans describing ambitions and priorities for: Clinical Services, Estates etc

This following section does not aim to repeat the content of these plans but rather, more importantly, to set out how our plans and strategies deliver the key health policy priorities and how our planning processes enable collaborative working.



OUR POPULATION



Together with our communities and partners, we want to improve the health and well-being of our residents, and reduce inequities in Cardiff and the Vale of Glamorgan.

The health needs of the half a million people living in our area have been described in recent assessments, such as those carried out under the Social Services and Well-being Act ([Cardiff and Vale population needs assessment](#)) and the Well-being of Future Generations Act ([Cardiff well-being assessment](#); [Vale well-being assessment](#)). These include the needs listed below.

Health inequalities

- There are long-standing inequities in outcomes between people living in our most and least deprived areas, within our ethnic minority communities, and other marginalised groups. These inequalities have been exposed and further increased by the Covid-19 pandemic and the cost-of-living crisis, and are described in more detail in the 2020 Director of Public Health report, [Let's leave no-one behind in Cardiff and the Vale of Glamorgan](#).

Demographics

- Our population is getting older on average, and previous trends in population growth have slowed, however, it is still continuing to grow; migration into our area during 2022 included the reception of Ukrainian refugees.

Health behaviours and risk factors

- Supporting and enabling our residents to live healthy lives requires action at the level of the wider environment and determinants of health, as well as with individuals themselves. Many of these factors have been adversely affected by the pandemic and cost of living crisis:

- Immunisation uptake
- Participation in physical activity
- Provision of healthy and affordable food
- Achieving and maintaining a healthy weight
- Air quality
- Healthy environments, including the climate emergency
- Tobacco use
- Alcohol consumption
- Social isolation and loneliness

Covid-19

- We need to continue to protect vulnerable residents and mitigate against future variants of the virus.

Partnerships are a key mechanism for delivering action on prevention and the wider determinants of health, with work led through the Public Services Boards (PSBs) in Cardiff and the Vale, and local authority corporate plans. This includes action on fair economic development, housing and homelessness, the environment, education, and community safety.

We also have responsibilities for the Armed Forces and Veterans population in Cardiff and Vale and discharge our Armed Forces Covenant Duties and the Armed Forces Act to support this population.

Prevention is one of our core underpinning principles and is woven both within our strategic programmes, within specific operational plans as part of our Delivery Priorities section and forms part of our *Delivering Quality* section.

More information on the detailed public health actions being taken this year are described in the [Cardiff and Vale local public health plan 23-26](#).

OUR PEOPLE AND CULTURE

As a Health Board we pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our people.

Our People and Culture Plan was launched in January 2022 [here](#) and set out our ambition over a three-year period. Our people have continued to respond to the challenges despite the impact the workforce crisis is having on Health and Social Care. Recent engagement surveys have told us that our people are leaving the sector and/or their profession due to stress, burnout, poor working conditions and lack of development opportunities. This has made recruitment and retention extremely challenging, resulting in staff shortages that have impacted negatively on the wellbeing of our people.

In 2023-2024 our people must be our top priority, we must focus our efforts on improving recruitment, retention and wellbeing whilst building compassionate, collective and inclusive cultures.

The People and Culture Plan 2022-2025 is everyone's responsibility and is built around the 7 themes outlined in the '*Workforce Strategy for Health and Social Care*'. This year there will be an increased emphasis on the following priorities outlined in the '*National Workforce Implementation Plan: Addressing the NHS Wales Workforce Challenges, January 2023*':



In 2023/2024 our priorities are:

Attract and Recruit

We will establish ourselves as a strong and recognisable brand and will strive to be the employer of choice for our existing and future workforce. We will find new and innovative ways to attract people into our Health Board, ensuring that our recruitment campaigns are reaching all our communities and work with Social Care colleagues to ensure an integrated approach. We will expand our Apprenticeship Academy recruiting from our local communities and offering a wider range of opportunities. Proactively increase the diversity of our workforce through inclusive recruitment campaigns and continue to build on our approach to inclusive recruitment ensuring that we increase the diversity of our people.



As a Health Board we will all commit to reduce the over reliance on Agency workers through a number of key actions. One of which will be to incentivise a move from Agency onto Bank or into substantive employment. Research shows that reducing the vacancy gap will improve retention, wellbeing and quality of care.

Retaining our people

Poor retention is having a negative impact across the Health Board and is problematic in certain areas/professions. Our data is showing us that we have challenges, we must use this data to find solutions, make decisions and devise initiatives to reduce turnover and increase retention.

We will support our managers to understand what options are available to improve retention based on best practice, focusing on treating people fairly, being flexible, paying attention to people's well-being, giving people a voice, investing in career development and progression, improving retention and achieving a more sustainable position is a key priority for everyone.

Wellbeing

Promoting and supporting wellbeing has always been at the core of our business. Over the past few years, the COVID-19 pandemic has presented challenges to all our people, and our communities, and we have consistently ensured a focus on wellbeing, through the formation of the Strategic Wellbeing Group, to ensure people are supported when needed. Some of this work has been supported short term, during the peaks of the pandemic, and some of this work is longer term.

Evidence demonstrates that healthy workplaces help people to flourish and reach their potential. Focusing on the wellbeing of our people can lead to increased motivation, better engagement, reduced sickness absence, higher performance and productivity and ultimately a better experience for patients and our people. Our priority for this year is to embed our Wellbeing Strategy and Framework, which will ensure our actions are impactful, and illustrate how wellbeing is everyone's responsibility throughout the Health Board – through our systems, processes, ways of working, networks, relationships, behaviours and environments, embedding wellbeing in our culture and in our leadership.

The responsibility for fostering a culture that enhances wellbeing sits with everyone, from the Board to the Executives, Senior Managers, Line Managers, People Professionals, Occupational Health to every single individual who works within the Health Board.

Equity, Inclusion and Welsh Language

We continue to focus on developing and achieving the priorities as identified in the Strategic Equality Plan and strive to meet the Socio-Economic Duty by ensuring tackling inequities is at the heart of everything that we do and every decision that we make. Focused work to date includes the development of our Anti-Racist Action Plan, co-designed and developed with representatives from across the Health Board and recruitment campaigns aimed at increasing the diversity of our workforce. Preparation work is underway in readiness for the development of our LGBTQ+ Action Plan following publication of the WG plan.

Working to ensure that equity and inclusion are considered and supporting awareness of inequity, Inclusion Ambassador roles have been developed, starting at Executive Board level, with individuals taking an ambassadorial role in raising awareness and supporting each protected characteristic and Welsh Language. As this approach is cascaded across the Health Board, awareness of tackling inequity and increasing diversity, inclusion and equality will increase which will result in an improved experience for our patients, our communities and our colleagues.

Collaboration, co-production and consultation is fundamental in achieving our priorities around equity, inclusion and Welsh Language and continuing to develop strong working relationships with colleagues, communities, trade union partners, internal departments and external organisations.

The organisation is required to comply with its Welsh Language Standards that were set by the Welsh Language Commissioner in 2019. This is in line with the Welsh Language Measure (2011). It is also required to report back on its progress on the Welsh Government's Welsh Language in Healthcare Strategy (The More than Just Words Strategy).

Shaping our future workforce

Our aim is to move from emergency/short term planning of our workforce into a more strategic/transformational approach to address the current and future workforce gaps and strategic ambitions. We will achieve this by increasing organisational capacity and capabilities in workforce planning through the provision of Strategic Workforce Planning training across a multi-disciplinary workforce, we will develop our baseline plans created for our current nursing, medical and AHPs workforce demography and characteristics into longer term plans, to support the assessment of risks, and priority actions plans to address gaps and influence change.

By assessing the workforce planning implications for our strategic programmes, it will support the delivery of a more integrated and seamless workforce.

This year we will about changing the shape of our workforce, moving away from more traditional workforce models into a more transformational way of thinking. We will be implementing and embedding new and extended roles, focusing on the skills and training required. Examples will include the introduction of the Assistant Practitioner role onto ward areas, achieving a more sustainable solution to embed Physician Associates across our clinical areas, creating hybrid roles between Nursing and Therapies to meet the needs of our patients.

Over the next 12 months we also want to continue our journey to create a strong people analytics culture where managers actively use people data to tackle business problems, have management teams that speak about the value and importance of people data and have line managers who seek out people data to make business decisions. Driving quality and efficiencies through systems is also a priority, ensuring we embed effective rostering principles across the Health Board.

Workforce Plan

The Health Board current employ in the region of 14,500wte, this is broken down by staff group in the supporting UHB Workforce Plan. Over the next 12 months and beyond our focus will be on continuing to improve quality of care and experience of our staff and patients, whilst making the most efficient use of available resources. Over the last 3 years our workforce has grown from 13,858wte to 14,469wte, our variable pay, and agency/locum spend has increased. The plan for 23/24 – 25/26, will not show an overall growth in our workforce as in previous years, but will show how we plan to build a more sustainable workforce for the future. Example of how we will measure our success are outlined in appendix 4.2.

OUR STRATEGY - SHAPING OUR FUTURE WELLBEING

In 2015 we published our first ten-year strategy, *Shaping Our Future Wellbeing*, which set out the actions we would take with partners to give everyone in our communities the same chance of leading a healthy life, providing the best quality services possible within the resources available to us, and adopting the prudent health care principles to ensure that services provide optimal benefit for our patients. The strategy was developed as the Well-being of Future Generations (Wales) Act was passing through the Senedd and has the sustainable development principle and national well-being goals at its core, including a focus on prevention and long-term thinking.



We are currently reviewing our long-term strategy with a view to publishing the new strategy during this plan cycle (2023/2024). Our vision in *Shaping Our Future Wellbeing* – *a person's chance of living a healthy life is the same wherever they live or whoever they are* – is still pertinent in the healthcare environment today. Whilst the focus of some priorities of the strategy may require adjusting as we reflect on the impact of COVID-19, and the urgency of climate change, the focus on health inequalities remains a key driver.

As part of this strategy refresh process, the organisation's strategic objectives – which also serve as our well-being objectives under the Well-being of Future Generations (WFG) Act – are being widely engaged upon.

Therefore, going into 2023-4 while our well-being objectives are formally unchanged, we anticipate publishing revised well-being objectives in the summer.

Translating strategy to delivery

Our IMTP is focused on meeting the objectives in the *Shaping our Future Wellbeing Strategy*, so everything in this plan will contribute to one or more of the seven well-being goals. Our routine performance and reporting processes to assess progress against our IMTP also therefore serve the purpose of establishing progress against our well-being objectives.

Within the UHB there is a Well-being of Future Generations Steering Group which meets regularly to support, encourage and review the application of the five ways of working within the Health Board's work and culture. The Steering Group is chaired by the Executive Director of Public Health, with the Chair of the Health Board acting in the role of Board Champion for the Act; membership includes Finance, People and Culture, and Communications and Engagement colleagues. The group has a rolling plan of work, to discuss and examine particular areas of the Health Board's activity, through the lens of the WFG Act.

We have also established 5 strategic programmes designed to deliver our long-term strategic goals, and we will take the opportunity to review these to ensure alignment following the strategy refresh.

OUR STRATEGY - SHAPING OUR FUTURE WELLBEING



Programme	Description
Shaping our Future Population Health / Local Public Health plan	Strategic goals and actions to improve health and reduce health inequalities across Cardiff and the Vale of Glamorgan over the next three years, working with our partners
Shaping our Future Clinical Services	A clinical redesign programme aiming to develop and ensure the delivery of our Strategic Clinical Services Plan setting out our ambitions, priorities and high-level timeline for delivering excellent quality, sustainable services for the populations we serve
@home (Shaping our Future Community Services)	An RPB partnership programme delivering an integrated, community-focused operating model, across the Health Board, local authorities and third sector partners. This is one of the delivery vehicles for the Six Goals for Urgent and Emergency Care and will deliver the Integrated Community Care Service Further, Faster proposition.
Shaping our Future Hospitals	A programme that will consider the case to rebuild or refurbish our acute estate infrastructure informed by a transformational clinical services plan (Shaping Our Future Clinical Services)
Shaping our Future Wellbeing in the Community	A programme through which the supporting estate and infrastructure is being developed in the community, in partnership with our local authority and community partners to support increasingly integrated services closer to home.

DIGITAL AND HEALTH INTELLIGENCE

The Shaping our Future Wellbeing strategy and Shaping Our Futures aspirations are dependent upon our abilities in digital, data and technology to deliver our services to the communities and people that Cardiff and Vale UHB serve.

We continue our journey towards delivering **digital capability** and **building digital maturity**.

The Board approved a [Digital Strategy](#) for the organisation in September 2020.

To support our Digital Strategy, a four-year tactical roadmap was developed targeting the introduction of some solutions to rapidly drive up some of our base digital capability and deliver benefit to staff and people, preparing the way for an EPR business case. The roadmap does not include all digital activity across the organisation, it is focussed on enterprise and high priority initiatives e.g. in response to Covid, winter and operational pressures and Welsh Government priorities.

Given this context, some good progress has been made as shown below over the last few years albeit we have had to pause some initiatives and the pace of change has sometimes been inhibited by resource and system constraints.

These initiatives are already improving safety, saving clinical time and contributing to improving outcomes for patients however, we are still just at the beginning of our digital transformation.

Roadmap items delivered & planned

(excludes business as usual and minor works)



Delivery Continues

2023/24 Priorities and Focus

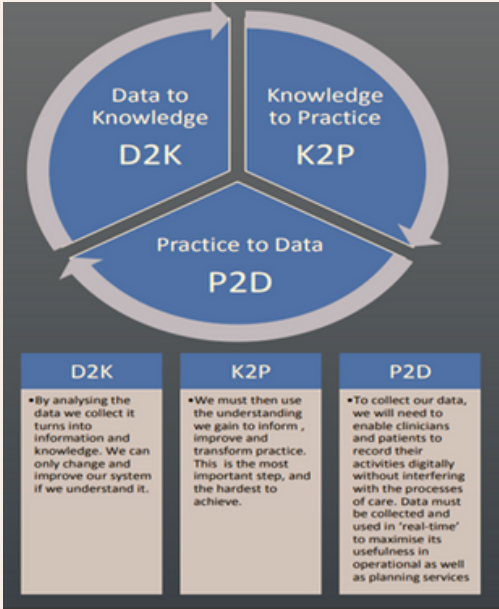
Strategic

Our major focus in 2023/24 is to produce a Digital Strategic Outline Case (SoC) for Welsh Government that will sit alongside the UHW2 new hospital SoC. It is imperative that CAVUHB achieves digital maturity before the new hospital is built so that clinical transformation is achieved as this affects the utility and operationalisation of the new hospital and community facilities in the Shaping our Futures programmes.

A significant part of work to-date in digital is a precursor to introducing Electronic Patient Record (EPR) capability by using standards to guide what we do to achieve digital maturity. The standard we are using is the globally recognised 8 step [HIMSS \(Healthcare Information and Management Systems Society\) EMRAM standard](#). HIMSS standards extend to analytics, continuity of care, clinically integrated supply outcomes digital imaging, infrastructure, and outpatients. The hospital based electronic medical record (EMR) standard below is our place to start.

Stage	EMR Adoption Model Cumulative Capabilities
7	Complete EMR, Data Analytics to improve care
6	Physician Documentation (templates), Full CDSS, Closed Loop Medication Administration
5	Full R-PACS
4	CPOE; Clinical Decision Support (clinical protocols)
3	Clinical Documentation, CDSS (error checking)
2	CDR, Controlled Medical Vocabulary, CDS, HIE Capable
1	All Three Ancillaries Installed - Lab, Rad, Pharmacy
0	All Three Ancillaries Not Installed

The Digital SoC will describe how digital, data and technology will empower CAVUHB to reimagine health and care pathways and clinical services by creating a SMART health and care system with intelligent hospitals in it. Patient pathways start and end in primary and community care and our digital aspirations need to facilitate this as well as deliver on our vision to be a Learning Health and Care System described in our Digital Strategy as:



By collecting timely, accurate data, we will understand how our system works.

We will be able to follow patients through care pathways, learning how we can make them more efficient, and ensuring their journeys are safe.

The ability to collect and record patient outcomes means that we can compare ourselves to other organisations to ensure we are providing good quality outcomes.

By collecting patient reported outcomes we will see what works, and what doesn't work. This enables us to put Value Based Healthcare into practice.

The Digital SoC will describe at high level what we need to do to become a digitally mature organisation capable of supporting, enhancing and sustaining the clinical transformations we are aiming for in our Shaping our Futures programmes which are part of our strategy Shaping our Future Wellbeing. It will describe the capabilities we need for example from EMR (in an EPR) to wayfinding; how we will use all the data at our disposal (e.g. patient, staff, estate, environmental etc) so that across all our pathways clinicians can access the data they need at point of care whilst patients can access and update their own information through the NHSWales app.

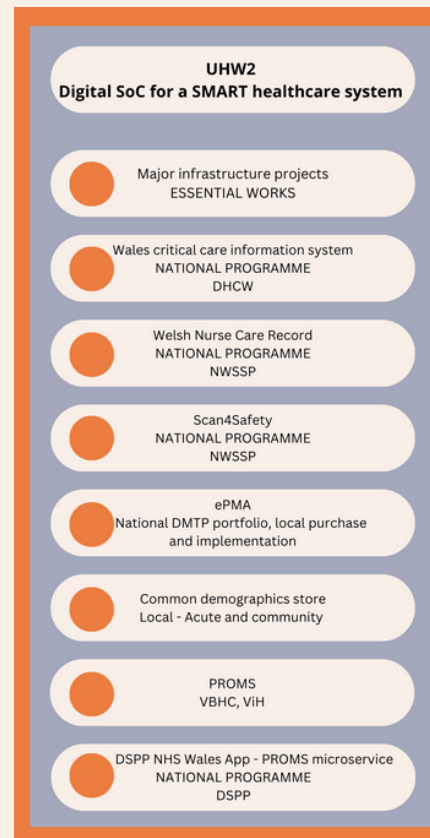
We are completing several pieces of work which will support these plans including an Enterprise Architecture review, the HIMSS assessment referenced and we have already concluded an initial Solutions Architecture for EPR functionality as well as some limited UX work. Digital has also been engaged in c40 business intelligence gathering meetings with organisations undergoing similar new hospital journeys to our own and this intelligence will be used to help inform the SoC.

Priorities

The following major projects are prioritised for the coming year most of which are national programmes. There are also local projects as part of business as usual supporting the enterprise, for 6 Goals, Planned Care, opportunities such as the e-triage proof of concept, developing the Digital Care Region, regional networks e.g. stroke, and shared care records using our Local Data Resource. These are mainly contingent on WG funding.

Interoperability and whole system

CAVUHB is an organisation and institution in its own right however, we are also part of regional partnerships with other agencies with whom we need to share and exchange data for the benefit of health and care. We also consume services and exchange data with Digital Health and Care Wales so interoperability will continue to be a major priority for us.



ESTATES STRATEGY

Launched in 2018, our Estates Strategy was designed to identify improvements and developments required to enable us to support the *Shaping Our Future Wellbeing* strategy.

The estates strategy considers the long-term vision to ensure that the UHB has 'fit for purpose' buildings providing excellent facilities with well mapped adjacencies to ensure efficiencies across the services.

Whilst progress has been made towards delivery of its strategic aims, the arrival of the COVID 19 pandemic significantly impacted the ability to progress many of the schemes in line with initial timelines, and meant that delivery had to adapt and respond to new priorities, such as supporting increase in bed capacity, development of field hospital provision, test centres and mass immunisation centres.

The refresh of our *Shaping Our Future Wellbeing* strategy in 2023/2024 is prime opportunity to refresh our enabling Estates strategy, ensuring that it balances realism with ambition and aligns with our new context and emerging Clinical Services plan. We will also work closely with the Regional Partnership Board to develop our community structure and align with the Area Plan and supporting estates plan.

Our estates and digital priorities for the next year are woven in to Section 2, *Our Delivery Priorities* however a more detailed infrastructure section can be found in appendix 4.1.

Decarbonisation

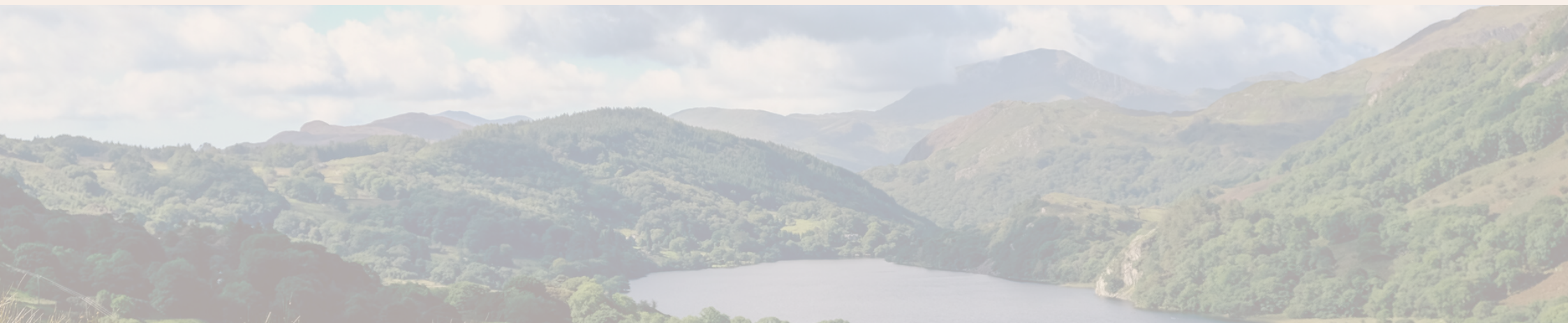
We declared a climate emergency in January 2020 and were one of the first Health Boards in Wales to develop an action plan to reduce our carbon emissions. 2023 sees the publication of our third action plan.

The Health Board estimated its emissions at 202,000 tonnes of CO₂e in 2021/22. 81% of these emissions are from the products and services used to operate and deliver health services and roughly 18% from the energy used to provide those services.

We have learned much about decarbonisation in the last few years, but there is still a long way to go to make a meaningful impact to our emissions levels. The aim of our next action plan is to become much more mature and carbon literate as an organisation across the range of services we offer. Reducing our carbon impact will be challenging as our experience has proven that gains from initiatives tend to be small. There is no small number of initiatives that will save large amounts of carbon. In fact, it is estimated that a 50% reduction in electricity consumption would reduce emissions by just 2%. Therefore, we will be taking action across a number of key areas based on the emerging evidence, making the issue an urgent priority for the organisation.

Decarbonising healthcare is an immature discipline, but we do know that it requires every one of our 16,000 colleagues to make a number of small but frequent acts to make a difference. The Health Board will create the environment from the top which will equip and encourage our colleagues to make a difference, which is the focus of our work over the next year.

More information on the detailed actions that we will take this year can be found in appendix 4.1.



The key milestones within our Strategic Programmes that fall within this IMTP cycle are below.

Please note, all business cases referenced below are contingent on WG funding.

Strategic Programme	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Years 2 and 3
Shaping our Future Population Health / Local Public Health plan	<p>Plan and deliver routine and mass vaccination programmes in response to JCVI and Welsh Government advice and recommendations, including Covid-19 Spring Booster programme</p> <p>Identification of patient management system; systematised smoking status recording for all hospital in-patients to access smoking cessation support on admission</p> <p>Implementation of Level 2 Healthy Travel Charter by C&V UHB to begin</p>	<p>Integrated Health Protection Model for Cardiff and the Vale of Glamorgan implemented</p> <p>Agree new health inequalities strategic framework</p> <p>Engage and work with partners to shape and develop the next phase of Move More, Eat Well</p> <p>Agree the focus for a programmatic preventative approach with primary and community partners, using insights from King's Fund</p> <p>Review of falls prevention framework for C&V UHB and early intervention pathways including to Stay Steady clinics</p>	<p>Flu vaccine programme delivered across a range of delivery channels.</p> <p>Covid-19 vaccination autumn programme planned and delivered.</p> <p>Agree suite of indicators for measurement of health inequities</p>	<p>Finalise the framework for the next phase of Move More, Eat Well</p> <p>Report on outputs from air quality and/or traffic volume measurements at UHW and UHL</p> <p>To develop a full proposal for a sustainable model of health inclusion for Cardiff and Vale of Glamorgan</p>	<p>Launch the next phase of Move More, Eat Well</p> <p>Delivery of longer term actions identified in the Health Protection Review</p> <p>Explore opportunities to apply Restaurant & Retail Standards to non UHB outlets</p> <p>Implementation of systematised smoking cessation support for all patients on contact with NHS services</p> <p>Plan and deliver routine and mass vaccination programmes in response to JCVI and Welsh Government advice and recommendations</p>
Shaping our Future Hospitals	<p>Commence creating SOC content (clinical service plan, digital, health planning and estates strategy refresh); recruit team; procure suppliers and concurrently secure resource to produce digital SOC</p>	<p>Commence Technical work in response to the clinical services plan</p>	<p>Commence Economic case and Financial Case</p>	<p>Conclude all SOC chapters and plan for OBC</p>	<p>Approve SOC through CVUHB governance; seek WG approval of SOC; commence and complete OBC.</p>

Strategic Programme	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Years 2 and 3
Shaping our Future Clinical Services	<p>Develop programme plans, complete frameworks for learning and patient and public involvement.</p> <p>Commence intelligence gathering and listening exercise (engagement phase 1)</p>	<p>Undertake current baseline assessment of our clinical services, and our future population health need.</p> <p>Hold series of clinical services sessions to develop and test clinical service plan chapters (engagement phase 2)</p>	Engage the plan more widely with the public (Phase 3 engagement), amendments and formal sign off. Plan for service level planning	Launch Clinical Services Plan and commence service level planning and pathway exemplars	Commence formally the delivery phase of the programme (to be defined)
@home: Shaping Our Future Community Services (incl Shaping Our Future Wellbeing in the Community)	<p>Engagement and planning for delivery of Integrated Community Care Service:</p> <ul style="list-style-type: none"> • Develop maturity matrix for MDT clusters. • Design intermediate care step-up operating model • Continued refining of Step-down intermediate care • Alignment of Urgent Primary Care model • Workforce and recruitment plans • AHP collaborative established <p>Developing Capital infrastructure investment Full Business Cases (FBCs) for Tranche 1 schemes</p> <p>Health & Wellbeing Centre @ CRI Wellbeing Hub@Park View Wellbeing Hub@Penarth SARC@CRI</p>	<p>etailed 23/24 delivery plans and metrics in place.</p> <p>Confirmation of deliverables for Q3.</p> <p>Continuing co-production and engagement with partners.</p> <p>Alignment to Ministerial mandate for Integrated Community Care Service for Wales when published.</p> <p>Alignment to 6 goals and National primary care strategy</p> <p>Work on Tranche 1 capital schemes continues</p>	<p>Implementation</p> <p>Work on Tranche 1 schemes continues</p>	<p>Implementation</p> <p>Work on Tranche 1 schemes continues</p>	<p>Maturing of Integrated Community Care Service:</p> <ul style="list-style-type: none"> • MDT Cluster model • Locality-based integrated model • Alignment of community nursing model • Streamlined intermediate care • Social prescribing • Integrated workforce model • Aligning commissioning • Evaluation <p>Service Planning work and developing capital infrastructure investment business cases in formats as agreed with WG for Tranche 2 schemes:</p> <p>Health & Wellbeing Centre@Barry Health & Wellbeing Centre@Whitchurch Health & Wellbeing Centre@CRI Wellbeing Hubs@Lisvane Wellbeing Hub@Plas Dwr</p>

REGIONAL PARTNERSHIP BOARD JOINT AREA PLAN 2023-28

The Regional Partnership Board is the vehicle through which the statutory partners exercise their duty to cooperate. Its priorities are organised around the life-stage themes of Starting Well, Living Well and Ageing Well, recognising that better health and wellbeing outcomes can only be achieved by working together.

The Joint Area Plan draws on and responds to national directives and partner plans ensuring a clear alignment of strategy. The annual delivery plans will reflect in more detail the priorities of the Pan Cluster Planning Groups as they mature.

RPB Headline Priorities

Starting Well

Delivery NEST/NYTH through the integration of children and young people's emotional wellbeing and mental health pathways

Living Well

- Improve access to annual health checks, primary care services and dementia screening for people with Learning disability
- Increase shared care adult placements
- Unpaid Carers Charter implementation
- Advice and support for young carers
- Carers Gateway
- Increase in respite care availability
- Strengthen neurodiversity services

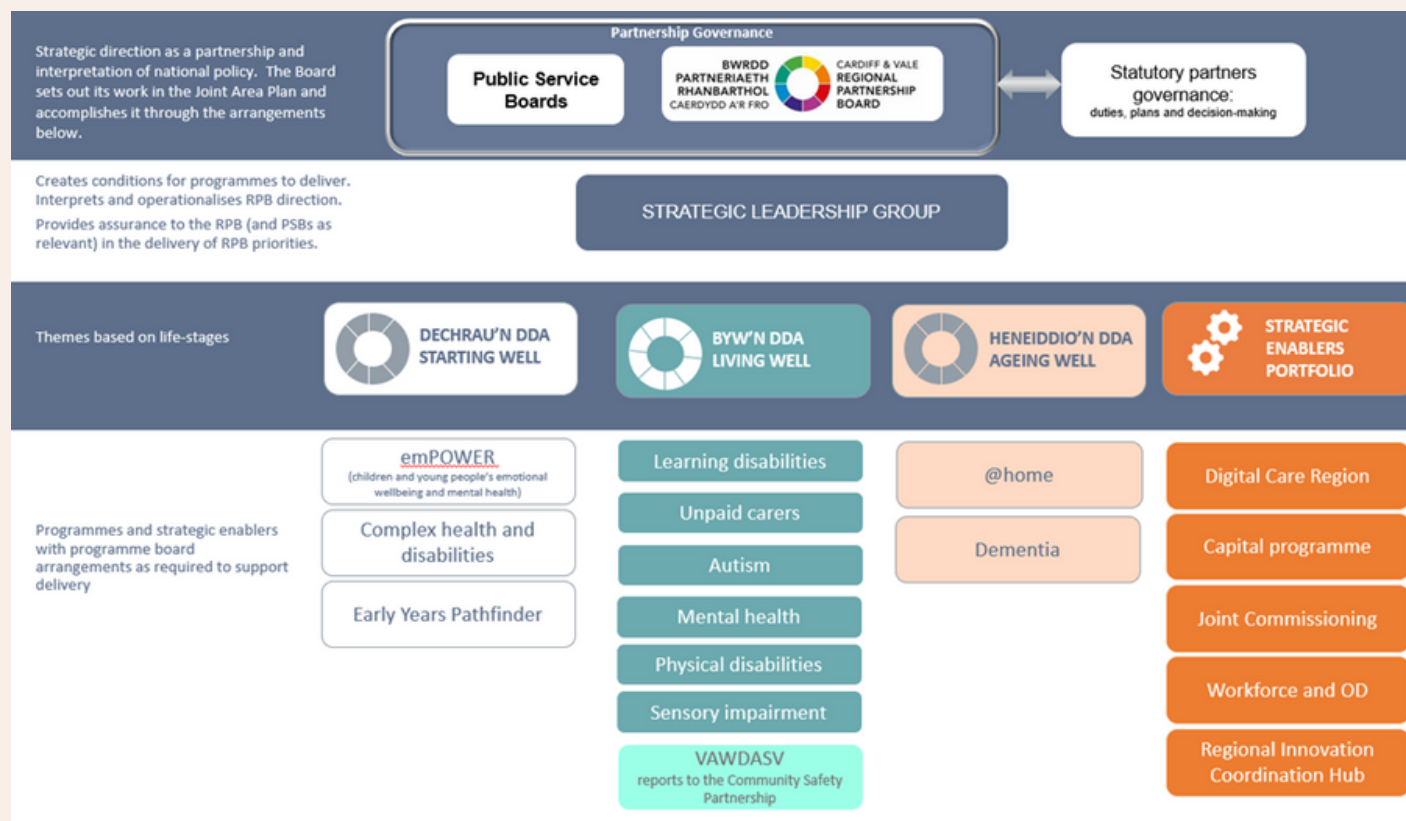
Ageing Well

@home – Integrated Community Care Service

- Cluster MDT roll-out
- Intermediate care step up & step down

Dementia Action Plan implementation

- Decrease waiting times for assessment and diagnosis
- Advance Care Planning
- Dementia Friendly Hospital Charter



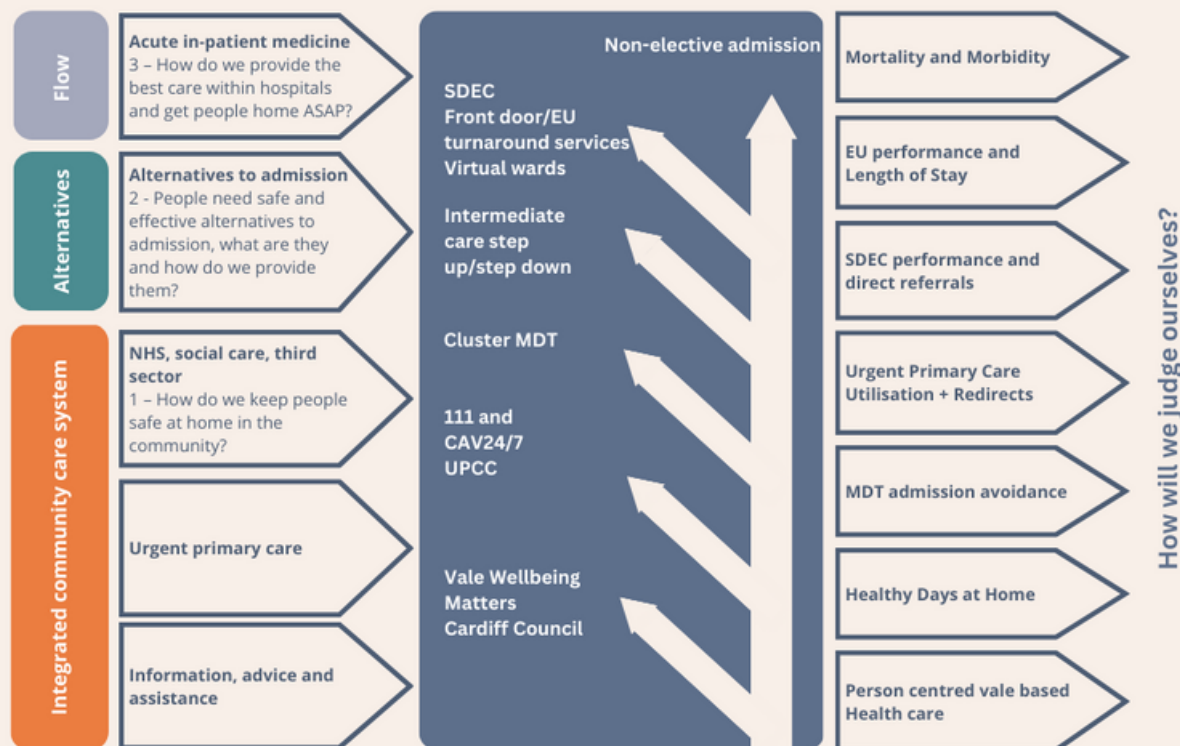
@home - Integrated Community Care Service

‘Further, Faster’

In 23/24, our established RPB @home programme will deliver an *Integrated Community Care Service* (in line with the recently published ‘Further, Faster’ proposition) aligning the Cardiff and Vale implementation programmes of *Urgent Primary Care Centres* and the *National Strategic Programme for Primary Care* which collectively act as delivery programmes of the *Six Goals for Urgent and Emergency Care*. As a partnership, we will create a coherent out-of-hospital integrated model that starts with the person and is focused on optimising their independence at home, pre-empting crises, responding rapidly when there is a crisis, and minimising hospital stays. There will be a focus on continuous improvement of arrangements to enable people to return home quickly and safely if an admission to hospital is needed.

There will be an emphasis on rehabilitation and reablement (embracing our Rehabilitation model), trusted assessment and sharpened access routes to the right support at the right time. For the Health Board specifically, this requires a cross-Clinical Board approach across PCIC and Medicine in particular and a tight interface with Local Authority social care and wider community services and the third sector.

At every stage of the person’s journey, we will work as a partnership to support the person with just-right levels of support. The Integrated Community Care Service will divert the person to the lowest levels of care and support that is right for the individual to maintain their independence where ever possible. This includes urgent access to primary care through Urgent Primary Care centres.



Using data to improve outcomes:

The RPB is linking pseudonymised data from WAST, CVUHB and Cardiff Council. This will provide unique whole journey intelligence.

In 23/24 we will seek approval to adapt this to identifiable data to support direct patient care.

High Risk Adult Cohort

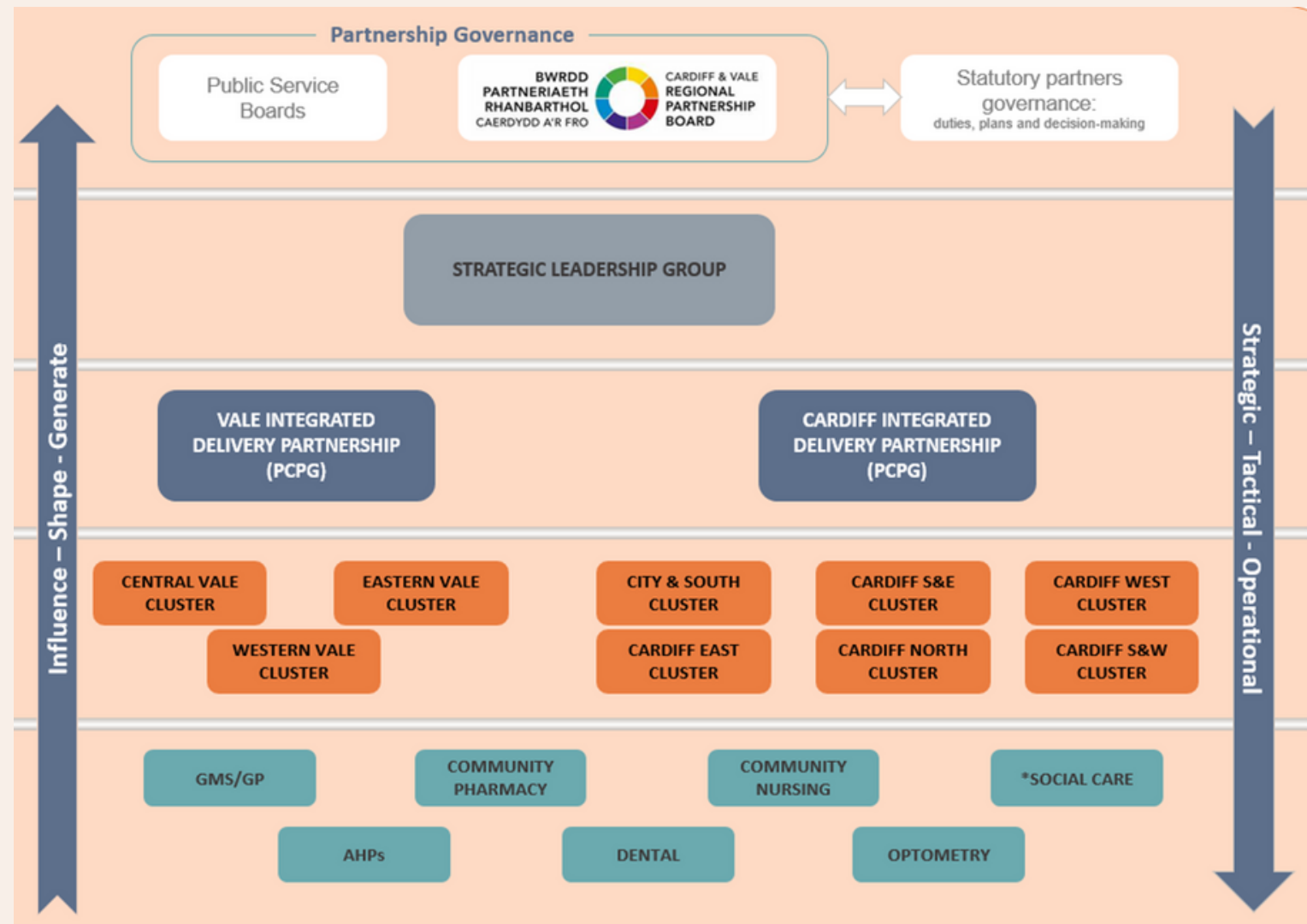
- c.1% of the population utilise c.40-60% of bed capacity
- Long LOS lead to deconditioning and dependence
- Poor outcomes for people
- Increased demand on services

Getting it right for a small and defined cohort at every stage of their journey will have a disproportionately positive impact personally, and on capacity within the health and care system.

CLUSTER AND PAN CLUSTER PLANS

Pan Cluster Planning Groups have been established in both Cardiff and the Vale of Glamorgan and are emerging as the vehicles for integrated planning and delivery at a county-level. During 23/24 the Groups will mature into primary care, third sector and local authority partnerships as part of the Health Board and Regional Partnership Board governance to enable planning and delivery on county-level footprints, addressing the health and wellbeing needs of local populations. This will strengthen place-based ownership of region-wide RPB programmes to reflect local assets and need, e.g. local implementation of a whole system out of hospital delivery model/integrated community care service known locally as the @home programme.

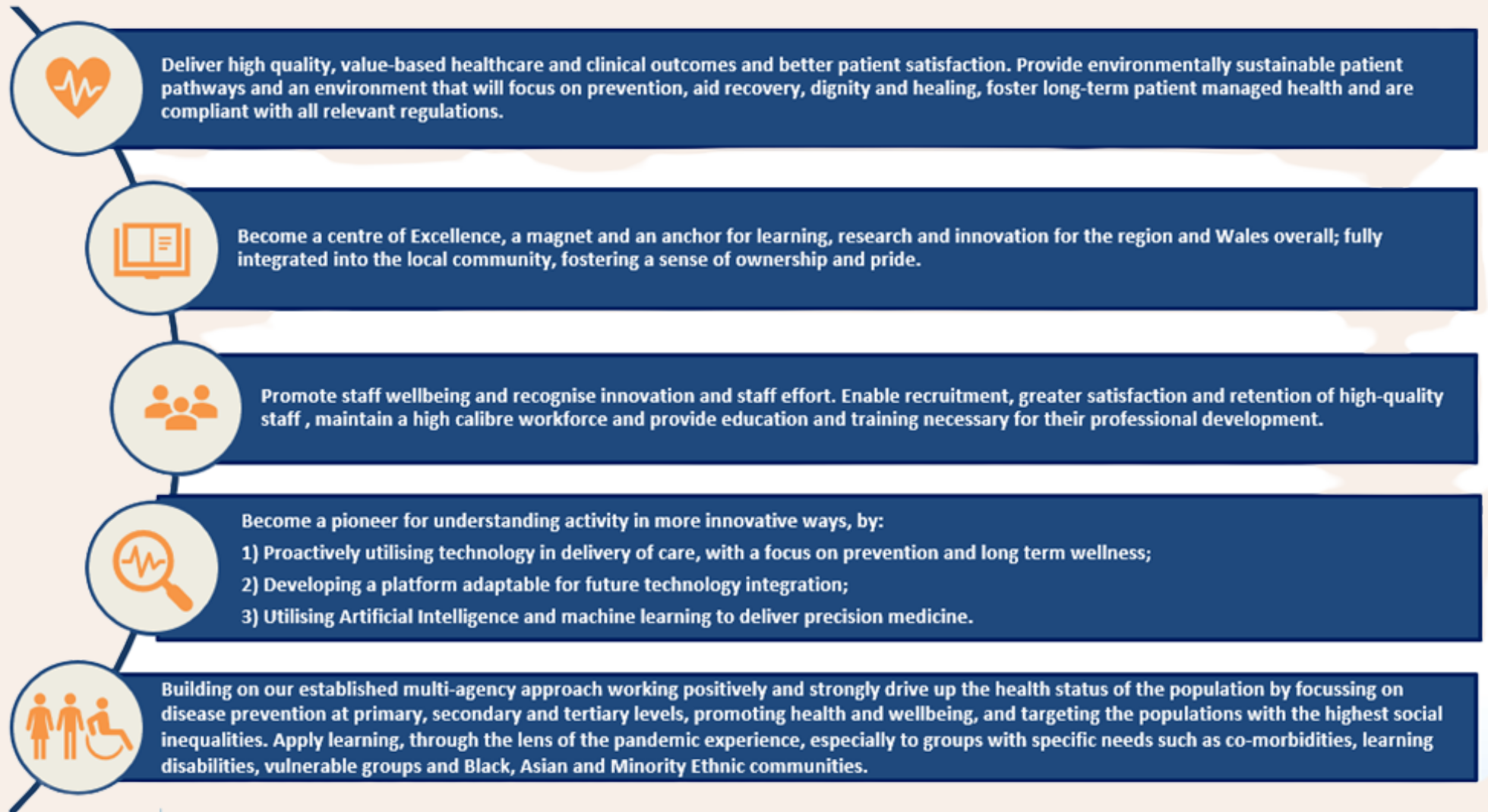
We will draw together access points, urgent primary care, community nursing, AHP and MDT coordinated care, intermediated care, discharge support, social prescribing, care and support and wider community services into a coherent place-based model of care.



STRATEGIC COMMISSIONING INTENTIONS

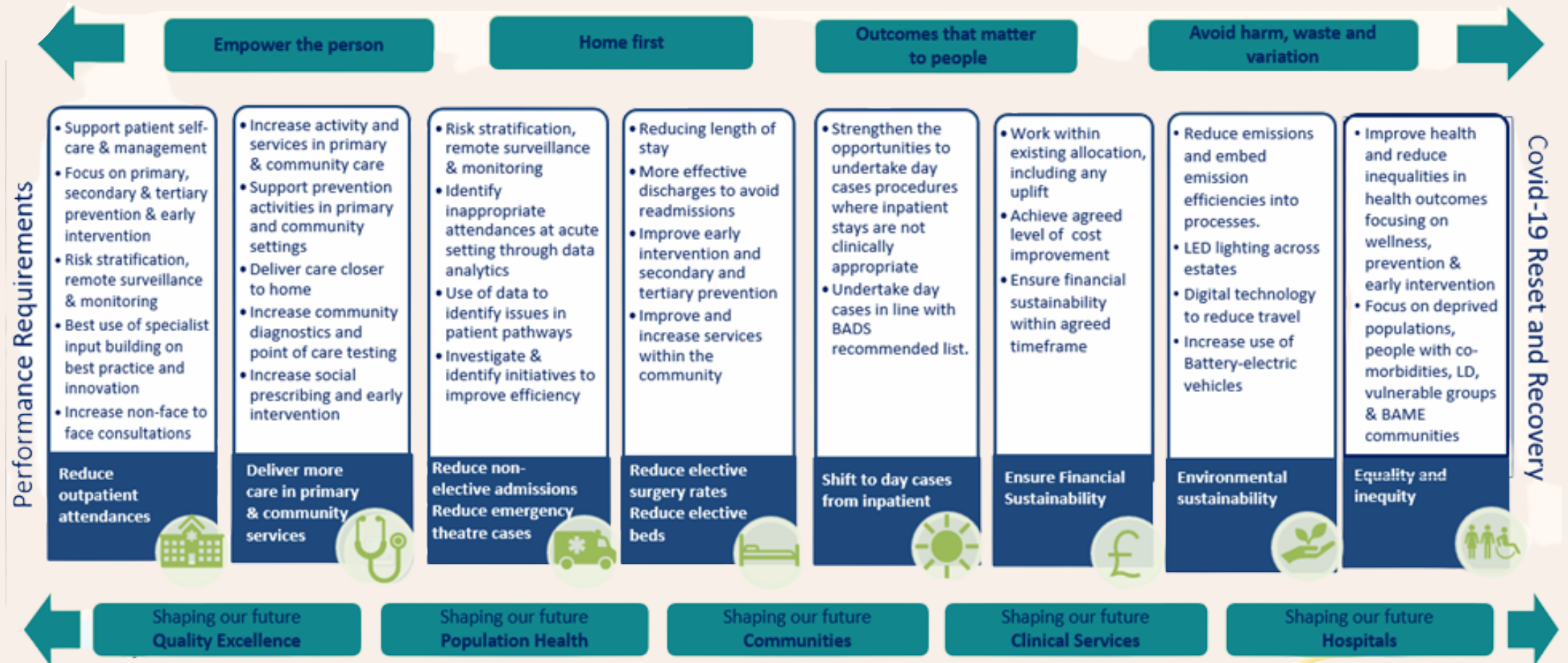
Our Commissioning Intentions 2023-2026 are informed by the Primary Care cluster plans in conjunction with the Cardiff and Vale of Glamorgan population needs assessments and the Wellbeing assessments of the two local authority areas to ensure we are delivering outcomes that matter to our population. These highlight the specific health needs of our population, and are supported by the needs profiles for our three localities.

The commissioning intentions form the bridge between our 10-year strategy and IMTP by continuing to outline our strategic objectives but also look towards the future priorities for our organisation.



Our commissioning intentions were agreed by the board and will be refreshed alongside our strategy refresh.

STRATEGIC COMMISSIONING INTENTIONS



OUR KEY PLANNING ASSUMPTIONS

Our key planning assumptions, risks and mitigations are summarised below.

Assumption	Additional Risks	Mitigation
Finance There will be reduced capital and revenue availability to meet investment priorities	Further escalation of extraordinary inflationary pressures Significant cuts to Local Authority budgets and expenditure Specialist Commissioning budget reductions and/or withdrawal/suspension of services and/or contract penalties	Focus on quality and value to ensure optimisation of service delivery – financial recovery plan Focussed number of delivery priorities
Workforce Continued and significant national workforce challenges across health and social care will require implementation of alternative workforce models	Significant impact on staff wellbeing, satisfaction, retention and recruitment. Escalation of industrial action Staffing shortages worsen	Our People and Culture Plan Regional Partnership Working (regional solutions to workforce challenges)
Demand Demand for healthcare services will continue to increase and continue the trajectory back to pre-pandemic levels. Increased waiting times, delays in treatment and the long-term impact of covid-19 will all contribute to service pressures.	Potential for further waves of covid. Unreferred/unmet demand and impact of deconditioning is still not resolved. The wider impact on health and social care capacity remains significant	Operational planning processes are in place to remain 'covid ready' and to gear up and gear down response in line with any future waves. Delivery of planned care and urgent and emergency programmes to address challenges. Close working with partners to improve pathways and continue recovery from pandemic

SECTION 2: DELIVERING THE PRIORITIES

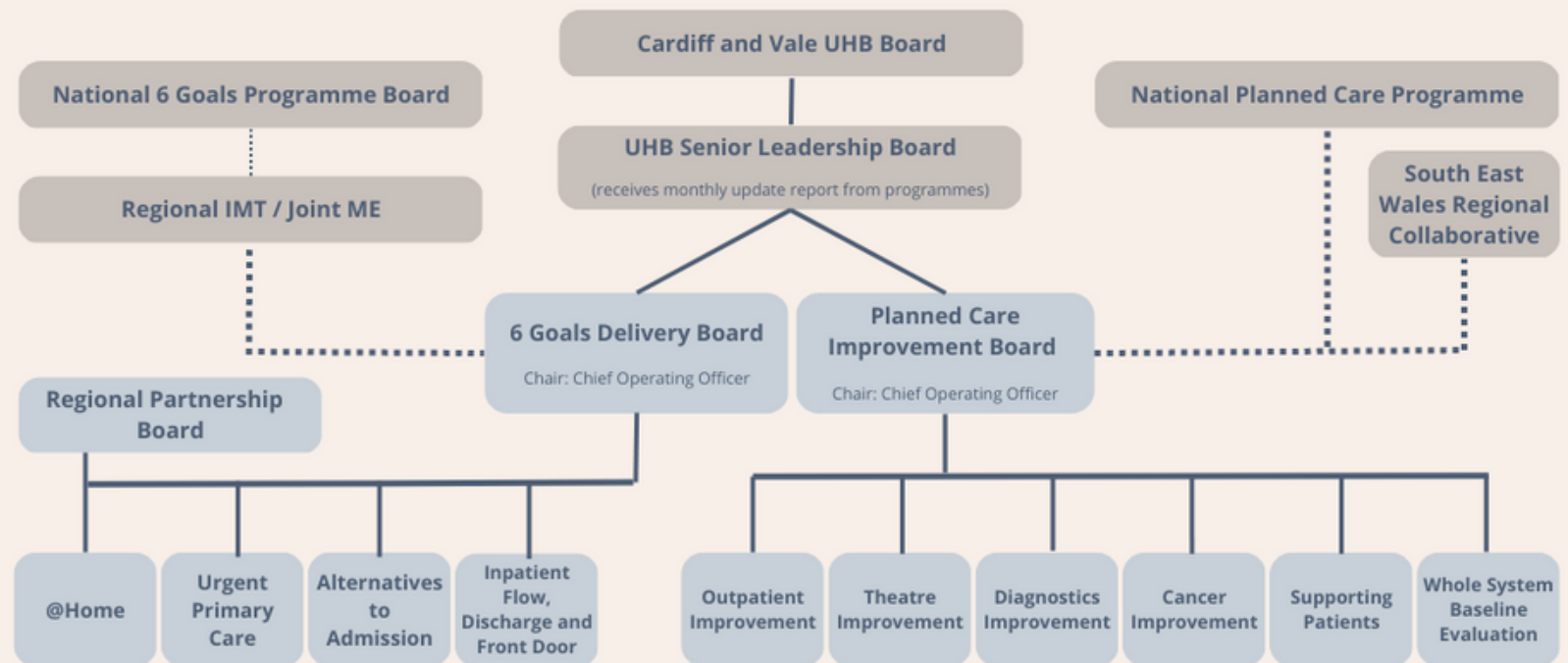
Whilst the UHB will continue to drive forward on delivering exceptional care for all of our patients, and take wider action to prevent ill health, our plans for 2023-24 are centred around the delivery of service improvements in five priority areas. Focusing our operational approach in this way ensures that our resources are targeted to provide maximum benefits to patients and gives clarity on process for our teams. The figure below provides a summary of the approach that will be taken for each of our operational priorities.



Our two largest priorities cover the broad arenas of Urgent and Emergency Care and Planned Care, Cancer and Diagnostics. These priorities have clinically led programme boards which are aligned to national programmes and are focused on improving services across primary, community, secondary and tertiary care. Three more priorities, Specialist Services, Mental Health and Children and Women, complete our operational delivery plan. These have been prioritised in recognition of their organisational importance and the potential to transform care for patients accessing these services.

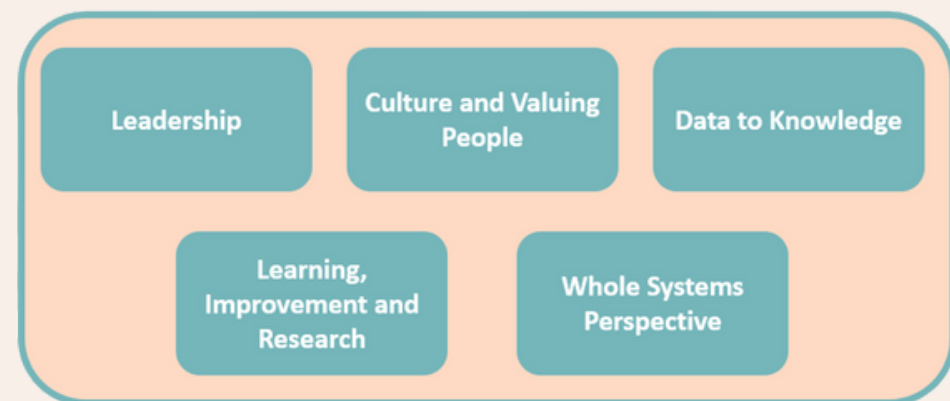
Our priority programmes, Planned Care and 6 Goals for Urgent and Emergency Care, are delivered through a detailed programme management approach to ensure they receive the necessary support, resource and organisational importance required to transform our services for our patients. Each workstream within these programmes is clinically led and supported by operational and / or project managers. Details of the composite programme workstreams, clinical leads and governance structures, both internally and external, are provided overleaf.

Underpinning each of our 5 operational priorities is a set of core principles. These principles are central to the delivery of the programmes of work and also reflect our wider approach to delivering services for our patients, and underpin our operating model. Further details on our integrated approach to delivering these principles through our operating model can be found in Section 3-Delivering Quality.

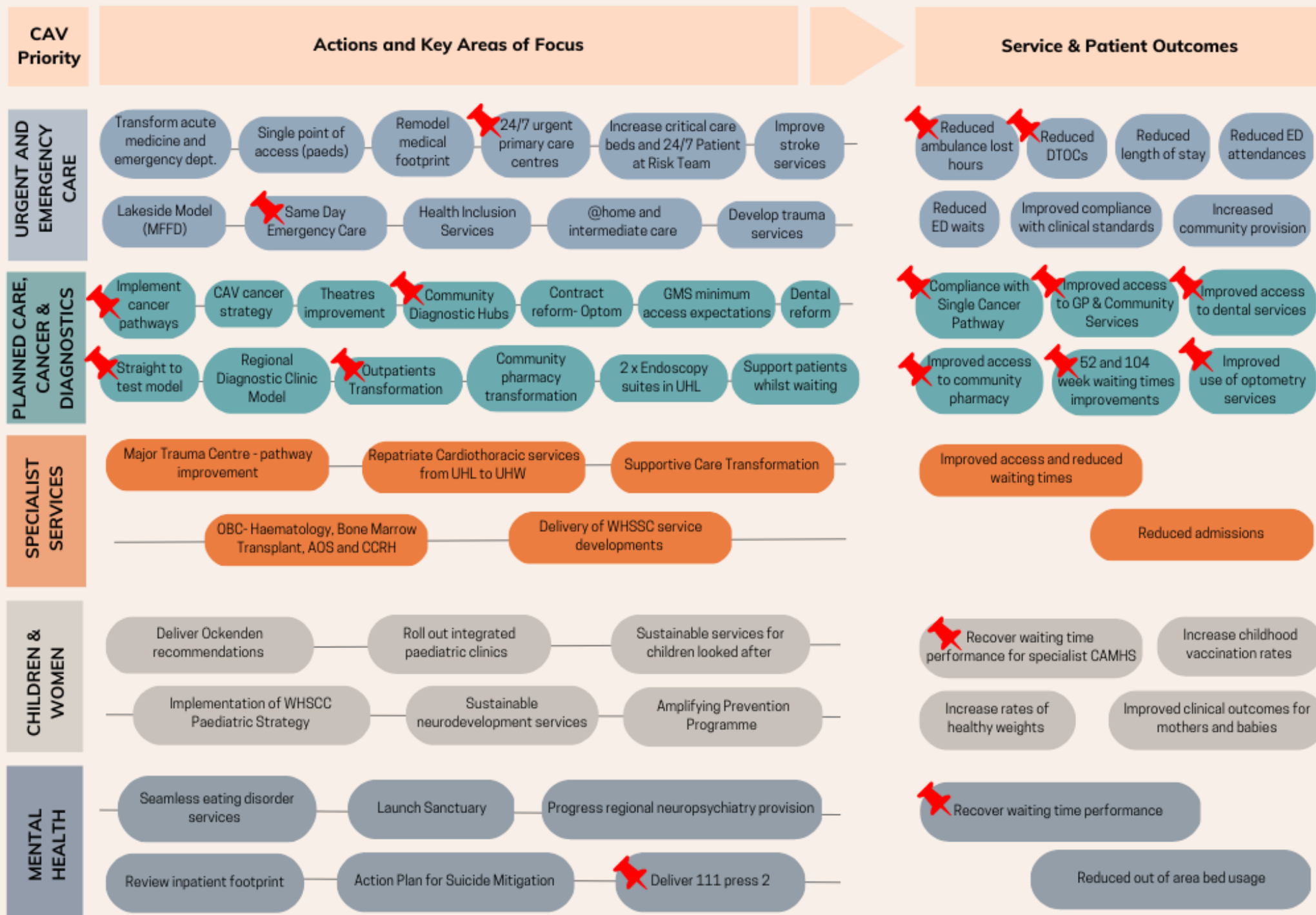


Progress towards achievement of the ministerial priorities published in the 2023 planning framework will be driven through the delivery of these operational priorities. The diagram over the page describes the delivery of the ministerial priorities within the context of our wider operational plan.

The remainder of this section will present the key areas of focus and the actions that we will take aligned to each of our priorities. It will also clearly set out the key deliverables and measures of success that we plan to achieve, by quarter, that we will track throughout the year in order to understand the progress we are making.



MINISTERIAL PRIORITIES WITHIN THE WIDER CONTEXT OF OUR PLAN



DELIVERING OUR PRIORITIES - URGENT AND EMERGENCY CARE

Aim: To enable people with urgent or emergency care needs to access safe and high-quality care at the right time, in the right place, by the right team

Operational Priority - Urgent and Emergency Care

Key Area of Focus:	Action we will take:
Inpatient Flow, Discharge and Front Door	<ul style="list-style-type: none"> • Transform acute medicine and provide a reconfigured footprint that reduces pressure on the emergency department • Develop our Lakeside model to provide an appropriate environment for patients with delayed transfers of care • Re-model our medical model and bed footprint to better meet the needs of acute geriatric medicine patients • Develop proposals which will move us towards a single point of access for urgent and emergency paediatric patients • Reduce length of stay and improve the experience for patients and staff through our “Releasing Time to Care” programme • Re-establish co-located Acute Oncology dedicated beds and implement optimal pathways for patients with cancer
Alternatives to admission	<ul style="list-style-type: none"> • Progress our delivery of Medical SDEC, including virtual ward, to include better access for primary care and enhanced pathways with WAST • Continue the delivery of our surgical SDEC service, considering further enhance pathways and potential for additional specialities • Deliver an integrated step-up intermediate care service jointly with LA partners, to provide crisis response that safety prevents avoidable admissions to hospital
Community and Urgent Primary Care	<ul style="list-style-type: none"> • Review our roll out of Urgent Primary Care Centres and assess the requirement for future expansion or refinement • Continue to improve our service delivery for the Cardiff and Vale Health Inclusion Service to support our prevention and tackling inequities agenda • Deliver an Integrated Community Care Service through our @Home programme including intermediate care and roll out of cluster MDT care model in conjunction with our local authority partners
Priority Services	<ul style="list-style-type: none"> • Critical Care – increase the number of staffed critical care beds and increase our Patient at Risk Team to 24/7 cover to support across our acute hospitals • Stroke – improve our delivery of stroke services to provide specialised assessment and care earlier in the pathway and improve patient outcomes • Trauma – continue to develop trauma services including improving our performance for frailty hip fractures and re-providing fit for purpose orthopaedic trauma clinics for adults and paediatrics

How will we measure success - Urgent and Emergency Care

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Inpatient Flow, Discharge and Front Door	<ul style="list-style-type: none"> • Maintain zero 4-hour ambulance handover delays • No patient waits >24-hour in ED • Reduce the number of delayed transfers of care patients by 10% on January '23 baseline. • Cohort additional MFFD patients in Lakeside Wing • Reduce 21-day length of stay by 5% from Q1 2022 baseline 	<ul style="list-style-type: none"> • Reduce ambulance handover average lost minutes to 30 • Reduce 12-hour ED waits by 50% on Jan '23 baseline • Re-establish dedicated AOS beds 	<ul style="list-style-type: none"> • Maintain ambulance handover average lost minutes • Reduce 21-day length of stay by 5% from Q3 2022 comparative baseline 	<ul style="list-style-type: none"> • Maintain ambulance handover average lost minutes • Maintain delayed transfer of care performance
Alternatives to admission	<ul style="list-style-type: none"> • Reduction of ED majors' attendances of 5% compared to same period 2022/23 • 10% increase in the total number of patients managed through SDEC 	<ul style="list-style-type: none"> • Reduction of ED majors' attendances of 5% compared to same period 2022/23 • Reduced number of unplanned re-presentations within 7-days of SDEC attendance 	<ul style="list-style-type: none"> • Reduction of ED majors' attendances of 5% compared to same period 2022/23 • Improve % of take managed in SDEC without requiring admission 	<ul style="list-style-type: none"> • Reduction of ED majors' attendances of 5% compared to same period 2022/23
Community and Urgent Primary Care	<ul style="list-style-type: none"> • 80% appointment utilisation in UPCCs • Home Visit (P2) f2f in 2 hrs >90% 	<ul style="list-style-type: none"> • 85% appointment utilisation in UPCCs • All clusters to have adequate access to UPCC capacity 	<ul style="list-style-type: none"> • 85% appointment utilisation in UPCCs • NHS 111 - urgent calls logged and returned within 1 hr >90% 	<ul style="list-style-type: none"> • 90% appointment utilisation in UPCCs • Increased redirections from ED to UPCC
Priority Services	<ul style="list-style-type: none"> • Stroke – 70% patients scanned within 1 hour • Hip Fractures – 75% patients admitted to ward within 4 hours 	<ul style="list-style-type: none"> • Stroke – 90% patients admitted to stroke ward within 4 hours • Stroke – 20% thrombolysis rate • ITU – Patient at Risk Team 24/7 go-live • ITU – additional 1 staffed bed established 	<ul style="list-style-type: none"> • Hip Fractures – 85% of patients to theatre within 36 hours of admission 	<ul style="list-style-type: none"> • ITU – additional 2 staffed beds established

DELIVERING OUR PRIORITIES - PLANNED CARE, CANCER AND DIAGNOSTICS

Aim: To recover, reset and transform planned care, cancer and diagnostic services

Operational Priority - Planned Care, Cancer and Diagnostics

Key Area of Focus:	Action we will take:
Service Evaluation - Whole System	<ul style="list-style-type: none">• Undertake baseline assessment of 6 key specialities to assess performance, capacity and benchmarking using a whole system approach that focuses on our agreed high impact opportunities
Cancer Services Transformation	<ul style="list-style-type: none">• Continue with further performance improvement including SCP standard and reduction of backlog• Implementation of Tumour site pathway improvements (x 4 high volume)• Establishment of Rapid Diagnostic Clinic model• Deliver implementation plan for the approved UHB Cancer Strategy
Theatre Improvement	<ul style="list-style-type: none">• Progress the programme of improvement to drive productivity and efficiency across all theatre suites.• Progress implementation of the Theatres configuration plan (e.g. UHL theatre model)• Commission support for a cultural and workforce assessment into theatres, respond to recommendations and use insight to support workforce plan.
Outpatients	<ul style="list-style-type: none">• Maximise productivity and efficiency of outpatients• Scale up and roll out of Health Pathways• Maximise opportunities of SOS and PIFU
Diagnostics and Therapies	<ul style="list-style-type: none">• Maximise productivity of all diagnostic modalities• Working within regional context, progress the development of the community diagnostic hub• Progress planning and commissioning of two new Endoscopy suites in UHL• Continue to reduce waiting times and innovate delivery of inpatient and outpatient therapies• Continue our engagement in the national development of clinical information systems including LINC and RISP.

Operational Priority - Planned Care, Cancer and Diagnostics Continued

Primary and Community Care	<ul style="list-style-type: none"> • Support the delivery and transformation of Community Pharmacy • Support and enable delivery of the reforming of primary care dentistry and increase access to dentists. • Ensure practices achieve the minimum access expectations in line with the principles of the Primary Care Model for Wales • Improve access to eye health services in the community through supporting the implementation of contract reform • Increase access to community-based services - addressing patient backlogs of suspected COPD.
Supporting Patients Whilst Waiting	<ul style="list-style-type: none"> • Roll out of best practice of support to patients in line with baseline assessment • Model for optimisation and prehab evaluation and established • Develop and progress against communications plan at individual and collective level

How will we measure success - Planned Care, Cancer and Diagnostics

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Service Evaluation – Whole System	<ul style="list-style-type: none"> • Undertake high impact evaluations of first three key specialities 	<ul style="list-style-type: none"> • Undertake high impact evaluations of second three key specialities 		
Cancer	<ul style="list-style-type: none"> • >75% compliance with the 62-day SCP standard • Develop draft UHB strategy to deliver national cancer pathways 		<ul style="list-style-type: none"> • >80% compliance with the 62-day SCP standard 	

How will we measure success - Planned Care, Cancer and Diagnostics

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Planned Care Performance	<ul style="list-style-type: none"> New outpatients - 0 patients waiting longer than 52-weeks in all specialities excluding Allergy, Urology, Rheumatology, General Surgery, Urology, Ophthalmology, Orthopaedics and Spines Total treatment – 0 patients waiting longer than 104-weeks in all specialities excluding Gynae, General Surgery, Urology, ENT (adult and paed), Ophthalmology and Spines. Therapies - 0 patients waiting over 14 weeks (excluding audiology) 	<ul style="list-style-type: none"> Follow up outpatients – reduce 100% delayed follow up by 25% on Jan '23 baseline SOS and PIFU – 10% of appropriate outpatient appointments 	<ul style="list-style-type: none"> Regional diagnostic hub goes live Diagnostics - 90% of patients within 8-weeks (excluding endoscopy) Go-live with first pathways for straight to test 	<ul style="list-style-type: none"> New outpatients – <9000 patients waiting longer than 52-weeks Total treatment – <6500 patients waiting longer than 104-weeks SOS and PIFU – 20% of appropriate outpatient appointments Endoscopy – urgent <6 weeks; SCP <14 days; 0 surveillance patients 100% past target date
Supporting Patients Whilst Waiting	<ul style="list-style-type: none"> Co-produced Model of Care agreed, current services provision mapped, gap analysis complete 	<ul style="list-style-type: none"> Pathways developed and agreed 	<ul style="list-style-type: none"> Expansion of services in line with gap analysis 	<ul style="list-style-type: none">

DELIVERING OUR PRIORITIES - SPECIALIST SERVICES

Aim: To deliver exceptional specialist and tertiary services for our local, regional and national populations

Operational Priority - Specialist Services	
Key Area of Focus:	Action we will take:
Performance Improvement for Specialist Services	<ul style="list-style-type: none">• Deliver planned waiting time improvement trajectories for specialist services• Continue delivery of the Major Trauma Centre focusing on pathway improvements
Service Priorities	<ul style="list-style-type: none">• Plan for the repatriation of Cardiothoracic services from UHL to UHW• Continue to engage on and develop options for the long-term regional plan for thrombectomy
BMT/Haem/Acute Oncology	<ul style="list-style-type: none">• Develop a combined Outline and Full Business Case for the redevelopment of our facilities to meet JACIE accreditation and transform our patient experience in Haematology, Bone Marrow Transplant and Acute Oncology and collocating a Cardiff Cancer Research Hub
Palliative care	<ul style="list-style-type: none">• Develop our supportive care programme to improve palliative care services a wider group of patients



How will we measure success - Specialist Services

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Waiting Times for Specialist Services	<ul style="list-style-type: none"> Cardiac & Thoracic Surgery – new outpatients <16 weeks, maintain <52-week treatment 	<ul style="list-style-type: none"> Neurosurgery – maintain <52-week treatment waits 		<ul style="list-style-type: none"> Neurosurgery – new outpatient wait < 18 weeks
Service Priorities	<ul style="list-style-type: none"> Submit thrombectomy options business case 		<ul style="list-style-type: none"> Cardiothoracic Surgery returns to UHW 	
JACIE accreditation – BMT / Haem	<ul style="list-style-type: none"> Submit strategic outline case to WG for consideration 			<ul style="list-style-type: none"> Submit a combined OBC/FBC to WG for consideration
Palliative Care		<ul style="list-style-type: none"> Increase % patient satisfaction Reduced admissions for supporting care patients 		<ul style="list-style-type: none"> Increase % patient satisfaction Reduced admissions for supporting care patients



DELIVERING OUR PRIORITIES - CHILDREN AND WOMEN SERVICES

Aim: To ensure every child has the opportunity for the best start in life and to provide high quality, safe and patient centred women's services

Operational Priority - Children and Women's Services	
Key Area of Focus:	Action we will take:
Maternity Services	<ul style="list-style-type: none">• Deliver the UHB commitment to the Ockenden recommendations• Deliver on our workforce priorities to improve staff wellbeing, retention and recruitment
Paediatric Strategy and Waiting Times Improvement	<ul style="list-style-type: none">• Ensure the UHB has an integrated plan that meets the needs of all children under our care from early years to transition, incorporating the implementation of the WHSC Paediatric Strategy• Focus on equity of access for paediatric patients• Deliver waiting list reductions for paediatrics patients across outpatients, treatments and therapies• Further roll out of integrated community paediatric clinics
Neurodevelopment	<ul style="list-style-type: none">• Create a sustainable service, centred on patient reported experience and outcome with continuous service improvement• Improve ADHD and autism management by applying a whole system pathway approach
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	<ul style="list-style-type: none">• Ensure continued delivery of all performance framework standards for children and young people• Improve our approach to caring for children and young people who required an acute admission
Children Looked After	<ul style="list-style-type: none">• Create a sustainable clinical service to improve the delivery and timeliness of the holistic health assessments and reviews• Improve health outcomes and reducing health inequities for this group of children
Child Health and Vaccination	<ul style="list-style-type: none">• Create a sustainable clinical service to improve the delivery and timeliness of the holistic health assessments and reviews• Improve health outcomes and reducing health inequities for this group of children

How will we measure success - Children and Women's Services

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Maternity Services	<ul style="list-style-type: none"> Commence recruitment of additional roles following Ockenden review action plan 		<ul style="list-style-type: none"> Some of the success measures that will be monitored and delivered over time include: C-Section rates and LOS; Still Birth Rate; SCBU unplanned admissions and occupancy rate. 	
Paediatric Strategy and Waiting Times Improvement	<ul style="list-style-type: none"> Maintain RTT waiting time performance - 52 weeks new outpatient and 104 weeks treatments 		<ul style="list-style-type: none"> Reduce new outpatient waits to <46 weeks 	<ul style="list-style-type: none"> Deliver priority service improvements for infectious disease, respiratory & chronic pain
Neurodevelopment		<ul style="list-style-type: none"> Reduce longest wait to <138 weeks 		<ul style="list-style-type: none"> Reduce longest wait to <104 weeks
Emotional Wellbeing & Mental Health (CAMHS & SCAMHS)	<ul style="list-style-type: none"> Maintain >80% of Part 1a for CAMHS and SCAMHS 	<ul style="list-style-type: none"> Improve performance against Part 1b of MHM by 10% Reduce SCAMHS Intervention longest wait to no longer than 24 weeks 	<ul style="list-style-type: none"> Improve performance against Part 1b of MHM by further 10% Reduce SCAMHS Intervention longest wait to no longer than 12 weeks 	<ul style="list-style-type: none"> Reduce SCAMHS Intervention longest wait to no longer than 6 weeks Achieve compliance against Part 1b of MHM > 80%
Children Looked After	<ul style="list-style-type: none"> Recruitment of nursing staff 	<ul style="list-style-type: none"> Activity for IHAs to be increased by 35 per month Backlog for over 10s reduced from 245 to <100 		<ul style="list-style-type: none"> 0 backlog for over 10s
Child Health and Vaccination				<ul style="list-style-type: none"> 86.0% children up to date with vaccinations (at 4/5 yrs. old) 78.5% of children at a healthy weight (at 4/5 yrs. old) Reduce gap between least and most deprived areas for vaccination rates to 8.5%

DELIVERING OUR PRIORITIES - MENTAL HEALTH

Aim: To continue our mental health transformation with a focus on principles of home first, safe hospital care and improving access to psychological support and specialist teams

Operational Priority - Mental Health	
Key Area of Focus:	Action we will take:
Pathway redesign - co-production, partnerships and integration	<ul style="list-style-type: none">• Focus on eating disorder services to transform towards a seamless provision.• Reduce out of area bed usage and provide additional supportive care• Evaluate and improve our NHS111 press 2 service• The 18+ sanctuary will be launched for the residents of Cardiff and Vale• Ensure all mental health units are smoke free• Focus on improving the physical care of our mental health service users
Neuropsychiatry	<ul style="list-style-type: none">• Develop and progress regional neuropsychiatry provision
Safety and Stabilisation	<ul style="list-style-type: none">• Review the mental health inpatient footprint and ensure the site is optimally used for clinical care• Reduce the risk of suicide through the implementation of a co-produced risk assessment and strategy• Provide additional support and training to our teams to improve wellbeing

How will we measure success - Mental Health

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Pathway redesign through co-production, partnerships and integration	<ul style="list-style-type: none"> • 111 Press 2 advertised nationally and evaluated • Launch of Sanctuary • Reporting of all intensive psychological therapy waiting times • Part 1a and 1b compliance • Planning and Governance for New Roles in Mental Health Workforce 	<ul style="list-style-type: none"> • Development of business case for Shared Lives. • Pathway redesign for longest psychological therapy waiting lists • Recruitment of Intentional Peer Support Lead • Physician's Associate recruitment 	<ul style="list-style-type: none"> • Post evaluation roll out of single point of routine entry to Adult Community Mental Health • Reduced out of area bed usage 	<ul style="list-style-type: none"> • Reduced out of area bed usage • 111 Press 2 Peer support in place. • Maintain compliance with Part 1a, 1b and 2 standards
Neuropsychiatry	<ul style="list-style-type: none"> • Commence recruitment following WHSSC approval 	<ul style="list-style-type: none"> • Develop working models of care. • Implement integrated working team 	<ul style="list-style-type: none"> • Submission of Part 2b Business Case 	<ul style="list-style-type: none"> • Commence peer lead programme
Safety and Stabilisation	<ul style="list-style-type: none"> • WARRN replaces Form 4 risk assessment • Commencement of Royal College of Psychiatry (RCP) Review 	<ul style="list-style-type: none"> • Focus group synthesis of evaluation and engagement with national Suicide and Self Harm Strategy group 	<ul style="list-style-type: none"> • Commencement of action plan for Suicide Mitigation implementation 	<ul style="list-style-type: none"> • Recommendations to National Suicide and Self Harm Strategy Group from pilot completion

REGIONAL PLANNING AND COLLABORATION

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards collaborate and plan on a joint basis to maximise benefit to the wider population. Whilst not every service will lend itself to regional configuration, we see the potential of wider collaboration as a core element of this planning cycle and of our priority setting. We remain committed to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience, best practice and to consider future opportunities for closer working to mutual benefit.

In August 2022 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg (CTMUHB) reviewed and renewed their commitment to regional working where clinically appropriate. This saw a commitment to three programmes of work, with each assigned a Health Board 'host'. These programmes operate under the umbrella of a single portfolio to ensure consistency of approach and direct Executive level line of sight to delivery.

The programmes of work within the scope of this regional portfolio include **Ophthalmology**, hosted by ABUHB. **Orthopaedics**, hosted by CAVUHB, **Diagnostics**, hosted by CTMUHB. **Stroke**, was a fourth programme added to the portfolio in December 2023 and is also hosted by CAVUHB.

2023/2024 will also see the incorporation of **Cancer** and the work currently progressed via the cancer care leadership group (CCLG) in to the portfolio. This will formally bring Velindre NHS Trust into the region's partnership arrangements.

A common set of guiding principles have been agreed, underpinned by a Memorandum of Understanding (MoU) that has been signed by each HB. These principles are;

- To reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
- To improve resilience.
- To make effective use of capacity and capability in whichever organisation it sits.
- To create critical mass for effective high quality care delivery when and where it makes sense to do so accepting that may not reside in every organisation.
- Take all opportunities to use the evidence base and best practice to improve quality, efficiency, productivity, and use of finite resources.
- To enable clinical leaders, and others, to work together, lead together and learn together.
- Distributed leadership
- Approach collaboration with benign intent, honesty, transparency, and integrity in order to build trusting and effective relationships.
- To agree approaches to engagement and communications together.
- To avoid leaving anyone behind and learn from the past and progress in an open, honest and humble way.

An overview of each of the programmes is set out below in the sub sections below.

A key strategic development for the South East region has been the purchase of an estate adjacent to the Royal Glamorgan Hospital by CTMUHB. The purchase, supported by Welsh Government capital funds, is intended to allow for the development of a Regional Diagnostic and Treatment Centre. Consequently, a sixth programme within the regional planning mechanisms is currently being stood up- the Llantrisant Health Park Infrastructure programme. Whilst this is a CTMUHB owned programme (as the legal owners of the site) it is being embedded within existing regional planning mechanisms in recognition that it will be a regional facility.

The Regional Diagnostic and Orthopaedic programmes will be central to the necessary service planning required to realise the Health Park.

Ophthalmology

A regional strategy has been approved and a series of workstreams have progressed during 2022/23, focussed on a business case for short term cataract service recovery. Priorities for 2023/24 will include:

- Completion of phase 1 of the regional strategy to implement an interim regional cataract solution during Q1 (2023/24) and progressive elimination of current treatment backlogs
- Implementation of sustainable longer term clinical/staffing models for cataract and vitreo-retinal surgery and out-of-hours arrangements in 2024/25
- Rollout of a comprehensive electronic patient record, following the transfer of EPR project management to Digital Health and Care Wales

Orthopaedic Surgery

The strategic focus of this programme is three pronged;

1. To identify options to provide High Volume Low Complexity capacity to address existing backlog and unmet demand
2. To optimise underutilised capacity
3. To systematically adopt best practice across the region

The Orthopaedic programme will be progressing point one though examining the opportunities that the Llantrisant Health Park site offers and where appropriate developing the necessary service models.

In delivering these areas the programme will also work closely with the Wales Orthopaedic Network exploring the National Clinical Strategy and the Getting it Right First Time (GIRFT) recommendations.

Diagnostics

Community Diagnostic Hubs

In September 2022 the Chief Executives across CAVUHB, CTMUHB and ABUHB collectively supported the principle of progressing a series of regional diagnostic solutions through the implementation of Community Diagnostic Hubs (CDH) across South East Wales. There is clinical consensus any service development undertaken regionally must meet the following key criteria:

- Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region
- Developments deliver an increase in capacity
- Developments will be founded on seeking sustainable solutions to demand backlogs.

A service specification is under development is for the procurement of a number of CDHs with the strategic ambition exists to have the first CDH 'live' during Quarter 2 2023/24.

The health board currently considers that considerable work is required to ensure delivery of a cost- effective option in a regional context that provides accessible services consistent with local requirements and priorities. It is acknowledged that provision of a hub delivering MR, CT, plain film and ultrasound services through a managed service contract will require an annual commitment of what we currently believe to be £2.7 million per year per hub. The funding proposals to support rollout for such a programme are currently uncertain, and it is therefore not possible to make a commitment in respect of the coming financial year.

The Diagnostic programme is currently undertaking feasibility studies regarding the Llantrisant Health Park to consider if this site is a suitable for location for a Community Diagnostic Hub.

The priority for the health board in 2023/24 will be to also ensure plans are also progressed through the Diagnostic programme for a further CDH which in addition to the above will also be available to the Cardiff and Vale population. This is consistent with the strategic vision.

Endoscopy

This is a long-standing project that has established a good common understanding of the causes of the challenges faced in service delivery including variation in practice, workforce policies, capacity, training and IM&T systems. This is led by the National Endoscopy Programme. There is commitment to a form of regional working within the context of the NEPs work that includes:

The recent acquisition of the site in Llantrisant means The Diagnostic programme is currently undertaking feasibility studies to determine the sites suitability for potential regional endoscopy service solutions.

It is recognised that considerable work will be required to agree, progress and finalise the above. The priority for the health board in 2023/24 will therefore be to engage fully with the collaborative regional agenda to explore where this can add value to service sustainability and waiting list reduction (particularly regarding additional funding options in the context of significant unfunded demand / capacity deficits), whilst ensuring that flexibility is retained to pursue local plans and initiatives as part of service recovery. This is particularly important for the service so that it can maximise recovery progress whilst realistic regional programme timescales are clarified. It is envisaged that the regional priorities through 23/24 will include:

- The need to review membership of existing regional endoscopy planning groups
- Articulate the required service model- providing a consensus on the nature of regional delivery aligned to local service plans and priorities
- Agree an implementation work plan – building on NEP work plan
- Prioritise work towards universal JAG accreditation and completion of agreed baseline waiting list validation
- Plan a further endoscopy specific event with wider clinicians
- Look to CTM colleagues to coordinate feasibility studies regarding the ‘Concorde’ site in Llantrisant, which has been purchased with a view to support and facilitate additional regional service capacity as / where clinically and practically appropriate.

Pathology

A Regional Pathology Steering Group has been established recognising the fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis.

The project has been created to oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service. All pathology disciplines will be included in this work however it was recognised and reinforced at the planning conference that in the first instance the focus will be on Cellular Pathology.

Stroke

Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, and other key stakeholders have agreed to work collaboratively to develop and deliver the South-Central Wales Stroke Delivery Network, to address key challenges faced by our current services. The co-created programme aim is:

To transform stroke outcomes for our population, by working in partnership to deliver evidence-based, innovative and sustainable care, that is best-in-class at all stages of our pathways

We will deliver the above aim by delivering the following objectives;

- Develop a collaborative single stroke service for the populations of CAVUHB and CTMUHB,
- Achieve compliance with the quality attributes of the WG Quality Statement for Stroke
- Implement the optimal pathways, service standards and specifications set by the Royal College of Physicians, NICE guidelines and the National Stroke Board
- Ensure that the stroke service will deliver improved outcomes across all stages of the pathway.

To achieve these ambitions, we will need to invest in our facilities, equipment and the dedicated stroke workforce needed to deliver high quality care. This will allow stroke units to be appropriately staffed and the technological and medical advancements in stroke care to be maximised to the benefit of our population.

During 2023/24 our colleagues will work to design a new clinical model for our region, inputting to the development of an All-Wales business case for stroke services by the end of Q1 2024. We will work with patients, carers, our clinicians, partner organisations, local authorities and the third sector, to co-produce our new clinical model for stroke care, ensuring that the local needs of our population are at its core.

Cancer

We remain committed to working in partnership to finalise and implement the next phases of the SEW Regional Acute Oncology Service. The collective aim to transform services and provide the highest standard of care for everyone with cancer, within the context of the recovery from the unprecedented challenges created by Covid-19 related backlogs. We continue to participate actively in the Cancer Collaborative Leadership Group and with CAV/VNHST Executive partnership board respectively. Our key focus for 2023/2024 will be:

- Joint planning and implementation of the second phase of the Regional Acute Oncology Service (AOS) model
- Development of a Strategic Outline Case for a Cardiff Cancer Research Hub, as part of the wider V@UHW build, which will also incorporate improved co-located facilities for Haematology, Bone Marrow Transplant and Acute Oncology services. We will work with partners at VUNHST to develop an investment strategy, which will propose a commercially viable proposition for the centre.
- Implementation of an enhanced unscheduled care pathway for patients with cancer
- Progression of a project to improve alignment between Haematology and Oncology services

The region is cognisant of a number of key enablers that will support timely delivery of regional solutions - many of these remain outside the direct sphere of influence of Health Boards individually or collectively, and will require a system level response. These include;

Governance is an important, appropriate and often helpful feature of working in the public sector where good outcomes and value for money is important to demonstrate, governance but must be proportionate and have clarity of purpose. Colleagues across the region are often reporting to / being held to account on progress in relation to the same piece(s) of work by numerous forum / groups and that an increasing amount of time is being spent on preparing for, and attending, these fora as opposed to being given the space to deliver. With the impending 'go live' of the NHS Executive this could be the correct time to take a full stock-take of current governance arrangements.

Resources- the region has worked hard to ensure that the major programmes of work are put in the best possible position to succeed and this has meant a number of organisations have opted to recruit key posts at risk in order to ensure there is the necessary resource in place to maintain the momentum we have started to build. Nevertheless, there remains a resource gap and a pressing need for further practical level support and for the national machinery to support regional working. This is particularly pressing in areas such as data and modelling expertise.

Public Engagement and Expectations- assumptions are made about patients' willingness to travel for treatment, regardless of whether 'the offer' is further away than their local hospital when there is ad-hoc evidence from past cross health board collaborations that this is not the case and large numbers of patients have declined to travel or worse, DNA their appointment. It is therefore important to consider the need for a national conversation with patients and patient groups which supports of local processes in providing a strong narrative about the action we need to take to enable everyone to access the diagnosis and treatment in as short a time as possible

TERTIARY SERVICES COLLABORATION

The Regional and Specialised Services Provider Planning Partnership programme is a collaboration between Cardiff and Vale UHB and Swansea Bay UHB to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership. The programme has four distinct and interlinked components:

- Specialised Services Partnership Strategy
- CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
- SBUHB Tertiary Services Strategy
- Regional and Specialised Services Work Programme

The partnership has the following goals, methods and objectives:

GOALS (what are we trying to do)	METHOD (how are we going to do it)	OUTCOME (what will it deliver)
To identify a shared approach on the delivery of Specialised Services.	Develop a partnership vision and framework to provide a clear supportive structure for both organisations to work in partnership	A balanced and coherent portfolio of sustainable specialised services in both organisations which ensures
To identify priority areas where a collaborative approach will address current service risks associated with service sustainability.	Develop, monitor and review a baseline assessment of specialised services in both organisations, including risk assessments against quality and patient safety, service sustainability, and delivery and performance.	that patients in South and West Wales (and beyond) have equitable access to safe and effective services.

The partnership has developed the following products over the last three years:

- All Wales service specification for :
 - Tertiary Oesophageal and Gastric Cancer services – Published on the Welsh Cancer Network website.
 - Hepato-Pancreato-Biliary surgery services – Published on the Welsh Cancer Network website.
 - Non-Specialised Paediatric Orthopaedic Services – Published as a Welsh Health Circular.
 - Specialised Adult Endocrinology Services – Approved in principle by the CEG.
- Transfer of commissioning responsibility for:
 - Hepato-Pancreato-Biliary Surgery
 - Specialised Paediatric Orthopaedic Surgery
 - Paediatric Spinal Surgery
- Specialised services provider partnership vision and framework – a precursor for the development of the Specialised Services Partnership Strategy
- Tertiary Services Oversight Groups in both organisations to oversee the tertiary services workstream, and maintain a comprehensive and balanced portfolio of safe, sustainable and effective specialised services.

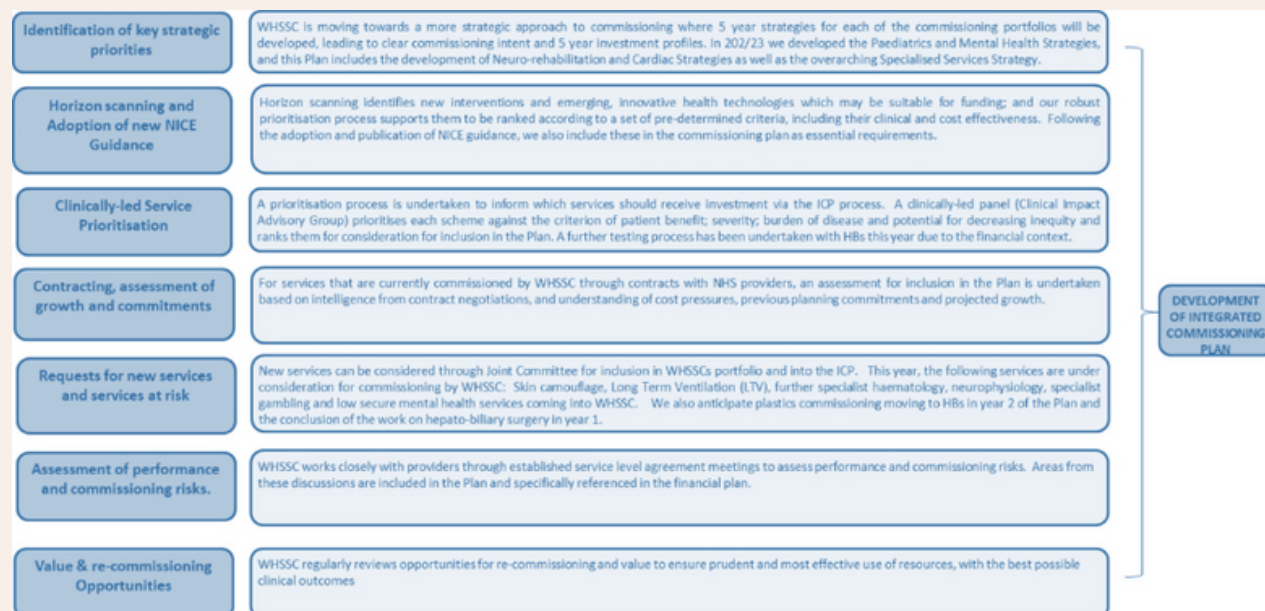
The partnership will progress the following workstreams in 2023/24:

- Development of a Specialised Services Partnership Strategy
- Development and implementation of a sustainable service model for Oesophago-Gastric Cancer Surgery in South and West Wales
- Improvement of current service provision for patients who require Hepato-Pancreato-Biliary Surgery, including the development of a pathway form patients with severe acute pancreatitis
- Implementation of Specialist Endocrinology (Adult) Service Specification
- Development of Specialised Infectious Disease Service Specification
- Provide planning support to the South Wales Spinal Network
- Refresh and review of the specialised service baseline assessments in both organisations to support:
 - the assessment and prioritisation of business cases; and
 - the development of commissioning framework for non-commissioned specialised services

WHSSC Implications

Welsh Health Specialised Services Committee (WHSSC) commissions highly specialised services on behalf of all local health boards in Wales. As a significant provider of specialised services for the population of South Wales and some on an all-Wales basis, CAVUHB must consider the implications of the WHSSC Integrated Commissioning Plan (ICP) from a provider perspective. This includes the sustainability of services, the approval of business cases to deliver new services and risk appetite for the reinstatement of recurrent under-performance in some areas.

The WHSSC ICP was agreed by the Joint Committee in February 2023. It follows a period of plan development, including horizon-scanning, clinical impact appraisal of new schemes and prioritisation of investments. The WHSSC ICP has a direct effect on the delivery plans and risk management approach of provider services at CAVUHB. WHSSC are expecting the reinstatement of funded capacity for specialised services as part of the recovery from COVID. They are planning to recommission services of longstanding underperformance, including disinvestment with capacity removed where recovery trajectories are not delivered. The process for developing the WHSSC plan is shown below:



The final version of the WHSSC ICP has some intrinsic risks for CAVUHB as a provider, around both disinvestment in existing services and proposals that have not been prioritised for investment. The main areas of risk that need to be managed are:

- Major Trauma Schemes incl. Peer Review Recommendations and Demand Pressures
- A Gateway Review is due to be completed by Quarter 2, where full assessment and next steps can be agreed with WHSSC
- Strategic Psychology Review, to support requirements across Renal, Thoracic and Immunology services where provision could be improved
- Thoracic Surgery Standards
- The UHB currently does not meet all WHSSC specifications, and so will need to work with WHSSC to agree an action plan or other assurance measures
- Intestinal Failure Review & Contract, to ensure value is being delivered system-wide and resources are aligned to activity
- Cardiac Review and Assessment
- WHSSC are expected to give notice to disinvest in Cardiac Surgery due to under performance against LTA. The UHB will need to work with WHSSC to ensure nil impact on quality, sustainability and demand management.

In order to mitigate ongoing provider risks, the following additional actions will be undertaken:

- Continue to implement existing schemes and realise intended benefits
- Maximise internal efficiency and value
- Continue to develop contractual frameworks and opportunities
- Robust referral management controls and good governance

WHSSC's ICP reflects the need to ensure commissioner value and cost improvements in a challenging financial environment. The UHB will look to work with WHSSC to ensure service delivery against WG targets and LTA baselines is fully understood alongside capacity.



The Welsh Ambulance Services NHS Trust (WAST)/Emergency Ambulance Services Committee (EASC)

We remain committed to collaborative working with WAST in partnership to deliver high impact system changes together in order to tackle the significant pressures that we face.

Ambulance service Commissioning intentions were endorsed through EASC in 2022/2023 and will remain extant during 2023/2024. We will contribute to jointly developing and working towards the Integrated Commissioning Action plans across each of WASTs Ambulance Services (Emergency Medical Services, Non-Emergency Patient Transport and Emergency Medical and Retrieval Transfer Services) and will continue to build upon our successful performance this year against key metrics such as reducing ambulance handover lost hours and improving system flow through development of alternative pathways. More detailed information on our operational actions and performance ambitions, aligned to the Six Goals for Urgent and Emergency Care, can be found in our Urgent and Emergency Care plans within section 2 of the plan.

SECTION 3: DELIVERING QUALITY

OUR OPERATING MODEL

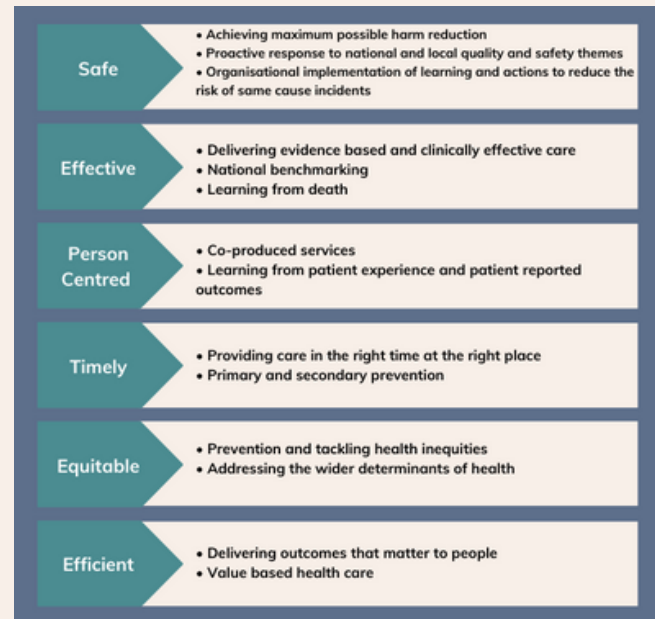
This section sets out our intentions around developing an organisational operating model that embeds quality and continuous improvement, learning and a value-based healthcare approach as the means to deliver our ambitions and that delivers the very highest quality of care through prudent use of resources.

The operating model will create a framework that drives decision making, planning, delivery and evaluation around the 6 domains of quality and our organisational values.

Principles

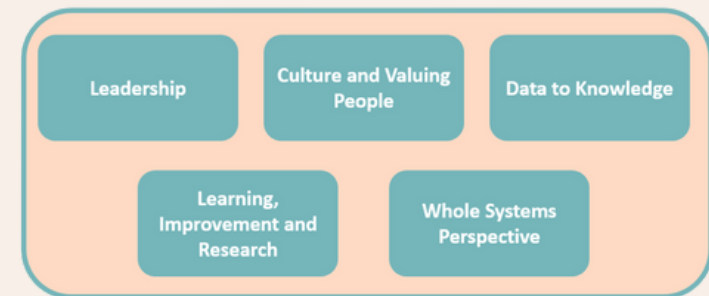
The six domains of quality, safe, effective, person-centred, timely, equitable and efficient, will form a “golden thread” that runs through the IMTP and forms the foundations of all decision made about the delivery of health care in Cardiff and the Vale of Glamorgan and to the wider population served by the UHB. These policies, directives and threads also guide and aid focus of the pioneering, research, development, innovative and translational elements of activity that underpins and upholds our University status designation as a Health Board, built upon a pan-organisational culture of learning and improvement.

The **principles** considered under each of the six domains will include:



Enablers

The Duty of Quality identifies five quality enablers that together form a comprehensive framework to support the delivery high quality care. These enablers include, Leadership; Culture and valuing people; Data to knowledge; Learning, improvement and research and Whole-systems perspective. Over the next three years the UHB will deliver initiative aligned to these enablers in order to support improvements in the quality and safety of care.



Leadership

The World Health Organisation recognises that ‘developing and sustaining a strong patient safety-oriented culture requires strong leadership at all levels. There is a requirement for patient safety leaders who are skilled and passionate to create the conditions and organisational and team cultures to support safer care, to ensure that all systems and procedures comply with the highest standards and to guide and motivate staff’.

The Health Board aims to have leaders in the health care system who embody inclusive, collective and compassionate leadership. The People and Culture plan identifies a range of accessible opportunities that will be developed for leaders and managers at all levels to enhance their skills and includes:

- Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness.
- Identification of potential leaders at all levels of the organisation through effective implementation of Value Based Appraisals and development of a talent management approach.

- Embedding robust succession planning processes to support recruitment to critical leadership roles.
- Develop diverse leadership teams that are more representative of our communities.
- Embed the principles of quality and patient safety in leadership development opportunities to ensure that it remains the priority of the UHB and everyone who works within it.

The ability to work across systems and in partnership has never been a more important skill for leaders in tackling the problems that face our health and social care systems today; we will ensure that regional partnership working is a principle that is embedded through our leadership programmes.

Specialist patient safety education and development will be developed to support greater awareness of quality and patient safety from ward to board, utilising the patient safety syllabus and development of clinical patient safety specialist roles throughout the organisation including in human factors, simulation and patient safety specialists.

The delivery of a Quality Summit in 2023 will support the delivery of Shaping our Future Wellbeing Strategy whilst meeting the Duty of Quality.

Culture and Valuing People

Building a strong patient safety culture where staff, families and clinicians are treated fairly and incidents of unsafe care are investigated consistently, with a focus on systems rather than individuals is the cornerstone of UHB Quality Safety and Experience Framework. Establishment of a Just Culture is critical to improve patient safety. Decades of research demonstrates that organisations with higher levels of psychological safety perform better on almost any metric or key performance indicator in comparison to organisations that have low psychological safety.

As an organisation we will develop a culture where quality and patient safety is valued above all else and where all staff within the organisation feel safe and supported to speak up when they feel that care falls below the necessary standard. The People and Culture Plan articulates an ambition to create an academy which incorporates a blended and innovative approach to workforce development, and includes coaching, mentoring and team development and enables a culture of curiosity and strategic priority aligned innovative thinking.

We will design and develop a range of team development initiatives to improve relationships and morale, emphasising the importance of developing healthy high performing teams and linked to healthy working relationships.

There is a significant body of evidence that demonstrates that effective communication is vital for patient safety and one threat to effective communication is incivility. Incivility has been shown to have a negative impact on patient management, diagnostic and procedural performance. The UHB will revisit the values and behaviours framework to develop and promote how values and behaviours impact upon performance, engagement and outcomes and draw upon the work of Civility Saves Lives.

We trust colleagues across the organisation to uphold the professional standards required of them, delivering safe, effective and person-centred care. However, we recognise that there are occasions when things will go wrong in healthcare. We will strengthen the processes in place to ensure a just approach to responding to patient safety incidents with a focus on strengthening Health Board Systems and processes and avoiding blaming individuals. We support the migration from a safety I to Safety II approach, learning from good practice rather than just focusing on untoward events.

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. Psychological safety will be a core element built into leadership and management development and education. Specific training will be provided to managers to encourage discussions and develop a culture where staff feel safe to raise concerns.

We will strengthen the support available to staff across the Health Board when they are involved in events that might impact on patient safety or the quality of care being delivered. This approach will support the development of a Health Board approach to delivering debriefing and After Action Reviews, the use of Schwartz Rounds and the development of Peer Support Networks and Sustaining resilience at Work StRaW practitioner training.

We will recognise the contribution made to quality and patient safety by every member of staff across the health Board. We will consider the opportunities to make specialist patient safety education and training available to all staff tailored to their roles and responsibilities utilising the opportunities from the Patient Safety Syllabus. Finally, we will ensure that the population that we serve is at the centre of all everything we do and that we will work in partnership to develop services and to understand the patient experience.

Learning, Innovation, Improvement and Research

As a University Health Board, we recognise the fact that making significant changes to improve and extend the overall quality of the broad range of services and support offered to citizens and colleagues will necessitate 'change' in different areas and at different levels. This ranges from the well-established and recognised 'improvement' activity, that helps drive efficiency and effectiveness through service and operational optimisation, to the development and adoption of 'step-change' innovative solutions, as well as the roll-out of strategic organisational programmes. Recognising the need for sustainable change the Health Board has created a corporate 'Shaping Change' Team that comprising both improvement and innovation functions that are deployed in support of strategic priority aligned activity. The team also provide a route to collaborate and partner with external organisations to achieve these goals as well as hosting and delivering some accredited strategic leadership and development educational programmes.

The team also host the [Regional Innovation Coordination Hub](#) that supports the Cardiff and Vale Regional Partnership Board (RPB) to identify opportunity and spread best practice across the areas of integrated health and social care [see previous RPB section above]

Acknowledging the critical and linked role of learning, education, innovation and improvement, underpinned by robust research and development, as an enabler for quality across our system the Health Board has a number of key activities planned for 2023/24 and beyond.

Our new Quality Management System

We recognise that currently the Health Board is not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes. In early 2023 we will launch our new, soon to be named, shared quality endeavour which will form the basis of a new quality management system and will aim to deliver excellence in all that we do so that staff, patients and our populations have the best experience. We will do this by;

- Holding the person in the forefront of our minds – our patients, our communities, our teams and our colleagues
- Building a way of working across the organisation that continuously improves the quality of the services we deliver and the care we provide, enabling us to focus on what is important and enable our teams to thrive
- Working with partners to seek new solutions to the challenges we face and implementing at scale and pace solutions we know work: to tackle the most significant causes of ill health; and achieve service sustainability in light of potential exponential growth in demand as a result of an ageing population, workforce shortages and worsening health and health inequities

Detailed activity and deliverables will be developed and agreed at a Quality Summit in early 23/24. In addition to the development of a quality management system, draft high-level success measures are below.

Year 1 – Building will	Year 3 – Building skill	Year 7 – Delivering consistently
<p>By March 2024 we will :</p> <ul style="list-style-type: none"> ➤ have a complete understanding of: <ul style="list-style-type: none"> • our systems and how they operate • our resources (people, money and assets) and how they are allocated and deployed • our demand and need so we can plan optimal response ➤ refreshed our strategic outcomes and outputs framework (aligned to national framework) and agreed improvement trajectories ➤ have designed and tested the C&V approach to continuous improving the quality of our services ➤ published SOFWB II which aligns with our team endeavour 	<p>By March 2025 we will:</p> <ul style="list-style-type: none"> ➤ have embedded the Cardiff and Vale UHB <i>Excellent Care Together</i> programme <ul style="list-style-type: none"> • have 50% of our staff having completed at least level 1 quality improvement programme • all of our leadership and development programmes align with our ECT programme ➤ resource shifts reflecting priorities ➤ delivered the commitments made in our 2022 – 2025 IMTPs, with key milestones on our strategy road map achieved 	<p>By March 2029:</p> <ul style="list-style-type: none"> ➤ Our services benchmark in upper quartile UK performance on key quality measures for the services we provide to all of our populations ➤ we see measurable improvement in the health outcomes of our local population against 2022 baseline ➤ we see measurable reduction in the health disparities we see between the communities we serve against 2022 baseline

Safe Care Partnership

The Health Board is committed to the Safe Care Partnership alongside Improvement Cymru and the Institute for Healthcare Improvement (IHI). Having already fully participated in the Leading Patient Safety and Coaching for Patient Safety Courses, and having hosted a site visit, the Health Board has teams participating in all four workstreams of the Safe Care Collaborative. Colleagues from Cardiff Local Authority and the Vale of Glamorgan Local Authority have joined us in the collaborative to ensure we have a whole system approach.

By applying the IHI's Framework for Safe, Reliable and Effective Care, the workstreams will support system wide learning and impact on quality care throughout the patient journey and across all settings. By February 2024 the workstreams aim to:

- Support development of the culture and learning system within each health system and across NHS Wales and ensuring that the whole system is working towards common and well aligned goals (Workstream 1: Leadership)
- Keep people safe in community settings through prevention of deterioration and appropriate response to acute health care needs (Workstream 2: Safe and Effective Community Care)
- Keep people safe in the ambulatory care environment, preventing hospital admissions and treating acute care needs in the most appropriate setting (Workstream 3: Safe and Effective Ambulatory Care)
- Keep people safe in hospital, ensuring that structures and processes are robust in response to acute deterioration or concern (Workstream 4: Safe and Effective Acute Care).

Releasing Time to Care

A new 'Releasing Time to Care' programme (RT2C) will be rolled out across all clinical areas in the Health Board during the first half of 2023. RT2C is a framework that combines six elements of change, each covering a multitude of tools and techniques and resources. Key principles of the framework include:

- Identifying problems
- Developing Solutions
- Testing Ideas
- Using visual cues to focus performance
- Embedding strong communication between teams

The approach is developed from work carried out in a number of Trusts in NHS England. By doing this they achieved an average of

- A length of stay reduction of 14.3%
- A 37% reduction in long stay patients more than 14 days
- 43 fewer occupied beds

The Health Board is proud of its University status designation and its history of delivering pioneering, high-quality clinical research and developments, as well as clinical and non-clinical education. We are committed to supporting and enabling our colleagues to work in close partnership with academia, industry and other organisations, to produce internationally recognised and acclaimed step-changes in healthcare approaches and practices. Through a culture of trust, curiosity and learning, we will continue to support and empower our staff to drive sustainable transformation and change, whereby educational development, research and development, innovation and improvement will be coordinated, aligned and deployed in priority areas.

Intensive Learning Academy

In partnership with Swansea University, the Health Board leads the Intensive Learning Academy (ILA) for Innovation in Health & Social Care through its Dragons Heart Institute. The ILA utilises local, national and international expertise to support learning and leadership in the field of innovation for the whole of Wales. The third year of the ILA will see the Health Board's ILA offerings; CLIMB and the Spread & Scale Academy, focus on sustainability whilst continuing to provide world leading teaching and support to staff from across the NHS, our wider public sector and third sector partners and industry.

Cohort 3 of CLIMB will begin in the autumn of 2023. Up to 50 future leaders from across Wales will be brought together for the 10-month programme that energises multigenerational networks, confronts our greatest societal challenges, and provides access to researchers, professors and leaders at the forefront of change

climb.



The Spread and
Scale Academy

An immersive three-day event, the Spread and Scale Academy is designed to propel the implementation of quality-based projects forwards, so they can scale across the NHS, social care, local authorities and private industry. Two Academies will take place during 2023/24 with space for up to 200 learners.

Innovation

Recognising that not all quality problems have known solutions and therefore require creative innovation our innovation team will support both clinical and non-clinical colleagues in addressing their local challenges - ranging from solutions in reducing waste streams, improving well-being and the estate environment, through to potential medical device development, revenue generation, digital workflows and patient interaction products.

This will both complement and support the input and guidance that is provided by the Innovation Multidisciplinary Team (iMDT) to colleagues and external organisations with early-stage innovation solutions. The iMDT is formed of a panel of experts drawn from the Health Board, Cardiff University and several other external organisations and has successfully supported several teams in securing significant development funding. The team will continue to support and work closely with rolling cohorts of Clinical Fellows which has enabled true frontline expertise to be leveraged to focus upon, explore and pilot opportunities in areas such as: streamlining clinical pathways and operational approaches, moving towards more sustainable healthcare and working more closely with external agencies to enable community-based care provision.

Externally, the team will continue to work closely with innovation teams in NHS Wales, Welsh Government, academia, other linked organisations, such as: UKRI, Life Sciences Hub Wales; Cardiff Capital Region City Deal; Agor IP; MediWales; Association of the British Pharmaceutical Industry and the Bevan Commission; as well as the 3rd Sector and industry, to identify and progress opportunities that span common areas of interest.

In 2023 and beyond, the team will continue to identify and bid for significant additional partnership funding, with other stakeholder groups, to support and enhance prioritised ongoing connected activity with a view to delivering high quality, safe, sustainable, integrated healthcare linking to:

- **Future clinical services** – Development of a Learning Health System that focusses on preventing illness and managing wellness whilst maximising overall value returned
- **Future Health Economy** – Enabling the Health Board to fulfil a holistic regional anchor role alongside public and private partners
- **Future Procurement** - Decarbonise channels and strengthen links and sourcing from local communities, businesses and related initiatives

- **Future Workforce** - Empower staff to become future leaders and promote a ‘can-do’ culture of making positive change; supported by digital tools and systems in a transparent, ecologically supporting infrastructure
- **Future Partners** - local, national, international partnerships with a cross-silo, cross-industry focus

There are close and developing working relationships with the R&D, Joint Research Office (with Cardiff University) and People and Culture and Learning and Education teams, with a view to maximising and enhancing the University designation awarded to the Health Board.

We will embed learning through creativity and innovation across the Health Board focussing upon identified themes from a range of different quality, safety and patient experience sources.

The development of an Organisational Learning Committee will support learning, improvement, innovation and education in relation to themes and trends relating to quality and patient safety.

Clinical Boards and clinical groups and committees will be supported to implement a total quality system moving away from systems that measure compliance to a system of continuous systematic improvement .

A learning organisation is one where people continually expand their capacity to improve; Improving individual capabilities. For an organisation to be striving for excellence, the individuals within that organisation must constantly be improving their own personal proficiencies. However, separate learning by the different professions in health care may be detrimental because individual virtuosity is insufficient—it is teams that deliver health care • Team learning. Team learning is vital because it is largely through teams that organisations achieve their objectives. Development of the whole team rather than learning within single professions is essential.

A cohesive vision. Empowering and enabling individuals within an organisation has to be counterbalanced by providing clear strategic direction and articulating a coherent set of values that can guide individual actions. Encouraging a shared understanding of this vision and commitment to it is crucial in building a learning organisation

Spotlight on: Genomics

The All-Wales Medical Genomics Service (AWMGS) is a prime example of innovation in action, working closely with academic and industry partners to help ensure that we deliver cutting edge, relevant and high-quality services.

Key plans for 2023/2024 include:

- Go live of the **Genetics Laboratory Information Management System (GLIMS)** to improve service sustainability, allow interoperability with national systems and to reduce turnaround time for diagnostic services through improved efficiency
- **Relocation** of AWMGS, Pathogen Genomics Unit (PenGU) and Wales Gene Park **to the Cardiff Edge site** and continue to work closely with NHS Wales programmes to create a vibrant NHS life science campus on this site with academic and industry partners
- **Expand delivery of the NHSE Test Directory** to support equitable care between Welsh and English patients
- **Delivery** against the **Genomics Delivery Plan for Wales: 2022 – 2025** linked to the publication of Genome UK delivery plan 22-26
- **Further adoption of liquid biopsy** (circulating tumour DNA) **testing** where the AWMGS was a UK pioneer, including R&D with commercial partners into its utility as a blood test cancer screening technology
- Reduce the number of patients waiting over **36 weeks for first appointment** with the AWMGS clinical service by the end of the year
- Incorporate **long read sequencer capability** into the AWMGS R&D strategy with a longer term strategic objective to adopt in clinical practice
- Support development of a **precision medicine node** as part of the Pathology Centre of Excellence outline business case in partnership with the ARCH programme in South West Wales
- Support establishment of a **doctoral training hub in precision oncology** (IPOCH)
- Develop an **electronic patient record** in partnership with DHCW and ongoing digitisation of appropriate patient records
- Continue to develop and invest in our **healthcare workforce**
- Develop an evidence-based plan to identify where genomic technologies can be used to improve accuracy and timeliness of **newborn screening** services

Data to Knowledge

The UHB is rich in data, with multiple data sets that are able to support the measurement of safe and high-quality care.

The National Clinical Framework describes how clinical services should be planned and delivered in Wales, supporting people to stay well, self-manage their condition and where necessary provide seamless and appropriate specialist care. Central to this is the development of clinical pathways. The use of local and national data will support the development pathways that will improve safety and quality.

By collecting timely, accurate data, we will understand how our system works. We will be able to follow patients through care pathways, learning how we can make them more efficient, and ensuring their journeys are safe and equitable. The ability to collect and record patient outcomes means that we can compare ourselves to other organisations to ensure we are providing good quality outcomes. By collecting patient reported outcomes we will understand what works, and what doesn't work. This enables us to put Value Based Healthcare into practice.

- By analysing the data we collect it turns into information and knowledge. We can only change and improve our system if we understand it.
- We must then use the understanding we gain to inform , improve and transform practice. This is the most important step, and the hardest to achieve.
- To collect our data, we will need to enable clinicians and patients to record their activities digitally without interfering with the processes of care. Data must be collected and used in 'real-time' to maximise its usefulness in operational as well as planning services
- Data collected should relate to health inequities and we should strive to collect a complete data set for each person on all protected characteristics, and meet the needs of the socio-economic duty

The development of a Local and a National data resource will be used to build the foundation for a Learning Health and Care System. This will support the availability of Timely, high quality data that support improved patients' outcomes.



The People and culture plan support the development of a capable workforce who are able to use digital technologies and understand the data and information available to them to allow them to turn data into knowledge and to use this to drive the improvements in quality that we are aiming for.

We will continue to invest in digital systems that support a range of quality and safety functions including ward to board reporting, total quality management and efficient and effective deployment of staff and understanding of patient experience.

Ongoing participation in the National Clinical Audit and Outcome Review Programme will support the national benchmarking of services against consistently improving standards and will inform work to improve outcomes and patient experience.

The development of roles that work across quality and patient safety and the digital team will support improved accessibility to vital clinical information and benchmarking data for Clinical Boards.

Whole Systems Perspective

We work in a highly complex health system of interconnected services and people. Despite this, existing governance systems lead Clinical Boards, Directorates and individuals to focus on untoward incidents, interventions and improvements that focus largely on their areas of practice.

A whole systems quality perspective comprises integrated quality planning, quality control and quality improvement activities that Informs and organisational wide and person-centred strategy to quality.

A number of high-profile sentinel events across the NHS in the past decade have demonstrated the impact on quality and safety when a whole systems perspective is not implemented. Designing a whole system quality perspective will support organisational oversight of quality and safety, with a deference to expertise that is able to influences local practice leads and drive wide spread and sustainable improvements.

We will deliver the Cardiff and Vale UHB Quality Safety and Experience Group Structure to provide a framework that will:

- drive continuous monitoring that will define quality goals and design and deploy a strategy to reliably meet the goals.
- Establish performance standards and “always on” monitoring and reporting to track performance and identify gaps between actual and required performance.
- Deliver a structures approach to system redesign to achieve the desired levels of performance.

Prevention

In terms of implementing prevention as a core principle, the Cardiff and Vale local public health team a small specialist resource based in Cardiff and Vale UHB, maximises its impact by helping to influence and align the work undertaken by a wide range of public and third sector organisations and private businesses, to achieve improvements in population health. This is done by adopting a systems leadership role in many of the areas it plays a role in.

As well as working with external partners, the specialist team liaises with colleagues across corporate and clinical directorates within the Health Board, to embed prevention and reduce inequities across the work of the organisation.

Quality Statements

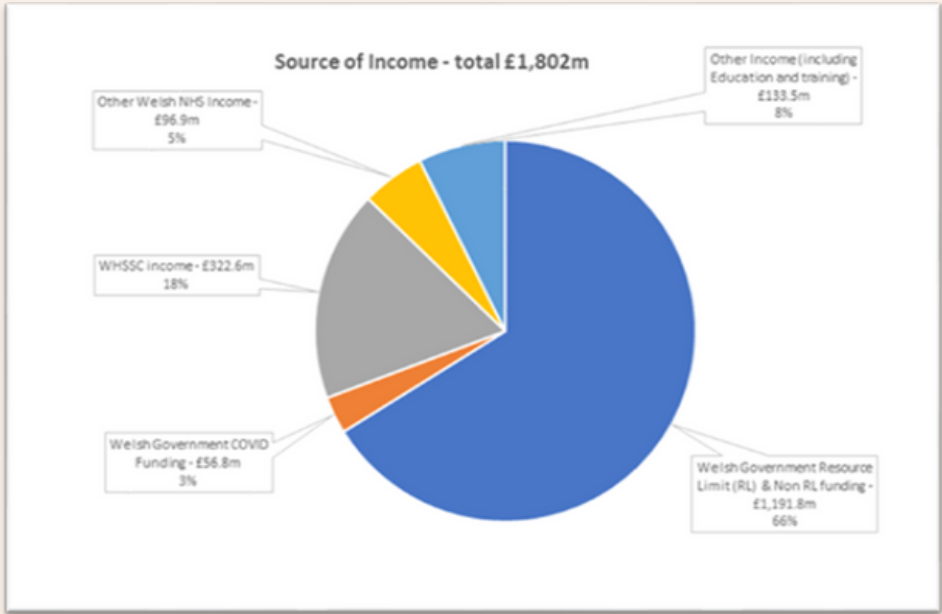
We will work towards achievement of the quality statements as per the National Clinical Framework, in particular the already published Cancer and Heart conditions statements.

Our Financial Plan

Cardiff and Vale University Health Board (UHB) provides healthcare services for circa half a million people living in Cardiff and the Vale of Glamorgan.

In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South, West and Mid Wales and for some services, the wider UK. This is reflected in the sources of funding that the UHB receives for providing services as illustrated in the graph below:

Cardiff & Vale UHB 2022/23 Forecast Income by Source



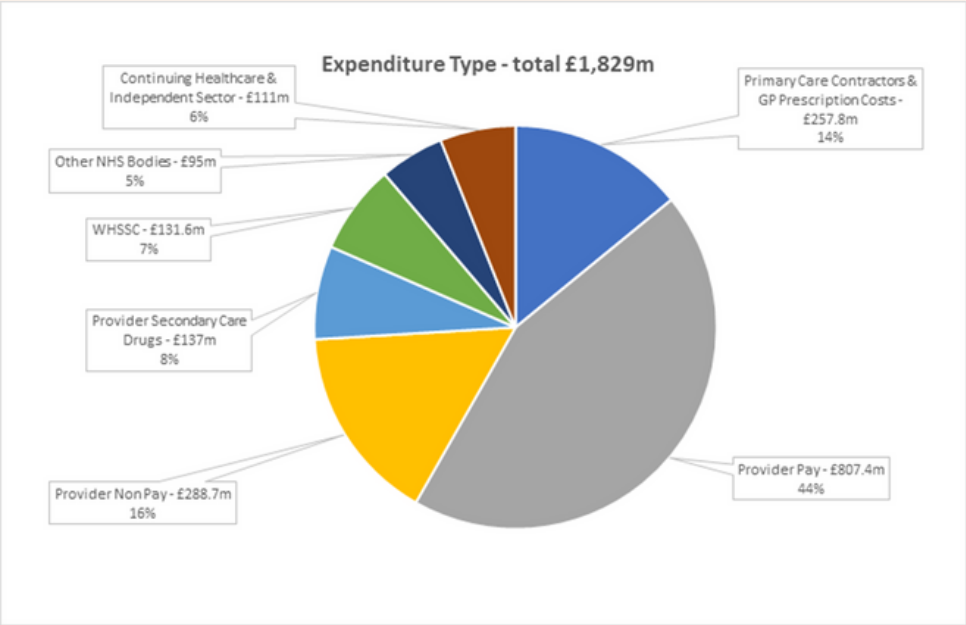
Source: January 2023 Welsh Government monitoring returns

Additional income of £56.0m was forecast to be provided to the UHB in 2022/23 to manage services related to COVID. The funding is matched by the cost of COVID related service changes and provision.

The proportion of UHB income which is provided by the Welsh Health Specialised Services Committee (WHSSC) reflects the UHB’s significant responsibility for the provision of specialist and tertiary services to the wider population across South Wales.

The majority of the UHB’s budget supports the provision of healthcare services provided directly by the UHB. In addition, the UHB commissions services for the population of Cardiff and the Vale of Glamorgan from primary care contractors, continuing healthcare providers and via WHSCC, other NHS bodies, such as Velindre University NHS Trust, and independent sector providers as illustrated below:

Cardiff & Vale UHB 2022/23 Forecast Expenditure by Description



Source: January 2023 Welsh Government monitoring returns

Historic Financial Position

The Health Board achieved financial balance in 2019/20 and had an approvable IMTP to achieve financial balance recurrently in 2020/21 and subsequently over the 3 year planning period, 2020/21 to 2022/23. Therefore, it went into the pandemic with an ambition to achieve financial sustainability following a period of escalated intervention.

Based on current funding assumptions, the planned underlying deficit of £20.0m entering 2023/24 has increased to £40.3m. This compares to a pre-pandemic underlying deficit of £11.5m. This is the cumulative impact of the investment in tertiary & regional services, new technologies and local services (20m); and cost pressures & services growth (£13m) in excess of funding allocations for inflation and growth.

A number of the UHB's high impact saving schemes were based on reducing bed capacity, improving flow, coupled with workforce efficiencies and modernisation. These could not be pursued due to the organisation needing to focus on delivering services to meet the needs of the pandemic over the past three years. These areas are being revisited now as the Health Board seeks to address the underlying deficit.

The following table provides insight on the range of cost pressures and service developments, which have contributed to the increase in the underlying deficit during this period:

	£m				
Unmitigated cost pressures	2019/20	2020/21	2021/22	2022/23	TOTAL
NICE & New High Cost Drugs	2.0	1.7	0.6	1.4	5.7
Commissioning & contracting	4.6	5.2	1.2	2.4	13.3
Local investments	2.3	1.5	0.8	1.4	5.9
<i>Subtotal investments</i>	8.8	8.3	2.6	5.1	24.8
Cost pressures & services growth					
Non-pay inflation pressures	0.5	1.1	0.3	1.3	3.2
Continuing Health Care	0.7	1.2	0.5	2.0	4.5
Prescribing	0.0	1.2	0.6	1.4	3.1
Welsh Risk Pool	0.0	0.7	0.2	0.5	1.4
Local pressures	1.4	1.3	0.2	0.3	3.2
<i>Subtotal cost pressures & growth</i>	2.7	5.5	1.8	5.5	15.5
TOTAL	11.5	13.8	4.4	10.6	40.3
			29.7	40.3	

The largest of the cost pressures listed above is the commissioning and contracting heading. This covers unavoidable growth and a range of investments in national and regional services, for example, WHSSC tertiary services, such as specialist services for children, and essential investment in Velindre services, including innovative new cancer drugs.

All of the areas in the table above are being revisited now as the Health Board seeks to address the underlying deficit and are outlined further in this Plan.

Overview of the Financial Plan

The 2023/24 annual financial plan aims to stabilise the financial position and prevent a further deterioration in the underlying deficit. Delivery of the 2022/23 financial plan has been challenging with a number of operational pressures driving a forecast outturn deficit position of £26.9m against a planned deficit of £17.1m. It is anticipated that 2023/24 will provide both challenges and opportunities as the Health Board seeks to continue to recover the full range of its services in a very difficult financial environment.

The Health Board sees its responsibilities for its population and patients as core to its service improvement and delivery and as such wants to recover the financial performance by ensuring it is driving improved quality and outcomes for our patients. We want to take a value based healthcare and prevention approach to drive the services that our population need and this will be a more sustainable model of healthcare for our population which will take longer than a more traditional financial recovery programme. In doing this we want to achieve the best quality and access within the resources available to our health system. We will also need the help and support of our local authorities and other partners in order to deliver change on the scale required.

The 2023/24 financial settlement provides a Health & Social Care budget 1.5% core allocation uplift in funding with pay awards to be separately funded.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months. Significant inflationary pressures remain impacting both directly on the health Board and our supply chain partners.

It is assumed in the plan that the commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB.

The UHB has received an allocation of £16.0m to continue to accelerate planned care recovery in 2023/24. This is a reduction of £6.6m on funding received in 2022/23 linked to supporting regional solutions, productivity and transformation. We will continue to aspire towards the achievement of ministerial priorities: our ability to achieve these in 2023/24, within the current financial context, is detailed in our operational measures of success tables in section 2.

Progressing regional solutions and accessing funding whilst plans are developed will be key to driving performance in 2023/24.

COVID local response costs and National Programmes

The pandemic has changed service provision with a consequence of increasing the cost base. Local COVID consequential costs total £34.2m entering 2023/24. Over 70% of these costs relate to both additional bed capacity and change in footprint including Lakeside Wing. There is no funding stream to support local COVID costs in 2023/24.

There is clarity on local COVID response cost drivers and the Health Board is reviewing its operational arrangements, with the intention of reducing the costs associated with them. The Health Board has a range of quality improvement, effectiveness and efficiency interventions to challenge the service provision and find new ways of working, however, system pressures remain and pace of change continues to be a challenge.

There has been an increase of 145 Beds/Assessment areas excluding critical care compared to pre pandemic number. Medically fit for discharge patients when compared to pre pandemic levels have also increased by 178.

	Pre-pandemic	Jan-23	
Adult Beds UHW	765	706	
Adult Beds UHL	414	433	
Community Beds	90	94	
MFFD Transitional Care	0	125	
Assessment Areas	27	83	
Total	1296	1441	145
MFFD Patients	147	325	178

Clearly working closely with our partner organisations will be fundamental in addressing the current system challenges enabling both improved outcomes and resource release.

The pandemic has had a significant impact on our workforce requirement with our staff in post increasing from 13,271wte to 14,488wte, along with increases in our use of agency and locum staff. Clearly, this is an area of focus as we look to build a more sustainable workforce for the future.

Staff Group	FTE		Change
	Feb-20	Feb-23	
Add Prof Scientific and Technic	420.60	531.41	110.81
Additional Clinical Services	2603.01	2857.63	254.62
Administrative and Clerical	2163.33	2561.89	398.56
Allied Health Professionals	1177.01	1417.51	240.50
Estates and Ancillary	1052.52	1179.02	126.50
Healthcare Scientists	481.45	559.47	78.03
Medical and Dental	1377.21	969.69	-407.52
Nursing and Midwifery Registered	3964.92	4389.77	424.85
Students	31.16	22.07	-9.09
Total	13271.20	14488.45	1217.25

The reduction in M&D staff represents the move of junior medical staff in training to the Single Lead Employer

Funding for National Programmes has been agreed supporting the regional health protection system. £3.2m has been allocated to Testing and Training and £5.6m for COVID mass vaccination. The allocation letter sets out an ambition for 2023/24 to be a transition year, where services and structures put in place by regional partners to manage the pandemic are scaled back, and that we build on the experience of the pandemic response to establish a more resilient system for managing 'all-hazard' health protection risks

Energy

There remains significant volatility in prices coupled with a new Energy Billing Relief Scheme that will come into effect on 1st April. A consistent basis has been agreed across NHS Wales to inform the energy forecast going into 2023/24 through the Energy Price Risk Management Group and British Gas.

The current energy forecast indicates a financial pressure of £11.5m for the Health in 2023/24. There is no funding stream to support this pressure in 2023/24.

Cost Improvement

Welsh Government has set a minimum 2.5% cost improvement challenge in 2023/24. The Health Board has a financial plan ambition to deliver 4% equating to £32.0m, which consists of a 1% general efficiency target and a 3% cost improvement from a number of high impact themes.

The Health Board has concentrated on developing a programme of both core efficiency and transformational savings, using a quality improvement and value based approach. Key areas of focus are:

- Length of stay in acute beds
- Operational efficiencies and productivity
- Continuing Healthcare
- Medicines Management
- Procurement
- Workforce
- Scaling back investments (Disinvestment / Choices)

Delivery of a number of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value working with our partners.

Each theme has an Executive lead, supported by senior multi-disciplinary teams across the Health Board driving a collaborative approach to delivery.

In addition to the 4% cost improvement ambition we also need to disinvest in TTP and Mass Vaccination, reducing the current expenditure run rate by £5.4m in order to deliver services within revised allocations. The current recovery programme run rate will also need to be reduced by £3.0m operate within the revised top sliced allocation of £16.0m.

	£m	
General efficiency target	8.0	
High impact themes	24.0	
TTP / Mass Vaccination	5.4	
Recovery Programme	3.0	
Total Savings Requirement	40.4	5%

Financial Plan

The following table sets out the annual financial plan for 2023/24. It shows a planned deficit of £88.4m including the delivery of a £32m cost improvement programme.

	£m
2022/23 Forecast Outturn	26.9
Adjustment for recurrent/ non-recurrent items	13.4
2023/24 b/f Underlying Deficit	40.3
COVID local response/consequential	34.2
Energy cost pressure	11.5
2023-24 Cost Pressures Inflation & Growth	43.8
Service Investments	5.0
Total Planned Deficit before Allocation Uplift and Savings	134.8
2023/24 Allocation Uplift/assumed income	(14.4)
2023/24 Cost Improvement Ambition	(32.0)
Total Draft Allocation Uplift and Savings	(46.4)
2023/24 Planned Deficit	88.4

Financial risks

The key financial risks for the health board within this financial plan are set out below:

- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 4% 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.
- **Inflationary pressures** – There are considerable inflationary pressures across the health board with pay and energy being the largest. This will affect the UHB directly and also through its supply chain. We will monitor this closely and work with our partners to find a system wide approach to manage the risk.

- Develop and deliver a programme of transformational savings – Delivering a programme of the scale needed to address the underlying deficit is a key priority and will be subject to robust management arrangements.
- COVID National Programmes and Local Response – The UHB will need to exit its COVID 19 response costs in a manageable way for service delivery and within available resources, whilst maintaining the ability to remain dynamic and responsive to changes in COVID demand.

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

Summary

The focus of our Financial Plan will be to:

- Deliver a planned £88.4m deficit in 2023/24, including the delivery of a 4% £32.0m recurrent cost improvement ambition.
- Ensure the underlying deficit position of £40.3m does not deteriorate in year.

MEASURING OUR SUCCESS

Our plan will be delivered at all levels of our organisation and through our partnership arrangements.

Delivery of the key priorities as set out within this plan will be assessed at the end of each quarter and a quarterly report will be reviewed by our Board.

The format of our quarterly report will be reviewed during Quarter 1 to ensure it demonstrates progress towards our strategic outcomes and delivery priorities.

Whilst we have an array of performance information to track progress at an operational level, this year we aim to further develop outcome measures that demonstrate achievement towards our strategic aims at a population and system level, in order to understand the benefits of the delivery of this plan as a sum of all its parts.

