

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

ANNUAL PLAN 2024-2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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Our Integrated Annual Plan for 2024-2025

How to read our plan

This document is designed to capture our core intentions, give clarity on our priorities and to help our staff see how their work contributes to delivering our strategy and improving outcomes for the population we serve.

The plan is divided into three sections:

- **Section 1: Our Planning Context-** the strategies, strategic plans and programmes that guide our annual plan
- **Section 2: Our Delivery Priorities-** the key things that we will deliver next year, by when, and the impact they will have
- **Section 3: Delivering Quality-** our approach to delivering quality through leadership, culture, workforce, information, taking a whole system approach, learning, improvement and research. Our plans to drive value and sustainability in all we do

Whilst the plan focuses on the actions we are prioritising in 2024/2025, it is set within a three-year context, recognising that many of changes we are making to the way we deliver our services will continue beyond the financial year and into the following years. Keeping up with increasing demand will require us to continue to accelerate the pace with which we are transforming our services, in collaboration with the many partners we work with.

Where we are now

Within Wales and across the UK, we are operating within the most challenging circumstances that the NHS has faced since its inception.

This is primarily a result of the legacy of Covid and Brexit, the volatile economic environment, the impact of the cost-of-living crisis on our staff and our residents, and the increased demand upon our services.

In 2023/2024, against the backdrop of these unprecedented and uncertain circumstances, our organisation submitted an annual plan within a three-year context. We were unable to deliver the level of recurrent savings that we set out in our 2022/2023 plan or mitigate escalating cost pressures.

Delivery of the 2023/24 financial plan has been challenging and the delivery of this 2024/25 Annual Plan will see a continuation of our drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment.

The focus of our plan this year

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

It is crucial that our plan **balances realism with ambition**; that it stretches us to improve, yet remains a credible plan that we are confident we can deliver.

We have a responsibility to deliver excellent services to our population; both to our local resident population of Cardiff and the Vale of Glamorgan, and to those people to whom we deliver specialist tertiary services on a regional, supra-regional and national basis.

We know that high quality care provides the best outcomes, is cost effective and gives best value to the taxpayer.

Therefore, our focus in this plan is not on a traditional short term financial recovery programme, but on taking a Value in Health approach, with improved quality and equitable access at its heart, and a commitment to make sure that we are optimising the use of all our resources to best effect for our population.

Whilst the challenging 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.

During 2023/2024 we refreshed and relaunched our ten year *Shaping our Future Wellbeing Strategy 2023-2035* following extensive engagement with our people, partners and the public.

Our refreshed strategic objectives are:

- Putting People First
- Providing Outstanding Quality
- Delivering in the Right Places
- Acting for the Future

These have been our guiding principles in developing our 2023/2024 plan and in prioritising the actions we will take in the short-term to take us towards our long-term ambitions.

Throughout our plan, you will see a particular focus on:

- Developing a population needs based planning approach, which features a greater emphasis on prevention, upstream shift and reducing inequities through developing our care pathways
- Establishing our *Shaping Our Future Quality Excellence* programme
- Investing in digital as an enabler to the transformation of our services and prioritisation of our estates infrastructure improvements
- Driving value and sustainability throughout all that we do

It is within this context that we have set our **delivery priorities** for 2024/2025 and the plans that support them:

- 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 transform **planned care, cancer and diagnostic services**, improving outcomes and reducing waiting times
- 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

We are committed to 2024/2025 being the year in which we accelerate our ambition to dedicate more time, resources and support to enhancing primary and community care. Each of our five delivery priorities will only be planned and delivered by considering the relationship between Primary and Community Care and Secondary and Acute Care.

We recognise that sustainability for Cardiff and Vale UHB cannot be achieved without sustainability in the NHS Wales system, social care and communities. 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, 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 Enhanced Community Service Model 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.

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, 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.

Co-production, Engagement and Consultation

Ensuring that we are designing and delivering services in partnership with our people is essential.

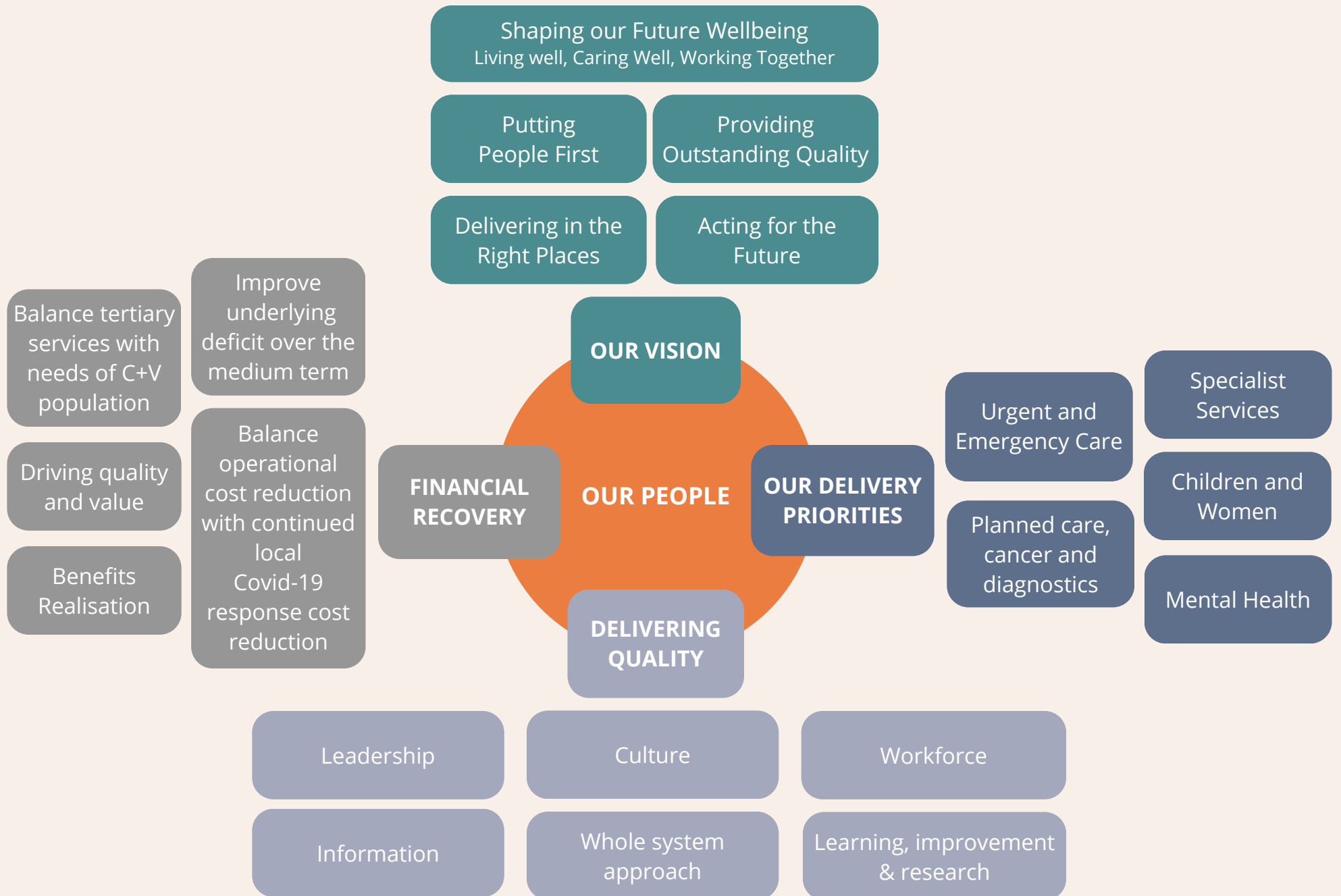
Approved in November 2023, we now have a dedicated “Co-production, Engagement and Consultation” framework and toolkit. These have been created to provide a consistent approach to how we engage with the public, our patients and partners across Cardiff and the Vale of Glamorgan, and across South Wales where this is appropriate. They will also ensure that we have a standardised, effective and meaningful approach, based around ten key principles:

- The activity is designed to make a difference
- Invite and encourage involvement without pressure
- Activity should be planned and delivered in a timely and appropriate way
- Utilise partnerships
- Keep information clear and easy to understand
- Make it easy for people to take part
- Ensure people benefit from the experience
- Resource the activity properly
- Keep people informed
- Evaluate, learn and share

Any service change referenced in this plan will be appropriately co-produced and engaged upon, in line with this framework.



Our Plan on a Page



Annual Plan: 3 Year Context



Shaping Our Future
Wellbeing



Quality Improvement and Sustainability Themes

- Reducing Length of Stay
- Optimising Planned Care
- Income Generation
- Medicines Management
- Continuing Healthcare
- Facilities and Estates/Service Reconfiguration
- Value/Clinical Variation
- Procurement
- Recording Patient Care
- Digital Enablers and Benefits
- Workforce Efficiencies:
 - Temporary Pay Reduction
 - Workforce Reshaping

Delivery Priorities

- Urgent and Emergency Care
- Planned Care, Cancer and Diagnostics
- Specialist Services
- Children and women
- Mental Health

Strategic Change Portfolios

- Our People and Culture
- Our Population Health & Place Based Partnerships
- Our Quality, Value & Sustainability
- Our Clinical Services
- Our Infrastructure
- Our Future Generations

Strategic Objectives

-  Putting People First
-  Providing Outstanding Quality
-  Delivering in the Right Places
-  Acting for the Future

Strategic and Operational Enablers

Prevention and Population Health

Partnership Working

Quality

Estates

Digital, Health Intelligence and Data

Finance and Commissioning

Value and Innovation

SECTION 1: PLANNING CONTEXT

Our Integrated Annual Plan does not sit in isolation.

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.

This section does not aim to repeat the content of these plans, but sets out our contribution as a Health Board towards our shared goals; to improve the health and well-being of our population.

Within this section you will find a summary of:

- **Our Strategy-** *Shaping Our Future Wellbeing 2023-2035*
- **Our Population Health Assessment-** Health, Well-being and Inequities in Our Area
- **Our Strategic Plans and Programmes-** Our People and Culture Plan, Shaping our Future Quality Excellence, Shaping Our Future Clinical Services, Shaping Our Future Hospitals, Shaping Our Future Well-being in the Community, Digital and Health Intelligence, and Estates
- **Our Regional Partnership Planning-** Joint Area Plan, Pan-Cluster and Cluster Plans
- **Our Strategic Commissioning Intentions**

Plan	Ownership	Footprint	Plan Lifespan	How the plans link
Cluster Plans	Clusters	Cluster	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	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.
Integrated Medium Term Plan/Annual Plan	Health Boards	Health Board	3-year plan/ Annual Plan	Partners use intelligence from locality plans to inform and steer organisational decision making and strategic plans
Joint Area Plan	Regional Partnership Board	Region	5-year plan	Sets direction and leads strategic planning and partnership working between Local Authority, Health Board and 3rd Sector
Well-being Plans	Public Service Boards	Locality	5-year plan	Sets out priorities for action for public service delivery requiring partnership working between public and community services
Strategy and Strategic Plans	Health Board	Health Board	5-10 year plan	Longer term strategy and strategic plans describing ambitions and priorities

OUR STRATEGY - SHAPING OUR FUTURE WELLBEING



Shaping Our Future
Wellbeing

In 2023 we engaged with our colleagues, partners and our communities to refresh our strategy, *Shaping Our Future Wellbeing*. Through this process of engagement and co-production, we developed our updated Strategy – *Shaping Our Future Wellbeing by Living Well, Caring Well and Working Together*.

This strategy describes our vision and strategic objectives for improving the health and well-being of the populations that we serve by 2035.

Our vision for 2035

Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare with the highest performing peer organisations.

Our Strategic Objectives



Putting People First

We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us as a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.



Providing Outstanding Quality

We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.



Delivering in the Right Places

By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and well-being. We will be well on our journey to provide care in the right place in facilities that are fit for purpose, are flexible and promote recovery.



Acting for the Future

We will work to ensure that what we do today does not compromise the well-being of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint and will have increased our research and clinical innovation activities.

In order to deliver our strategy, and the ambitious strategic milestones therein, during 2024/2025 we will develop a strategic portfolio programme approach. We will establish six strategic change portfolios to plan and deliver our strategic priorities and objectives and to ensure alignment with our delivery priorities and enabling programmes.

WELL-BEING OF FUTURE GENERATIONS (WFG)

The four new objectives in our refreshed long-term strategy form our revised well-being objectives under the Well-being of Future Generations (Wales) Act. Therefore, delivery of our strategy through our IMTP and annual plans, and monitoring through existing performance structures, is our mechanism for delivering our well-being objectives.

We will continue to work with our staff representatives when reviewing our well-being objectives as part of our annual planning and reporting cycle, in line with our new duties under the Social Partnership and Public Procurement (Wales) Act 2023. The strategy itself is underpinned by the principles of prevention and participation, and we have set clear milestones through to 2035 for improving health, reducing inequalities, and shifting more of our spend upstream towards prevention.

As we start to implement our revised strategy, we have also taken the opportunity to review the internal governance arrangements for delivery of the WFG Act. Implementation of the Act in the UHB will sit within the governance structure for delivery of the Shaping our Future Wellbeing Strategy. The boards responsible for delivering each objective will also be responsible for one or more of the seven WFG goals. These are mapped below, along with alignment to the Well-being plans for our two Public Service Board (PSBs).

CAVUHB Shaping Our Future Wellbeing Strategic Objective	Well-being of Future Generations Goal	Aligned Cardiff Well-being plan objective(s)	Aligned Vale of Glamorgan Well-being plan objective(s)
Putting People First	<ul style="list-style-type: none"> A prosperous Wales A Wales of vibrant culture and thriving Welsh Language 	<ul style="list-style-type: none"> Cardiff is a great place to grow up Cardiff is a great place to grow older 	<ul style="list-style-type: none"> A more equitable and connected Vale
Providing Outstanding Quality	<ul style="list-style-type: none"> A healthier Wales A more equal Wales 	<ul style="list-style-type: none"> Modernising and integrating our public service Supporting people out of poverty 	<ul style="list-style-type: none"> A more equitable and connected Vale A more active and healthier Vale
Delivering in the Right Places	<ul style="list-style-type: none"> A Wales of cohesive communities 	<ul style="list-style-type: none"> Safe, confident and empowered communities 	<ul style="list-style-type: none"> A more equitable and connected Vale
Acting for the Future	<ul style="list-style-type: none"> A globally responsible Wales A resilient Wales A prosperous Wales 	<ul style="list-style-type: none"> Cardiff grows in a resilient way 	<ul style="list-style-type: none"> A more resilient and greener Vale



While each strategic programme will have lead responsibility for the named WFG goal(s), they will still be expected to contribute where relevant to all seven WFG goals, and follow the five ways of working in the sustainable development principle.

Day-to-day oversight of the implementation of the Act will be delegated to a sub-committee under the Strategy delivery structure, which will:

- Act as the overall ‘owner’ of the implementation of the WFG Act, collating and maintaining an overview of the UHB’s position
- Provide an internal peer support and scrutiny function to the four strategic programmes specifically relating to implementation of the Act, including sharing learning and experience across the programmes; and
- Maintain relationships and an open dialogue with key external and internal stakeholders on the UHB’s implementation of the Act, including the Office of the Future Generations Commissioner.

This sub-committee will supersede the previous WFG Steering Group.

HEALTH, WELL-BEING AND INEQUALITIES IN OUR AREA

Demographics

Nearly 500,000 people live in Cardiff and the Vale of Glamorgan. Cardiff has a relatively young population, mainly due to the student population in the City. The proportion of older people is slightly higher than the Wales average in the Vale; the number of older people and the proportion of people who are older is increasing across both areas.

Previous trends in population growth in our area have slowed, with a projected increase of 3-4% over the next 10 years, or around 15-20,000 more residents.

Every year, people migrate into and out of both Cardiff and the Vale. In 2021-2022 there was net international migration of over 10,000 people into Cardiff and over 500 into the Vale. Combined, this made up over half the number of international migrations into Wales as a whole. Migration includes the reception of Ukrainian refugees, the Afghan Citizens Resettlement Scheme (ACRS) and other asylum seeker populations.

Cardiff is more ethnically diverse than most of the rest of Wales, with just over a quarter of people identifying as not White British in the 2021 Census. The corresponding figure for the Vale of Glamorgan was 8%. In Cardiff this includes sizeable populations reporting Black African, Indian, Pakistani, Bangladeshi, Arab and Chinese ethnicity; along with non-British white ethnicities.

Both Cardiff and the Vale contain some of the most affluent areas of Wales, alongside some of the most deprived. In Cardiff, there are pockets of deprivation throughout the City but many are located in the ‘southern arc’, including Ely, Caerau, Grangetown, Riverside, Llanrumney and St Mellons; in the Vale again there are scattered pockets of deprivation throughout, with a higher concentration in the central Vale, in and around Barry.

Health and well-being our our area

We can get a picture of the health of our residents through assessments such as the Well-being assessments (for Cardiff and the Vale) and the Population needs assessment for the region, along with individual health needs assessments and routine and bespoke surveillance data.

Particular issues in our area which impact adversely on people’s health are:

Wider determinants

- Air quality
- Adverse weather events (heatwaves, flooding) due to climate change; and climate anxiety
- Access to healthy and affordable food
- Access to affordable high-quality housing
- Access to nature and green spaces, and biodiversity loss
- Availability of high quality public transport, and walking and cycling networks
- Social isolation and loneliness

Health behaviours

- Tobacco and vape (e-cigarette) use
- Immunisation uptake
- Being physically active regularly
- Achieving and maintaining a healthy weight
- Alcohol consumption

Healthcare

- Timely access to primary and secondary care

Over three-quarters of adults (76%) in our area reported being in good or very good health, the highest in Wales. Nearly a third (31%) of people said they were limited by one or more long-term illness, though again this was the lowest rate in Wales. Life expectancy for men in our area is nearly 79 years, and for women is 83, both above the Wales average.

The number of people living with long term conditions is increasing, along with the number living with more than one illness. The number of new cases of type 2 diabetes in particular is forecast to increase significantly in the coming decade, with diet, smoking and overweight known risk factors.

Inequalities in health and health outcomes

Within Cardiff and Vale there is a stark difference in life expectancy between people living in our least and most deprived areas, some of the worst in Wales. If you live in one of our least deprived areas you can expect to live 8.3 years longer as a woman or 9.3 years longer as a man, than someone in our most deprived areas. Despite a concerted effort to reduce this gap over the past decade, the gap has actually increased.

This gap is even wider when looking at the years of life which are healthy – healthy life expectancy – for which people in our most deprived areas can expect to have between 14 and 18 fewer years of healthy life than someone living in our most affluent areas.

Along with poorer health outcomes, the majority of the factors determining health described above are also worse in more deprived areas.

Our approach to improving population health and reducing inequalities

Reducing inequalities and prioritising prevention run throughout our revised long-term strategy, *Shaping our Future Wellbeing*.

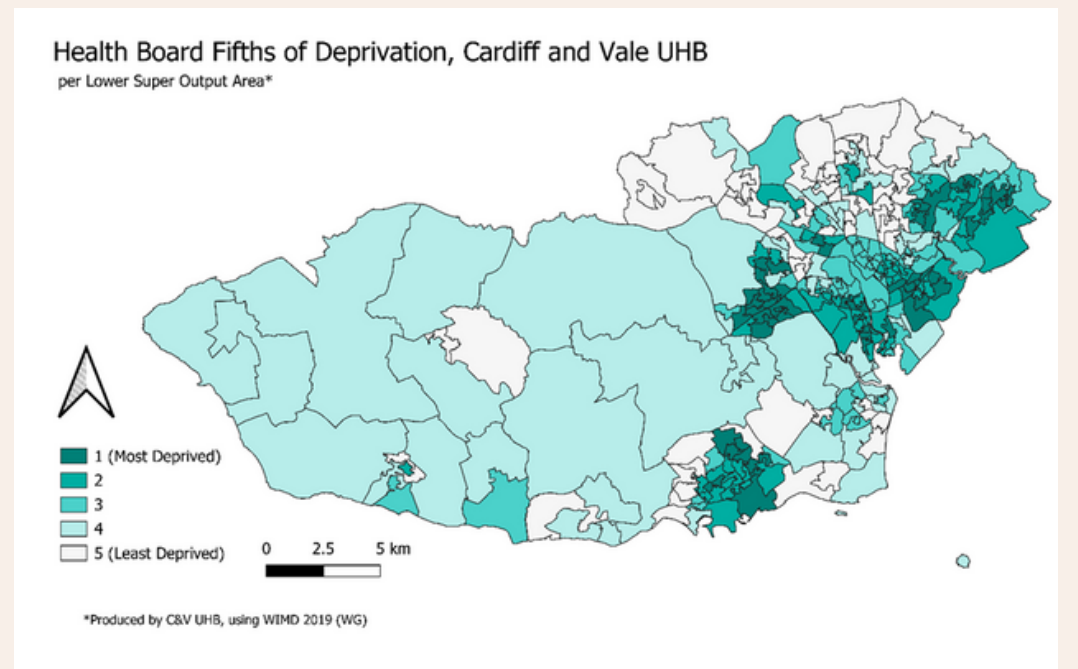
Within the strategic objectives, population health particularly features in ‘Putting People First’ and ‘Providing Outstanding Quality’. The strategy includes long-term milestones to increase life expectancy, reduce health inequalities, and shift NHS spend to focus more on preventing ill-health.

One of the programmes under the revised strategy is Shaping Our Future Population Health (SOFPH), which will be refreshed to set out our detailed vision for population health through to 2035, and the actions we need to take and resources we will require to make that a reality. Detailed work up of SOFPH will take place in Q1/Q2 2024-25, involving key stakeholders, with implementation starting in the second half of 2024-25, and full implementation from 2025-26.

Our approach aligns with the direction set out in the Welsh Government NHS Wales planning framework for 2024-25, which reaffirms the need to shift our health services more towards prevention rather than just acute treatment (‘upstream shift’), in line with the vision set out in *A Healthier Wales*.

In tandem with the work of our local public health team, 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 work with Public Health Wales (PHW) as a specialist national stakeholder and our planning complements the revised PHW long term strategy.

Operational delivery of our population health priorities is described in more detail in our local public health plan for 2024-27.



OUR PEOPLE AND CULTURE

Putting People First: Our People and Culture (2024/25)

Shaping Our Future Wellbeing sets out our ambition to be a great place to train, work and live, where we listen to and empower people to live healthy lives. We want our colleagues to recommend us as a great place to work, and for our workforce to reflect the diversity of our communities. One of our strategic objectives is Putting People First - which includes our teams, patients and population - because we know that people are at the centre of everything we do.

The People and Culture Plan (2022-25), which was approved by Board in January 2022, is key to meeting this objective, because we are completely dependent on our workforce if we are to meet our population's health and care needs effectively. We aim to refresh our plan in the Autumn of 2024/2025.

We continue to embed the Plan, and in 2023/24 progress was made in the Clinical Boards, and corporately, through the People and Culture team. We have seen significant successes and are on track in many areas against the delivery of the Plan, but we continue to face a number of challenges and we will focus on addressing these as we move into 2024-25, concentrating on the Health Board priorities and ensuring that quality, improvement and efficiencies are at the forefront of our activities.

As the seven themes of the People and Culture Plan have become more embedded into our 'business as usual', it has become increasingly apparent that while they still stand as legitimate themes within the Plan, there is a great deal of cross over in terms of the day to day delivery. For 2024/25 the seven themes have been merged into three objectives which will form our priorities for the year.

People feel valued, developed, supported and engaged

One of the key priorities for 'Putting People First' is that people will feel valued, developed, supported and engaged. Over recent years there has been an increasing body of research which demonstrates that employee engagement is linked to a variety of individual and organisational outcome measures, including staff absenteeism, turnover, patient satisfaction, mortality rates, and safety measures.

To achieve this, we will:

- **Improve the way we communicate and engage with our people**, by listening to our staff through embedding the Speaking Up Safely Framework and supporting managers to interpret and respond to the findings of the Staff Survey in a meaningful way. We will launch training in managing change effectively and will review the role of staff networks to identify good practice gaps and explore an alternative resource group approach.
- **Understand and improve our culture** by providing a range of evidence-based and pragmatic organisational development approaches / processes. We will embed the Culture and Leadership Approach and introduce an effective commissioning model to support managers in accessing appropriate support to enable cultural improvement at a local level.
- **Promote and improve the health and wellbeing of our staff** by ensuring that the wellbeing of our people remains a high priority and that managers are equipped and supported to deal with this – in particular we will focus on supporting colleagues who are suffering with stress, anxiety and depression.
- **Provide high quality education and development for our workforce**, recognising that access to education, development and support is necessary for our people to develop the level of competence required to deliver safe and effective care, enhance their skill set and progress their careers. The development of an inter-professional educational academy will be key to achieving this.

Minimum Data Set – Workforce Plans

The Health Board current employ in the region of 15,000wte. This is broken down by staff group in the supporting Workforce Plan. Over the next 12 months and beyond, our focus will be on continuing to improve the quality and experience of our colleagues and patients, whilst also redesigning our service and workforce models to deliver a 3% reduction in the pay bill. Our over reliance on the temporary workforce is still challenging despite significant reductions in 23/24. The focus this year will also be on reducing variable pay, focusing predominantly on reducing reliance on agencies for our Nursing and Medical workforce.

Progress and performance against the plan will be measured through the revised KPI's outlined at the end of this section.

Attract and recruit people with the right skills, abilities, values and experiences to meet the health and social care needs of our population

To ensure we can deliver high quality, compassionate care, and have an inclusive culture where the diversity of our people is representative of our local population, we need to continue to think differently about how we attract and recruit our current and future workforce. We will:

- Maximise opportunities to attract candidates with the right values and behaviours through a widening access framework, a new careers website and increasing the range of apprenticeship opportunities available. We will continue to promote ourselves as a strong and recognisable brand and to find new and innovative ways to attract people into our Health Board, ensuring that our recruitment campaigns are reaching all our communities and working with Social Care colleagues to ensure an integrated approach.
- Improve recruitment experience for candidates and managers, working with NWSSP to improve and streamline the process. Nurses will be able to benefit from the Internal Transfer Scheme, we will implement systems to ensure recruitment processes are fully bilingual, and managers will be provided with enhanced training to ensure our values are embedded in our recruitment practices.
- Ensure we are an inclusive employer to create diversity within our workforce and appeal to talented workers from a wide range of backgrounds. We will utilise local demographic data to inform our decision making and activities. We acknowledge our Corporate Social Responsibility as an anchor organisation and will continue to actively promote the variety of careers available and recruit from under-represented groups and deprived areas of Cardiff and the Vale of Glamorgan.

Ensure our services are provided by the right team; a workforce that is affordable, sustainable and integrated to meet current and future service needs and reflects our population

To have a sustainable workforce in sufficient numbers to meet the needs of our population, we need to reshape our workforce through modernisation, new and extended roles, improved intelligence and workforce planning. In 2024/25 we will continue to face unprecedented challenges, especially given the financial climate we are operating in, and reshaping the workforce is a greater priority than ever before.

We will therefore:

- **Build workforce planning capacity & capability underpinned by a standard methodology**, within both People and Culture and the Clinical Boards – this goes beyond training and requires ‘headspace’ and culture change. New and extended roles will be designed to support new service models developed: these will be identified through the workforce planning process.
- **Improve the accuracy of our people data and move from reporting into analytics**, and introduce forecasting and modelling. We will improve the capture of our people data (especially EDI data) across the UHB, and will ensure budgeted establishments are updated in ESR to improve accuracy in our reporting.
- **Embrace and develop systems that support the UHB in its drive to improve efficiency and effectiveness**. This will include the roll out of HealthRoster in Capital, Estates and Facilities and Pharmacy, the procurement of an e-rostering system for Medical & Dental workforce, and the introduction of a One Staff Bank.
- **Build a workforce that is affordable through reduction in the overall pay bill, supported by new ways of working**. The Workforce Sustainability Programme will continue to progress interventions to reduce the overall pay bill and actions will be taken to address the vacancy gaps. A key priority for 2024/25 will be re-shaping our workforce to ensure that care is provided by the right team and that it is person centred and sustainable. Our people will be supported to have the right skills to work at the top of their licence.

People & Culture - People feel valued, developed, supported & engaged

Performance Measure	NHS Performance Framework Standard	By When	UHB Ambition	Current Performance (Jan)
Values Based Appraisals (VBA)	85%	Annually	85%	68.59%
Medical Appraisals	85%	Annually	85%	81.39%
Sickness Absence (12-month Cumulative)	n/a	March 2025	6%	6.23%
Turnover	n/a	March 2025	11%	11.47%
Statutory & Mandatory Training	n/a	Annually	85%	81.93%
Staff Completing Staff Survey	n/a	Annually	>30%	21.4%
Increase Engagement Score	n/a	Annually	Increase by 1%	73%
Formal Disciplinary Cases	n/a	Annually	<25	23
Formal Respect & Resolution Cases	n/a	Annually	<10	16
Exit Questionnaire Completion	n/a	March 2025	>40% of leavers	23%

People & Culture - Attract & Recruit

Performance Measure	NHS Performance Framework Standard	By When	UHB Ambition	Current Performance (Jan)
Registered Nurse Vacancy Rate (B5&6)	n/a	Annually	<5%	4.56%
Time to Hire	n/a	March 2025	71 days	93.2 days
Time to Shortlist	n/a	March 2025	5 days	11.6 days

People & Culture - Workforce Affordability & Sustainability

EDI Data captured on ESR	n/a	March 2025	50%	32.21%
Staff with Welsh language skills 2-5	n/a	March 2025	Increase by 10%	5.37%
Monthly agency spend as a % of total pay bill	12 month reduction	March 2025	Reduction	1.35%
Monthly variable pay as a % of total pay bill	n/a	March 2025	Reduction	9.14%
Job Planning	n/a	March 2025	85%	51.56%

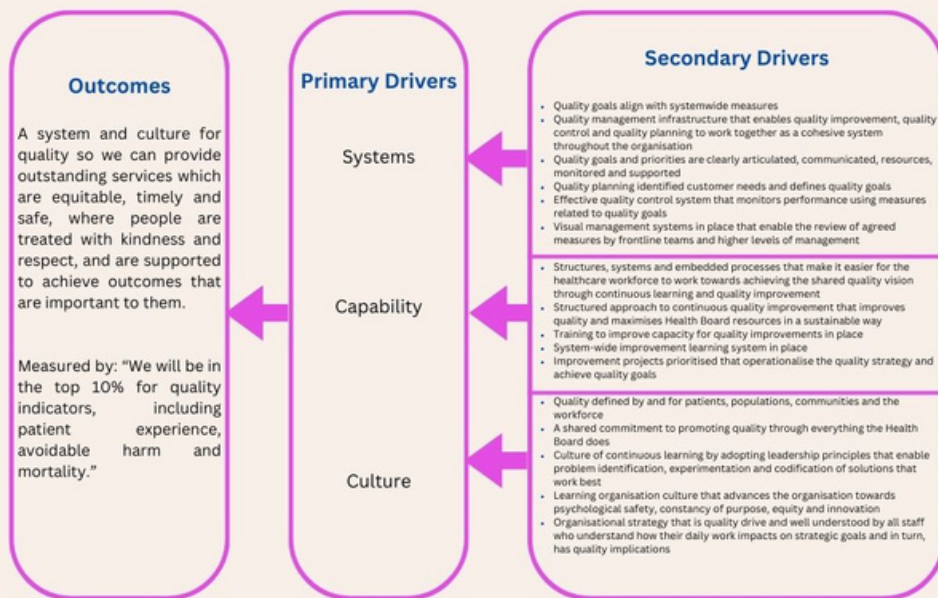
We recognise that currently we are not providing the quality of services we could or should, so patients and staff don't have the best experience or outcomes. In 2024 we will launch our new strategic programme, Shaping our Future Quality Excellence (SoFQE). Through SoFQE we will create a system and culture for quality in the Health Board, so that we can provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve outcomes that matter to them. The programme will enable us to achieve key milestones under our Providing Outstanding Quality strategic priority- to be in the top 10% for key quality indicators including patient experience, avoidable harm and mortality by 2035.

A more detailed description of our quality enablers are set out in Section 3 of this plan: Delivering Quality.

To achieve the vision, set out in our refreshed organisational strategy, there is a need to plan and ensure the successful delivery of transformed clinical services. A central programme, Shaping Our Future Clinical Services, has been established as one of the UHB strategic programmes to ensure delivery of a transformational, quality and outcomes-focused strategic clinical services plan that our organisation, partners and citizens are actively involved and engaged in.

The programme informs, and is informed by, our population health plans, our estates infrastructure plans, our people and culture plans and our digital plans. In its first phase, the programme is focussed on the development of a 10-year Clinical Services Plan. This will describe the long-term ambition for our services and our journey to get there.

Programme Driver Diagram



Quarter 1	Quarter 2	Quarter 3	Quarter 4	Years 2 and 3
Approval of clinical services plan inputs, including planning assumptions and projections, as well as clinical services baseline	Hold series of clinical services sessions/worksh ops to develop and test service planning assumptions	Develop roadmap with milestones and measures for wider Clinical Services Plan	Launch Clinical Services Plan and commence service level planning and pathway exemplars	Commence formally the delivery phase of the programme (to be defined)
Early engagement exercises completed	Development of draft Paediatric clinical services plan	Engage with the public	Amendments and formal sign off	
Initial work completed to inform UHW2 master planning exercise (TBC with WG)				

Cardiff and Vale University Health Board presented to Welsh Government’s Investment Board in November 2023 regarding the progression of our Shaping Our Future Hospitals Programme. At that meeting, we highlighted the poor condition of the estate and resulting risks within the University Hospital of Wales site and it was agreed that we would scope 1) a masterplan for future UHW configuration; 2) a Strategic Outline Case for Digital and Health Intelligence; 3) affordability of the overarching Shaping Our Future Hospitals Programme within the current climate.

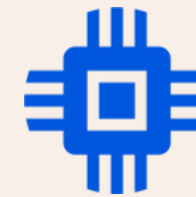
In December, a draft scope was produced focussing on the clinical services inputs which feed into the estate work, thus specifying specific proposed outputs – a masterplan and a development control plan. Further work is required for WG to scope affordability/financing, whilst the approach to digital transformation is emerging and will be agreed with the NHS Wales Chief Information Officer.

Cardiff & Vale University Health Board’s Shaping Our Future Wellbeing: In Our Community Programme Business Case (PBC) was endorsed by Welsh Government in August 2019. The PBC detailed the schemes planned for delivery in Tranche1 and outlined those schemes projected for delivery in Tranches 2 and 3. The business cases for Tranche 1 schemes listed below are progressing, subject to WG’s support and prioritised funding, to approval. The Health Board is looking to refresh the PBC for the schemes in the approaching Tranches (2 & 3). The refresh will put greater emphasis on place-based care, driven by our two Pan Cluster Planning Groups to deliver integrated wellbeing, health and social care in the community in partnership with the Regional Partnership Board and our two Public Service Boards.

Quarter 1	Quarter 3	Years 2 and 3
Complete procurement of master planner (TBC- subject to WG funding)	If applicable, join public engagement exercise with Shaping Our Future Clinical Services Programme	Complete master planning exercise, submit to WG and commence on an Outline Business Case (subject to WG funding)

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Years 2 and 3
<p>Complete procurement of master planner (TBC, subject to WG funding)</p> <p>Developing Capital infrastructure investment Full Business Cases (FBCs) for Tranche 1 schemes</p> <ul style="list-style-type: none"> • Health & Wellbeing Centre @ CRI • Wellbeing Hub @ Park View • Wellbeing Hub @ Penarth • SARC@CRI 	<p>Work on Tranche 1 capital schemes continues</p>	<p>If applicable, join public engagement exercise with SOFCS. Implementation</p> <p>Work on Tranche 1 schemes continues</p>	<p>Implementation</p> <p>Work on Tranche 1 schemes continues</p>	<p>Complete master planning exercise, submit to WG and commence on an Outline Business Case (conditional on WG funding).</p> <p>Service Planning work and developing capital infrastructure investment business cases in formats as agreed with WG for Tranche 2 schemes:</p> <ul style="list-style-type: none"> • Health & Wellbeing Centre@Barry • Health & Wellbeing Centre@Whitchurch • Health & Wellbeing Centre@CRI • Wellbeing Hub@Lisvane • Wellbeing Hub@Plas Dwr

DIGITAL AND HEALTH INTELLIGENCE



Shaping Our Future
**Digital
Services**

To be able to achieve the objective of Delivering in the Right Places by 2035, as part of CAVUHB Shaping Our Future Wellbeing Strategy, CAVUHB is committed to significantly improving its digital maturity for the benefit of our patients and staff.



By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access and ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery

Given our size and complexity, and that we are the tertiary centre for all Wales, we need to not only be one of the most technologically and digitally empowered organisations in Wales, we must also be amongst the best in the UK.

This will help secure Wales and Cardiff and Vale University Health Board as an attractive place to work, enabled to deliver better outcomes and better value through digitally empowered health and care, including high levels of patient activation.

This will also enable us to transform our clinical pathways as highlighted in the Nuffield review of our clinical strategy commissioned by Welsh Government in 2023.

We recognise that moving from current to future state is an ambitious programme of work and that to deliver modern health and care requires equivalent 21st Century digital capabilities.

Digitilisation is an imperative

There is an overwhelming body of evidence in support of investment in digital, including the Wanless report in 2001, the Wachter review 2016, World Health organisation Global Strategy on digital health 2020-2025, the Topol review 2019, A digital health and social care strategy for Wales 2015 and the update published July 2023 to reference a few.

In September 2023 the British Medical Journal reported that of 182 trusts that responded to the BMJ's questions on patient notes, 4% (seven trusts) said that they only use paper notes, whilst 25% (45 trusts) were fully electronic. The remaining 71% (130 trusts) used both paper notes and an EPR system.

Cardiff and Vale University Health Board has paper and some electronic notes; it does not yet have Electronic Patient Record capability [1] including clinical notes, bedside observations, computerised physician ordering (tests, diagnostics), all clinical images and information about a person in one place, supported by workflow. The image below shows the core capabilities we urgently need to introduce where data must flow seamlessly.



What is also required is the ability to bring information from local and national applications into the record, and, the ability to share information back out, for example to national data repositories and resources.

Whilst CAV has an excellent start point with inhouse and national applications, interoperability remains a local and national challenge

Plans are developing to change this.

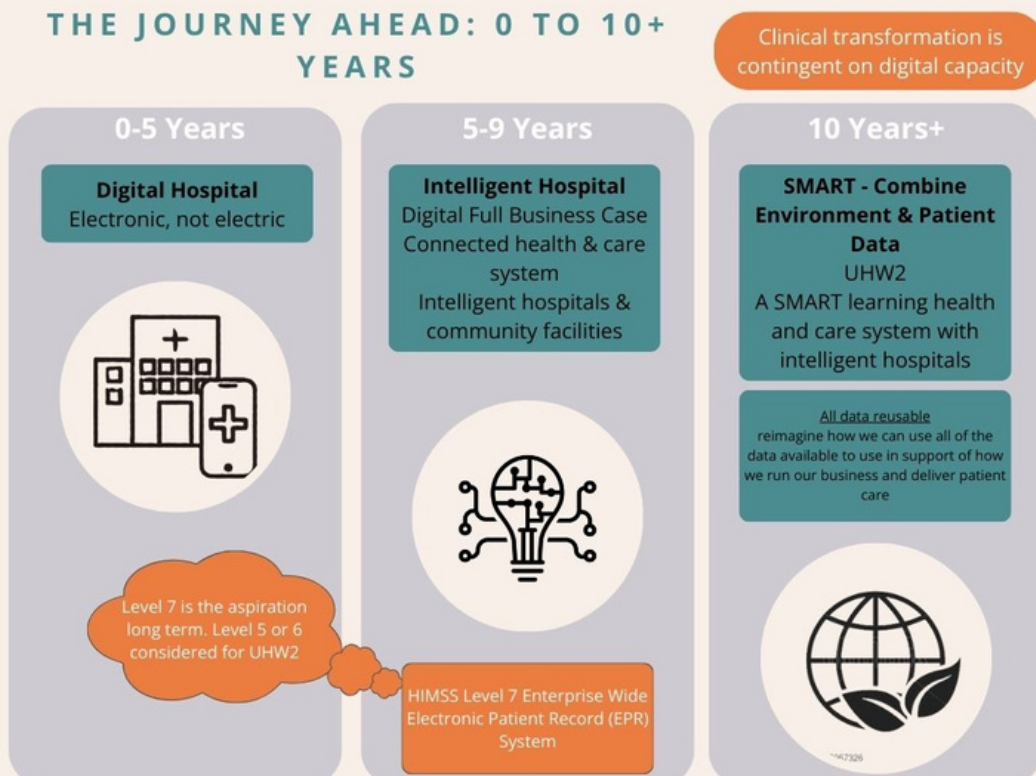
Assessment of digital maturity

The Healthcare Information and Management Systems Society (HIMSS) is a global standard, and a guide to help assess and inform digital maturity.

In 2023, Cardiff and Vale University Health Board, alongside other University Health Boards in Wales was externally assessed at HIMSS Level 1 (Level 7 is the highest level of attainment and only). However, our level of digital capability was found to be lower overall compared to peer organisations in Wales, despite the fact that we are the specialist centre. This is mainly attributable to a funding deficit which has built up over many years.

Our Digital Journey

The journey to digital maturity can take 10 years, our journey is shown here:



Our 23/24 Annual Plan submission assumed that we would be developing our Digital Strategic Outline Case (SOC) as part of our UHW2 Strategic Outline Case over the course of the year. The Digital SoC will take us from Year 5 onwards and we will start this work once funding has been agreed and released.

Meanwhile, during 24/25 we will commence planning for years 0 to 5, the output of which will be a Programme Business case (PBC) underpinned by a detailed Business Justification Case (BJC) for Year 1 which we will requesting support from Welsh Government for.

The main outputs of this one-year piece of work will describe the cost benefit analysis of improving outcomes that digital in our context will achieve in terms of safer care, improved quality, operational efficiency and improved outcomes.

1. We will reduce the total cost of ownership of our IT estate whilst modernising it; we will translate economic efficiency such as time released to care into outcomes for example:

1.1. the effect in a specialty e.g. Diabetes, where time released to care could translate to additional clinics, then through an allocative efficiency we may be able to show how freeing up hours of clinician time could result in earlier diagnosis which could mean a reduction in amputations, saving surgical time/costs

1.1. safety and quality improvements and other gains by having digitised notes including space freed up and returned to clinical use with a plan for paper based medical records; clinical notes rather than paper and making this available to clinical colleagues through a single point of access

2. We will identify where we should target for high levels of patient activation such as those described by McKinsey and Company here who (amongst others) report results such as

Research has shown that digital disease management can drive a 45 percent reduction in the three-month rate of major adverse cardiovascular events (MACEs) and a 50 percent reduction in the 30-day readmission rates for patients

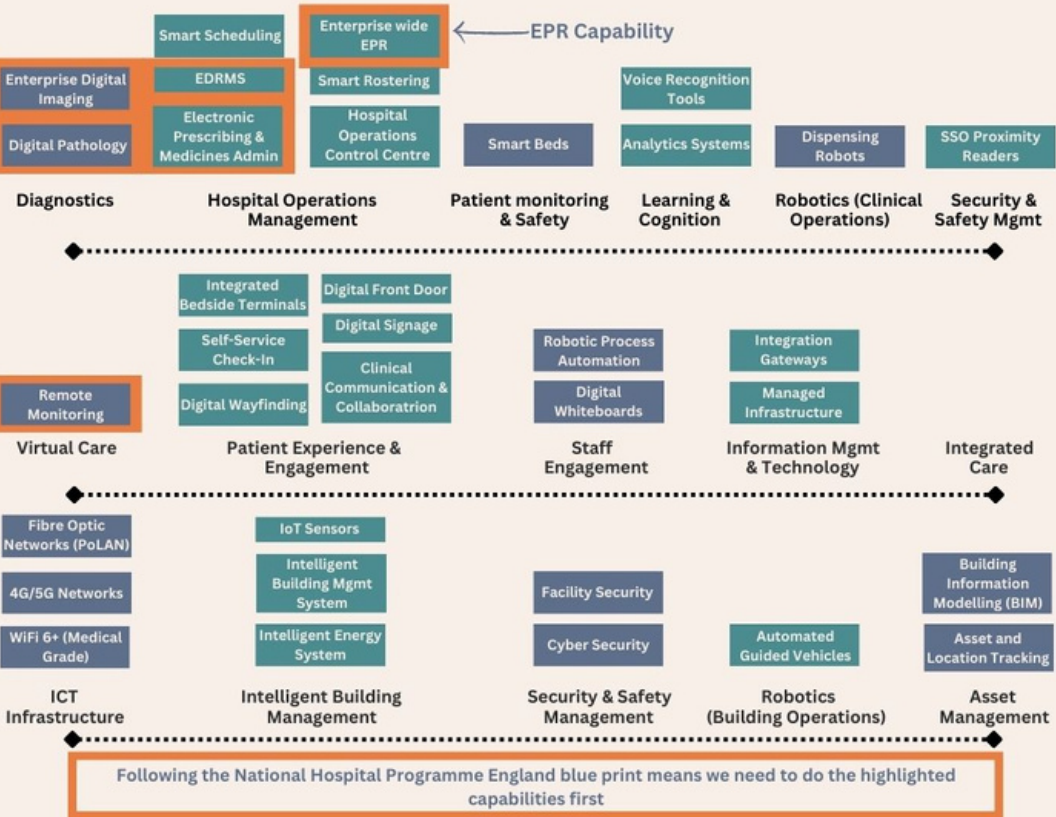
3. We will develop plans in line with the Digital Chapter developed by the National Hospital Programme in England who report the following improvement potential through introducing digital capability as below, noting that some of these outcome improvements will not be possible until our physical estate is improved:

4. We will engage with other UHBs, DHCW, other similar organisations and the market so that the case and plans we create bring value to the wider system, share and collaborate in the co-delivery of solutions, and, benefits.

Route map

It is clear that we cannot continue as we are with a fractured care record. We have a plan and route map informed by the NHPE Digital Chapter 2.0 which identifies what we must achieve within the next 5 years to:

- realise improved outcomes for our workforce and the people we care for
- ensure we are properly positioned for the work that will take us to UHW2

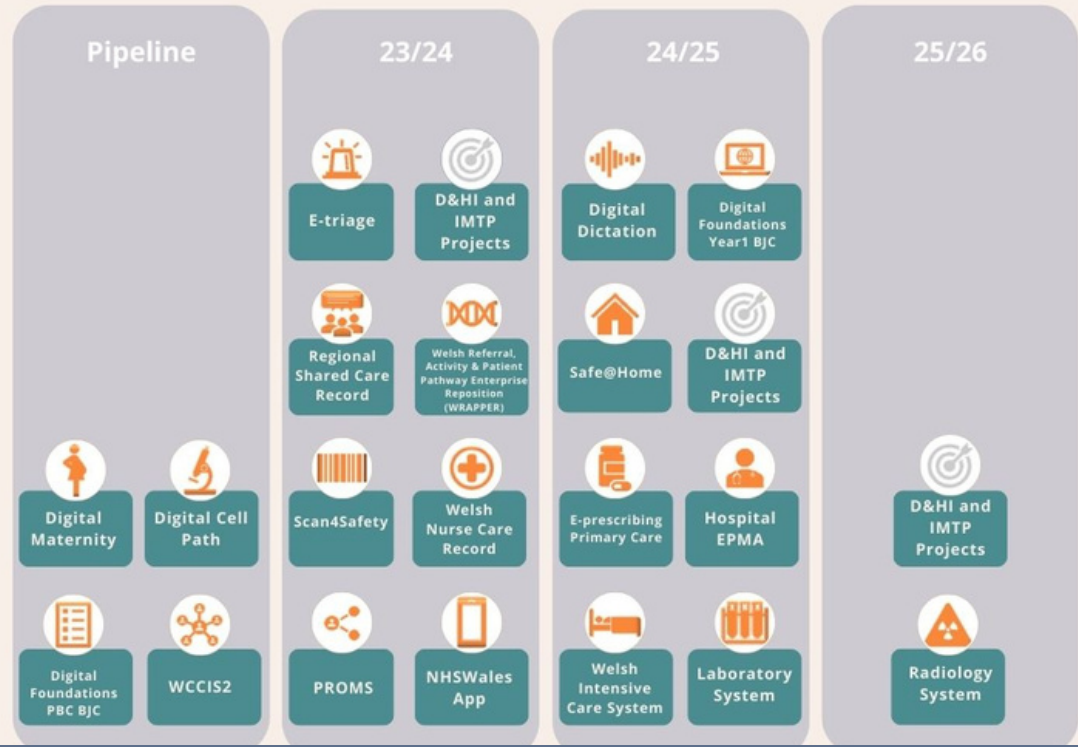


24/25 priorities - Major programmes

The diagram below shows, by year, the major digital programmes we are committed to, many of which are nationally funded and / or driven and all respond to Ministerial priorities. This will be delivered through a continuous programme of improvement work with new applications and solutions being introduced at pace.

It should though be noted that even after delivery of these priorities, our HIMSS rating will not improve to Level 2 and upwards without core EPR capabilities and underpinning works such as interoperability, flexible scalable infrastructure and the facility to surface a single view of the person receiving care as described under the heading Strategic Context.

MAJOR PROGRAMMES



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 A6.

DECARBONISATION

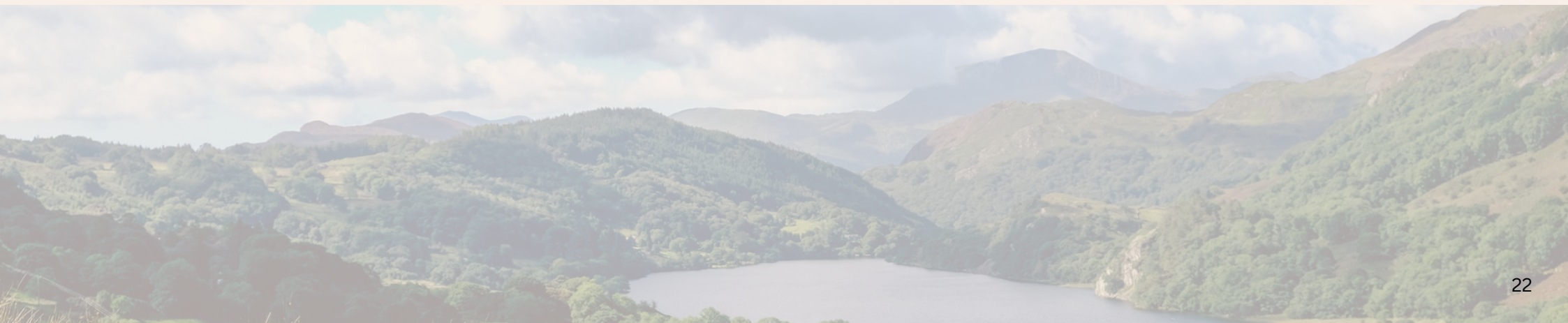
We declared a climate emergency in January 2020 and were one of the first Health Boards in Wales to develop an action plan to reduce our carbon emissions. 2024 sees the publication of our fourth action plan. We estimated emissions at 217,000 tonnes of CO₂e in 2022/23. 80% of these emissions are from 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%.

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. We 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.

What has been established in 2023 and will be reflected in our next plan, is the contribution that Prevention, the 6 Goals, Planned Care and Financial Sustainability programmes can make to not only patient care and throughput, but also reducing our carbon.

More information on the detailed actions that we will take this year can be found in appendix A7.



Cardiff and Vale UHB Maximising Contribution to the Foundational Economy

The Health Board is progressing a number of actions to contribute towards the ambitions set out in the Welsh Government's Foundational Economy Delivery Plan that was published in 2021.

Background

We are a large employer with over 16,000 staff, over 80% of whom live in the Cardiff and Vale area. Our annual expenditure is over £1.8bn, with a significant amount of money spent on procuring the goods and services needed to run our services. We are also running a significant capital development programme with a number of schemes funded through the all-Wales capital budget. These are all areas where we can make more of our resources to benefit the foundational economy in Wales.

Better jobs closer to home

We are working closely with our PSB partners in Cardiff as part of the Cardiff Commitment to offer young people – particularly those at risk of not being in education, employment or training – work experience opportunities, and support with applying for our apprenticeships. This includes supporting young people leaving care. Our scheme includes opportunities in a wide range of areas including administrative roles, clinical support roles and technical roles – such as electrical, plumbing and engineering services. We see apprenticeships as an opportunity for local people and an important pipeline for ongoing recruitment and retention. In addition to this we support career fairs held in our local schools and colleagues.

Additionally, we have an active volunteer service providing many people with the opportunity to volunteer their time to support our services. This provides much-welcomed additional support across our services and provides people with opportunities to learn more about our services and experience of working as a volunteer alongside them. We have a number of young people who are part of our team of volunteers. Many people who have volunteered with us have gone on to seek employment within the organisation.

We run a scheme to provide employment opportunities for people with a learning disability as we know that many people struggle to access the jobs market. This is in line with the RPB Learning Disabilities plan developed a few years ago.

We continue to develop our research and clinical innovation programmes which help us to attract high quality clinical and research staff to work with us and run a large number of innovative projects jointly with our academic partners, in particular Cardiff University. As a key anchor organisation in the life science sector, there is spin off in the development of small and medium sized enterprises linked to the health board, and the Medicentre on the UHW site continues to provide space for new start-up companies – some of which are partnership ventures between clinicians, researchers and industry partners. This year, the Genomics Centre at the Cardiff Edge Life Science Park will be completed, and we are finalising proposals for the next phase of development on the site. This reflects an exciting strategic collaboration between the NHS, Welsh Government and industry partners.

Progressive Procurement

Working with NHS Shared Services Partnership, we are looking at how we ensure that every pound of Welsh public money we spend on goods and services is proving maximum benefit for the foundational economy in Wales. We are looking to increase the percentage of goods that are sourced locally – which is both good for the local economy and for our decarbonisation delivery. A systematic approach is being taken to identify products and services to be reviewed. This is an area that is still relatively underdeveloped, and we are keen to support progressing this work during 23/24.

Construction

Working within nationally prescribed frameworks and procurement processes, we are progressing several capital schemes and looking to ensure that where possible the requirement for the use of local goods, services and staff are reflected in the procurement and contractual arrangements. Our local further education college – Cardiff and Vale College – has an extensive training programme for professions required in the construction industry and we are keen to ensure that locally trained residents are able to contribute to the building programme we are progressing.

Local food supply

Where we can we are increasing the proportion of food products sourced locally but the current all-Wales procurement arrangements could be further developed to facilitate this to a greater extent.

Looking ahead

We would welcome support with progressing this work further as we believe there is more benefit to be derived from our spending power in relation to the foundational economy in Wales.

This work links closely with our decarbonisation plan and our responsibilities under the Wellbeing of Future Generations legislation. Our exciting arts programme, supported by our Health Charity, involving local artists, as well as staff and patients, continues to evolve – and reflects the strong connection between health and the arts as an important contribution to wellbeing and healing. The Health Charity is also supporting a number of other exciting developments including the establishment of our Orchard at UHL – a partnership between the third sector, our patients, our staff and the local community. We are also setting micro industries – such as honey production as part of our Beehive initiative – Bee Well.

Social Care

As part of the RPB social value forum, we are exploring community ownership/third sector/micro-business models of service provision. Our Market Stability Report has confirmed the areas where we need see a change in the provision/market as we need a different profile of service provision going forward. It is more challenging to shift the market at the pace needed within current procurement rule.



CARDIFF AND VALE 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
- 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 priorities directives and partner plans ensuring a clear alignment of strategy. It sets out the RPB's priorities and commitments for the next 5 years, with annual delivery plans setting out at a more granular level the activities and investment that will deliver the Joint Area Plan.

Making a Difference – Our Commitments for 2028

<p>We will:</p> <ul style="list-style-type: none"> • Work together to keep our babies, children and young people healthy, well and safe from harm • Deliver a Nurturing, Empowering, Safe and Trusted approach to emotional wellbeing and mental health • Improve the support offer for babies, children and young people with complex needs. 	<p>People with Learning Disabilities will have the ability to live as independently as possible in their local community.</p>
<p>Unpaid Carers will be recognised for the vital contribution they make to the community and the people they care for and enabled to do the things they want to alongside caring.</p>	<p>We will support all people in our region to have the opportunity to live positive, independent lives without being affected by violence and abuse.</p>
<p>With people with physical and sensory disabilities we will find out more about their needs, experiences and priorities, developing and delivering changes that enable people to live as independently as possible.</p>	<p>We will build a co-produced plan with stakeholders and people with mental health needs that enables people to do the things that matter most to them.</p>
<p>People will be able to age well at home with more opportunities for wellbeing and independence. Services will reflect the diversity of people as they age well.</p>	<p>Neurodiversity services will have strengthened provision with a focus on providing the right support at the right time.</p>
	<p>People with Dementia will be supported to live well and do the things they need to and enjoy in their communities.</p>

REGIONAL PARTNERSHIP BOARD STRATEGIC CAPITAL PLAN

The RPB has set out the partnership's approach to strategic capital investment, bringing together key partners to facilitate cross-sector strategic planning in relation to capital investment for health and social care-related services and facilities as well as broader colocation of key services. RPBs have been asked to develop a 10-year strategic capital investment plans alongside their Area Plan. These strategic plans are to focus on short, medium and long-term investment opportunities to support the strategic direction within the region, which must be informed by both national policy and regional population needs assessments and market stability reports.

The RPB's Strategic Capital Plan is informed by and supports the Health Board's Shaping Our Future Wellbeing: In Our Communities, capital programme, supporting a coordinated approach to feasibility, business case development and funding. The RPB oversees the partnership's capital pipeline and funding streams including the Integration and Rebalancing Capital Fund (managed as a national pot of £70m in 24/25) and Housing with Care Fund, with a local allocation of £7.68m. There is also a revenue stream supporting feasibility studies and planning and engagement capacity within partner organisations.

Place planning

The RPB intends to work with partners to develop place plans during 24/25, which will bring together planning for capital and infrastructure developments with service developments. A place-based planning approach seeks to understand the issues, interconnections and relationships in a place and coordinate action and investment to improve the quality of life for that community.

This approach will enable us to develop the integrated service models and supporting business cases for infrastructure to deliver integrated community and out of hospital services across Cardiff and the Vale to make best use of all resources across partner organisations. Place plans will support the delivery of the ambitions of the Pan Cluster Planning Groups.

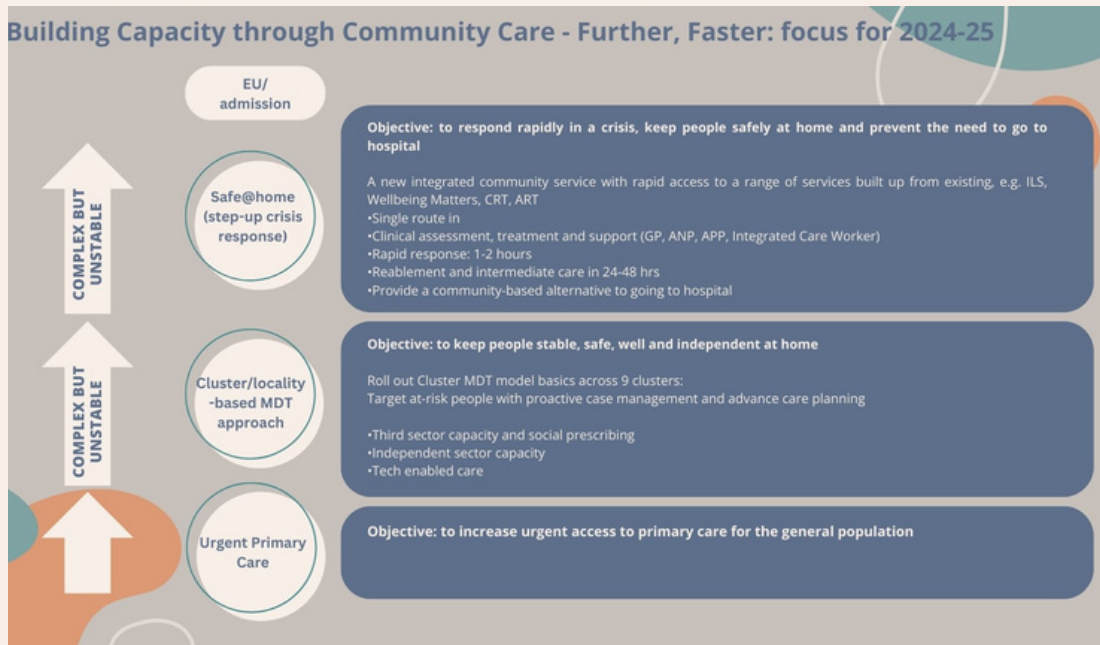


@home - PLACE-BASED INTEGRATED CARE

In 24/25, our established RPB and CAVUHB strategic @home programme will continue to develop our Integrated Community Care Service 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 and averting crises
- responding rapidly when there is a crisis
- minimising hospital stays and associated harm
- supports unpaid carers



We will continue to build on the improvements made in 23/24 to enable people to return home from hospital quickly and safely through a whole partnership approach, based on what matters to the person, including:

- Developing further trusted assessment between professions and Health Board and Local Authority services
- Access to step-down community beds
- Rapid access care packages 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 Primary Care, Intermediate Care 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, diverting the person to the lowest levels of care and support that is right for the individual to maintain their independence.

In 24/25 we will expand and extend Safe@home - a truly innovative multi-agency integrated approach that provides an alternative to ambulance conveyance and Emergency Unit attendance where this can be delivered immediately at home.

CLUSTER AND PAN CLUSTER PLANS

Pan Cluster Planning Groups (PCPG) will continue to evolve and further develop in maturity as a future vehicle for integrated planning and delivery at a county-level. Our focus for the next 12 months, will be to utilise Cluster and wider partnership plans as the foundation for place-based plans, that enable the delivery ambitions of PCPGs aligned to population cohorts as set out within the RPB Joint area plan.

These include:

- Children services and safeguarding (Starting Well)
- High risk adults – Frailty, Falls, (Aging Well)
- Prevention – Immunisation, Dental, Chronic Disease (Management & Prevention) (Living Well)
- Social Prescribing (Living Well)
- Future Care planning/Anticipatory Care Planning (Aging Well)

During 2024/25, we will further progress the governance arrangements of PCPGs within the planning architecture of the Health Board to enable PCPGs to:

- Identify a range of services best delivery at Cluster/Pan Cluster population levels, and opportunities for resource shift aligned to national work on whole system efficiency & effectiveness.
- Further enhance and influence the delivery of the @home programme for Integrated Primary and Community Care Services, achieving a target operating model for each locality.
- Support and enable Clusters to further influence the Further Faster/Building Community Capacity programme of work and develop options to improve future care planning within and across our population as part Strategic Programme for Primary Care under the delivery programmes of the Six Goals for Urgent and Emergency Care.

Primary Care Workforce

Sustainability of the Primary Care workforce and challenges in accessing and supporting the education and training needs of wider multi-professional roles continue to be a strong theme. However, the launch of the Strategic Workforce Plan for Primary Care (2024/5-2029/30) 2024 will further support the delivery of the Primary Care Model for Wales, detailing how the Primary Care and Urgent Primary Care workforce will need to be developed as part of the transformation and integration of services at a place-based levels.

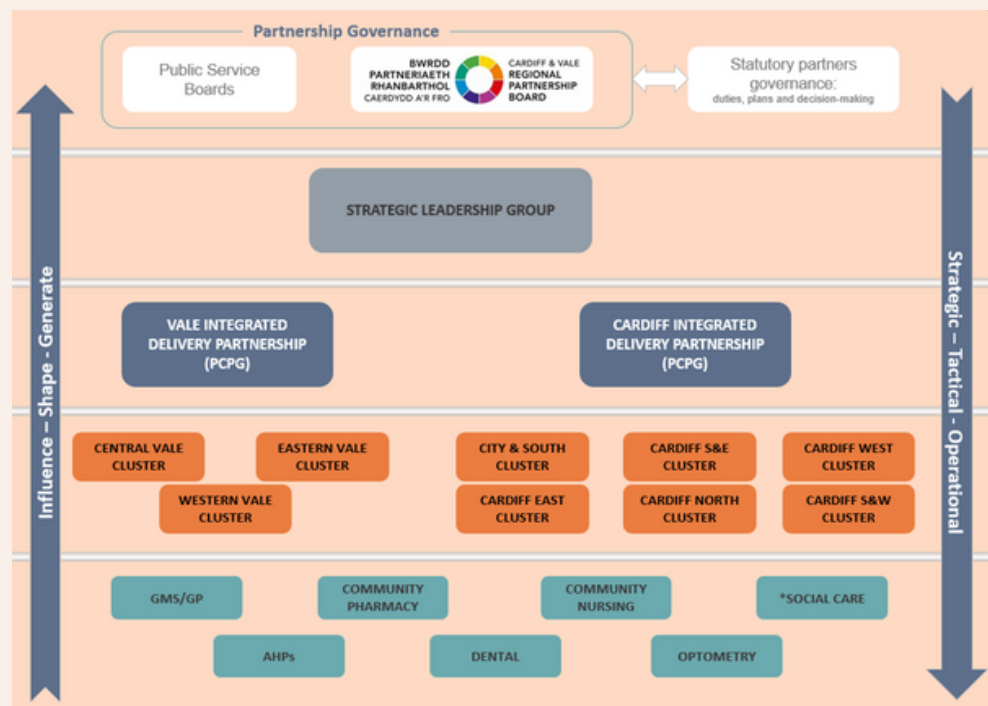
Digital and Information Governance

Aligning with the Strategic Programme for Primary Care and Digital Health Care Wales developments on Information Governance requirements for Clusters and Pan Cluster Planning Groups and locally as part of the RPB Digital Care Region work programme, we aim to develop local Information Governance champions and embed a community of practice to acquire knowledge of the key concepts and how to apply the knowledge to related procedures and documentation, using structured methods to evaluate requests, building an understanding of the formal Information Governance accountability requirements and how they are used.

Locally we recognise that a range of clinical systems are used to deliver primary and community services across cluster/pan cluster populations. Due consideration will need to be given to the optimum clinical systems and platform in the delivery of services as part of the place-based plan.

Public Involvement

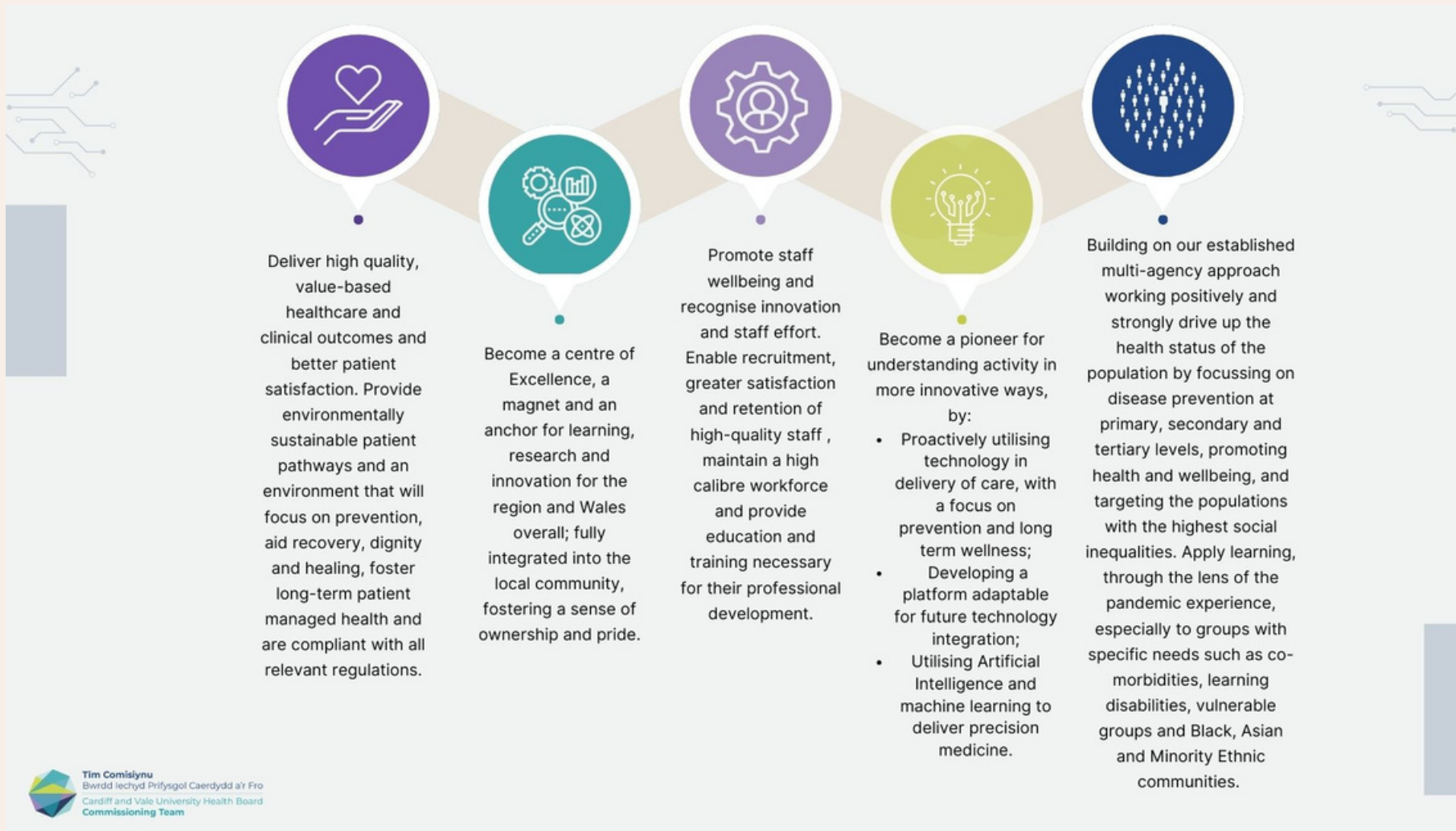
Working with our 3rd Sector and Llais partners, we will need to develop and communication and engagement approach that supports Clusters to engage and seek feedback from their local community in service needs and development.



STRATEGIC COMMISSIONING INTENTIONS

Our Commissioning Intentions 2024-2027 are informed by the Primary Care Cluster and Pan-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 have been updated alongside our strategy refresh:



STRATEGIC COMMISSIONING INTENTIONS

PUTTING PEOPLE FIRST

- Empower our colleagues and our communities
- Attract, retain and develop brilliant, passionate people
- Provide excellent training and a culture of continuous learning
- Services provided by the right team: professionals with the right skills, training and expertise.
- Respect and exemplify equality, diversity and inclusion
- Embed a culture of Candour

ACTING FOR THE FUTURE

- Advance health care through research, clinical innovation and continuous improvement
- Maximise our contribution to the foundational economy, using our position as an anchor institution and key contributor to the health and life science sectors in Wales.
- Respond to the climate emergency, protecting and promoting biodiversity and reducing waste
- Ensure provisions for future generations by consciously considering the impact of our planning and decision making on future generations and planning for their needs
- Reduce emissions and embed emission efficiencies into processes, introduce LED lighting and use of Battery-electric vehicles and use digital technology to reduce travel

PROVIDING OUTSTANDING QUALITY

- Focus on minimising inequity to reduce the current life expectancy and healthy years lived gap
- Work with our partners and population to improve health and reduce the risk of ill-health
- Deliver outstanding quality of care every time
- Achieve the best outcomes for patients in line with what matters most to them and their families and carers
- Use quality to drive the best use of our resources
- Reduce length of stay and increase effective discharges to avoid readmissions

HEALTH INEQUITY AND INCLUSION

- Work with our partners towards improve health and reduce inequalities in health outcomes focusing on wellness, prevention & early intervention
- Focus on deprived populations, people with co-morbidities, LD, vulnerable groups & ethnic minorities
- Improve the health and wellbeing of individuals who find it hard to access healthcare

DELIVERING IN THE RIGHT PLACES

- Provide care in the right care setting for the care required, closer to home or at home where possible.
- Provide the right environment of care – community facilities primary, secondary & tertiary prevention
- Develop effective digital platforms and connectivity to enable our workforce, partners, patients and public to improve all aspects of communication and information
- Support patient self-care & management, Increase social prescribing and early intervention and support prevention activities in primary and community settings
- Increase community diagnostics and point of care testing, risk stratification, remote surveillance & monitoring

FINANCIAL SUSTAINABILITY

- Work within existing allocation, including any uplift
- Achieve agreed level of cost improvement
- Ensure financial sustainability within agreed timeframe

WORKING IN PARTNERSHIP

- Work with our internal and external partners to embed a consistent approach to engagement and co-production to ensure our communities are effectively involved in developing our plans for future services
- Work with SE Wales Health Boards, Velindre NHS Trust and Swansea Bay UHB (University Health Board) to develop sustainable clinical networks and supporting clinical pathways to improve access and/or outcomes for patients across the tertiary, regional and secondary care service portfolio.
- Work closely with our university, further education, life sciences and research partners to develop and deliver our research and innovation objectives and to further develop and support our workforce
- Work collaboratively with PSBs and RPB partners to deliver our shared objectives
- Work closely with WHSSC to ensure that strategic tertiary service commissioning plans are deliverable and sustainable.

Shaping Our Future * Quality Excellence * Population Health * Wellbeing in the Community * Clinical Services * Hospitals

PROGRESS AGAINST 2023/2024 COMMITMENTS

STATUS OF CARDIFF COMMITMENTS: MINISTERIAL PRIORITIES 2023/2024 (DECEMBER 2023)



SECTION 2: DELIVERING THE PRIORITIES



This section provides an overview of the things that we will deliver in 2024/2025, aligned to our Cardiff and Vale University Health Board Strategic Objectives and the Ministerial Priorities for 2024/2025. It also highlights how we will measure success.

This section sets out our **Delivery Priorities for 2024/2025** with key milestones and anticipated impact:

- Urgent and Emergency Care
- Planned Care, Cancer and Diagnostics
- Specialist Services
- Children and Women
- Mental Health

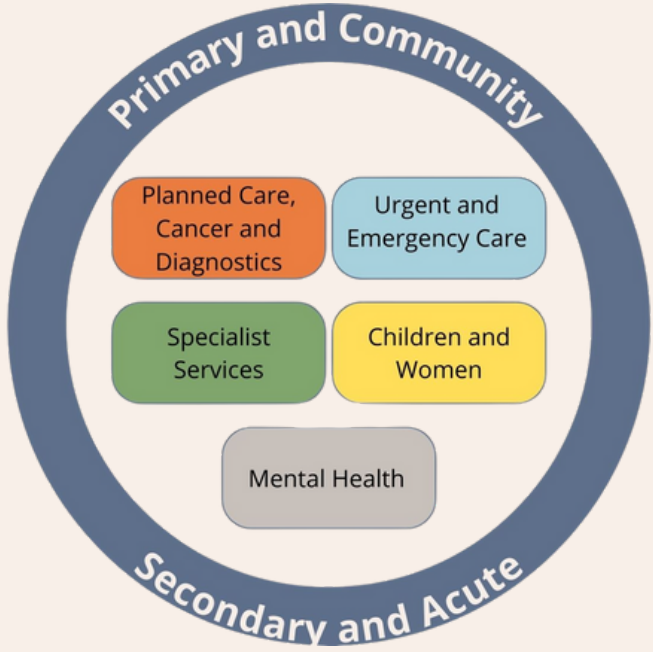
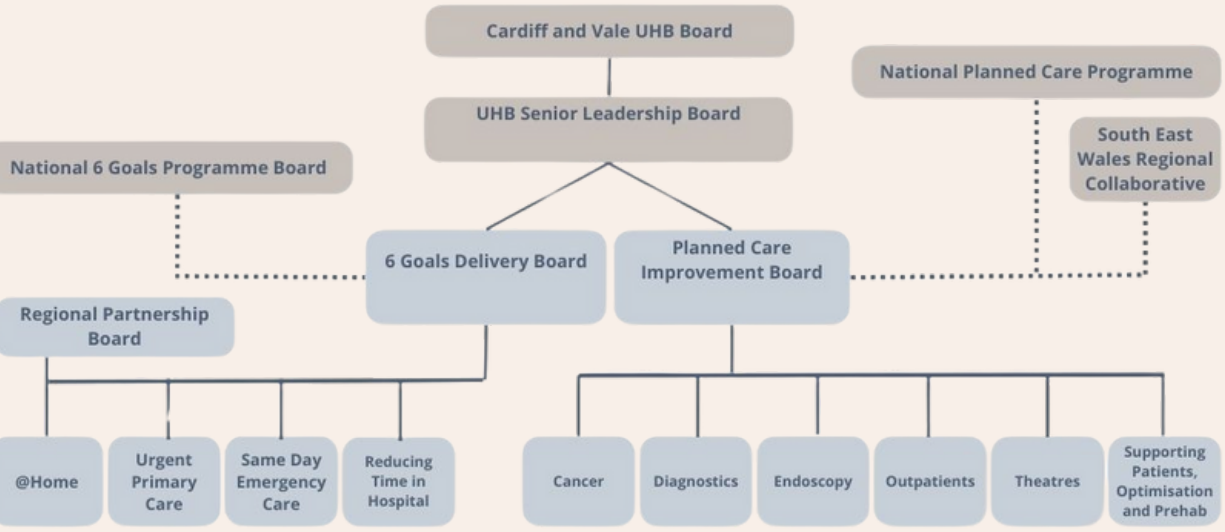
This section also provides a summary of our 2024/2025 plans in relation to:

- The South East Wales Regional Portfolio
- Our Cardiff Cancer Partnership
- Tertiary Services Collaboration
- Welsh Health Specialist Services Integrated Commissioning Plan- Provider Implications

OUR DELIVERY PRIORITIES

For 2024/25, we will continue to drive forward on delivering exceptional care for all of our patients, with quality at the heart of service delivery. We will once again be focused on our five delivery 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. 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.

We are committed to 2024/25 being the year in which we accelerate our ambition to dedicate more time, resources and support to enhancing primary and community care. The figure below symbolises how success in each of the five delivery priorities will only be planned and delivered by considering the relationship between Primary and Community Care and Secondary and Acute Care. In outlining our plans under each delivery priority in this section we are explicit about the action and performance standards we are aspiring to across all parts of the Health Care system.



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

Delivery Priority - Urgent and Emergency Care	
Key Area of Focus:	Action we will take:
Primary Care, Community and Out of Hospital	<ul style="list-style-type: none"> • Drive forward enhanced community care including the roll out of our Safe @ Home model and supporting achievement of Enhanced Community Nursing specifications • Deliver on recent and planned investments for vulnerable and marginalised groups through our Health Inclusion Service • Work in partnership with primary care colleagues to support improvement in access and providing a comprehensive 24/7 urgent primary care service • Continue our partnership approach to deliver system wide improvements across our Regional Partnership Board
Emergency Department and Same Day Emergency Care	<ul style="list-style-type: none"> • Transform quality, safety and experience in our Emergency Department following recent reorganisation and investment in Clinical Decision Units, additional paediatric capacity, e-triage and our Rapid Assessment and Treatment Zone (RATZ) • Continue the delivery of our medical and surgical Same Day Emergency Care services, considering further enhanced pathways • Develop our Same Day Emergency Care plans for further areas such as Trauma and Gynaecology
Reducing Time in Hospital and Continuity of Care	<ul style="list-style-type: none"> • Reduce length of stay and improve the experience for patients and staff through our “When Can I Go Home” programme • Develop our pathway approach to make improvements in inpatient flow which will improve quality, reduce delays and support early discharge • Ensure there are universal quality of care standards across all clinical teams to ensure continuity across 7 days of the week • Continue our move towards a proactive demand and capacity approach through predictive modelling, escalation and planning
High Impact Pathways	<ul style="list-style-type: none"> • Stroke – improve our delivery of stroke services to provide specialised assessment and care earlier in the pathway and improve patient outcomes • Surgical Flow and Pathways – improve the care and flow of patients across and within acute surgery and trauma • Critical Care – reduce our Delayed Transfer of Care from ITU • Re-establish co-located Acute Oncology dedicated beds and implement optimal pathways for patients with cancer • Undertake planning and engagement on the future model for Urgent and Emergency Care at University Hospital Llandough

How we will measure success - Urgent and Emergency Care

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Primary Care, Community and Out of Hospital	<ul style="list-style-type: none"> 90% utilisation in UPCCs Safe@Home – accept 6 new referrals per day 95% of Face to Face Community Visits within 8 hours 	<ul style="list-style-type: none"> 90% utilisation in UPCCs District Nursing - increased direct patient care visits compared with same period 23/24 Increase Safe@Home patient numbers 95% of Face to Face Community Visits within 8 hours 	<ul style="list-style-type: none"> 90% utilisation in UPCCs Increase Safe@Home patient numbers 95% of Face to Face Community Visits within 8 hours 	<ul style="list-style-type: none"> 90% utilisation in UPCCs Safe@Home supporting 30 patients per day District Nursing – trajectory towards weekend capacity increased to 60% of weekday capacity by 25/26 95% of Face to Face Community Visits within 8 hours
Emergency Department and Same Day Emergency Care	<ul style="list-style-type: none"> Zero 2-hour ambulance holds Reduce 1-hour ambulance holds to 25% of same period in 23/24 <20 lost minutes per ambulance handover No patient waits >24-hour in ED 93% of patients wait <12 hours in ED Increase SDEC attendances compared with same period 23/24 	<ul style="list-style-type: none"> Zero 2-hour ambulance holds Reduce 1-hour ambulance holds to 25% of same period in 23/24 <20 lost minutes per ambulance handover No patient waits >24-hour in ED 94% of patients wait <12 hours in ED Increase SDEC attendances compared with same period 23/24 	<ul style="list-style-type: none"> Zero 2-hour ambulance holds Reduce 1-hour ambulance holds to 25% of same period in 23/24 <20 lost minutes per ambulance handover No patient waits >24-hour in ED 95% of patients wait <12 hours in ED Increase SDEC attendances compared with same period 23/24 	<ul style="list-style-type: none"> Zero 2-hour ambulance holds Reduce 1-hour ambulance holds to 25% of same period in 23/24 <20 lost minutes per ambulance handover No patient waits >24-hour in ED 95% of patients wait <12 hours in ED Increase SDEC attendances compared with same period 23/24
Reducing Time in Hospital and Continuity of Care	<ul style="list-style-type: none"> <20% patient in acute beds have a LOS of >21 days <40% patients in acute beds have a LOS of >7 days Reduce the number of Pathways of Care Delays compared with same period 23/24 	<ul style="list-style-type: none"> <20% patient in acute beds have a LOS of >21 days <40% patients in acute beds have a LOS of >7 days Re-provide dedicated AOS beds 	<ul style="list-style-type: none"> 20% patient in acute beds have a LOS of >21 days <40% patients in acute beds have a LOS of >7 days Reduce the number of Pathways of Care Delays compared with same period 23/24 	<ul style="list-style-type: none"> 20% patient in acute beds have a LOS of >21 days <40% patients in acute beds have a LOS of >7 days
High Impact Pathways	<ul style="list-style-type: none"> Stroke patients – 70% scanned within 1 hour; 80% admitted within 4 hours; 20% thrombolysis rate Hip Fractures – 60% patients admitted to ward within 4 hours ITU – reduced % DTOC bed occupancy compared with same period in 23/24 	<ul style="list-style-type: none"> Stroke patients – 70% scanned within 1 hour; 80% admitted within 4 hours; 20% thrombolysis rate Hip Fractures – 60% patients admitted to ward within 4 hours Hip Fractures – 65% patients admitted to ward within 4 hours ITU – reduced % DTOC bed occupancy compared with same period in 23/24 	<ul style="list-style-type: none"> Stroke patients – 70% scanned within 1 hour; 80% admitted within 4 hours; 20% thrombolysis rate Hip Fractures – 70% of patients admitted to ward within 4 hours; 85% of patients admitted to theatre within 36 hours ITU – reduced % DTOC bed occupancy compared with same period in 23/24 	<ul style="list-style-type: none"> Stroke patients – 70% scanned within 1 hour; 80% admitted within 4 hours; 20% thrombolysis rate Hip Fractures – 75% of patients admitted to ward within 4 hours ITU – reduced % DTOC bed occupancy compared with same period in 23/24

Aim: To transform planned care, cancer and diagnostic services, improving outcomes and reducing waiting times

Delivery Priority - Planned Care, Cancer and Diagnostics

Key Area of Focus:	Action we will take:
Primary and Community Care	<ul style="list-style-type: none"> • Support General Medical Services to maintain core standards • Focus on dental services to improve access and reduce patients waiting • Improve access to optometry health services in the community • Continue our focus on community pharmacy support including increasing the number of independent prescribing sites
Cancer Services	<ul style="list-style-type: none"> • Continue with further performance improvement, including Single Cancer Pathway standards and reduction of backlog • Deliver component pathway improvements, including straight to test and early diagnosis • Enhance our data capture, visualisation and approach to patient tracking to reduce waits and ensure equitable treatment and support
Theatre Improvement	<ul style="list-style-type: none"> • Progress the programme of improvement to drive productivity and efficiency across all theatre suites • Implement the Surgical Hub at Llandough to reduce waiting times for elective procedures • Undertake our long-term planning work for facilitating higher risk surgery later in the week in our Post Anaesthetic Care Unit
Outpatients	<ul style="list-style-type: none"> • Focus on reducing outpatient follow up waits, including maximising opportunities of See On System pathways and Patient Initiated Follow Up • Improve referral pathways, advice and guidance through the expansion of Health Pathways and Consultant Connect
Diagnostics and Therapies	<ul style="list-style-type: none"> • Develop sustainable models across all diagnostic services to improve productivity and efficiency • Innovate outpatient therapies – includes development of Live Well Services to support patients with long term conditions • Reduce endoscopy waits with a significant focus on surveillance patients • Develop endoscopy services locally and regionally, and continue towards JAG accreditation
Promote, Prevent, Prepare	<ul style="list-style-type: none"> • Supporting, optimising and maintaining open channels of communication with patients whilst waiting for treatment through our therapy lead service • Deliver our Single Point of Contact pilot
Regional Working	<ul style="list-style-type: none"> • Lead regional transformation of key specialities, including Ophthalmology and Orthopaedics, • Implement our community diagnostic hub to provide additional capacity, closer to home

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

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Primary Care and Community Care	<ul style="list-style-type: none"> GMS – 100% practices achieving core access standards Dental – 25% achievement of new, urgent and historic patient standards Pharmacy - 95% of practices providing CCPS Optometry - 95% of practices providing WGOS 1+2 	<ul style="list-style-type: none"> GMS – 100% practices achieving core access standards Dental - 50% achievement of new, urgent and historic patient standards Pharmacy – 10% increase in independent provider access 	<ul style="list-style-type: none"> GMS – 100% practices achieving core access standards Dental - 75% achievement of new, urgent and historic patient standards Pharmacy – 10% increase in independent provider access Optometry – WGOS 3, 4 + 5 – TBC nationally 	<ul style="list-style-type: none"> GMS – 100% practices achieving core access standards Dental - 100% achievement of new, urgent and historic patient standards Pharmacy – 10% increase in all clinical pharmacy provision Optometry – WGOS 3, 4 + 5 – TBC nationally
Cancer Services	<ul style="list-style-type: none"> Single Cancer Pathway - 75% of patients treated within 62 days 	<ul style="list-style-type: none"> Single Cancer Pathway - 75% of patients treated within 62 days 	<ul style="list-style-type: none"> Single Cancer Pathway - 75% of patients treated within 62 days 	<ul style="list-style-type: none"> Single Cancer Pathway - 80% of patients treated within 62 days
Outpatient and Treatment Waiting Times	<ul style="list-style-type: none"> 0 patients waiting >156 weeks for treatment 	<ul style="list-style-type: none"> 0 patients waiting >52 weeks for a new outpatient appt. (excl. T&O; ophthalmology and urology) 0 patients waiting >104 weeks for treatment (excl. T&O; ophthalmology and urology) 0 overdue follow ups waiting > 12 months 		<ul style="list-style-type: none"> 0 patients waiting >52 weeks for a new outpatient appt. (excl. T&O; ophthalmology and urology) 0 patients waiting >104 weeks for treatment (excl. T&O; ophthalmology and urology) 0 overdue follow ups waiting > 12 months
Diagnostics and Therapies	<ul style="list-style-type: none"> 0 patients waiting > 14 weeks for therapies (adults) 	<ul style="list-style-type: none"> 0 patients waiting > 8 weeks for diagnostics (excl. endoscopy) 	<ul style="list-style-type: none"> 0 patients waiting > 14 weeks for therapies 	<ul style="list-style-type: none"> 0 overdue endoscopy surveillance waits 30% reduction in 8-week endoscopy waits
Promote, Prevent, Prepare	<ul style="list-style-type: none"> Go-live with Single Point of Access 			
Regional Working			<ul style="list-style-type: none"> Go-live with Community Diagnostic Hub 	

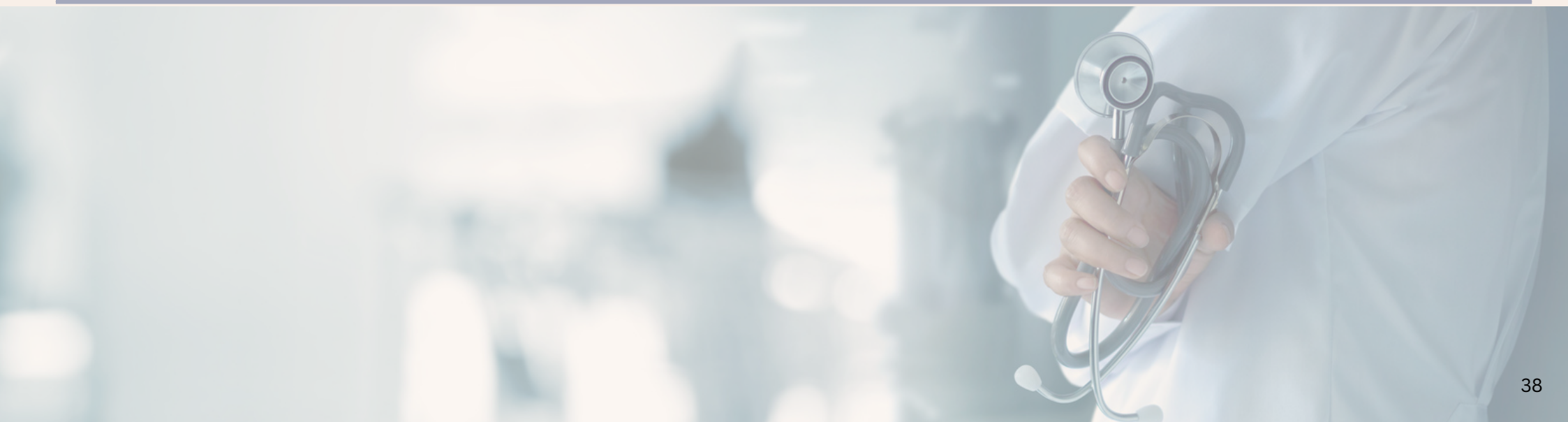
Aim: To deliver exceptional specialist and tertiary services for our local, regional and national populations

Delivery Priority - Specialist Services	
Key Area of Focus:	Action we will take:
Performance Improvement	<ul style="list-style-type: none"> • Deliver planned waiting times improvement trajectories for specialist services • Work with our partners and commissioners to address the service gaps identified in the Major Trauma Peer Review
Service Priorities	<ul style="list-style-type: none"> • Repatriation of Cardiothoracic services from UHL to UHW • Relocate Cardiology inpatient facilities from the 3rd floor – releasing capacity for cardiology and ITU • Submission of Business Justification Case for the expanding and refurbishing ITU • Deliver on the initial stages of the phased approach for the South Wales mechanical thrombectomy (MT) service
BMT/Haem/Complex Specialist Oncology /Cardiff Cancer Research Hub	<ul style="list-style-type: none"> • Receive approval for, and confirm timescales for delivering, the redevelopment of our facilities to meet JACIE accreditation and transform our patient experience in Haematology, Bone Marrow Transplant and Complex Specialist Oncology and collocating a Cardiff Cancer Research Hub
Palliative care	<ul style="list-style-type: none"> • Continue delivery of Value-Based programme and develop plans to improve palliative care services a wider group of patients



How we will 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"> • Cardiothoracic Surgery - <16 weeks new outpatients • Cardiothoracic Surgery - <52 weeks treatment 	<ul style="list-style-type: none"> • Neurosurgery - <40-week treatment waits 	<ul style="list-style-type: none"> • Neurosurgery – new outpatient waits <18 weeks
Service Priorities		<ul style="list-style-type: none"> • Cardiothoracic Surgery returns to UHW • Submit BJC for ITU • Commence 1st phase thrombectomy 	<ul style="list-style-type: none"> • Relocate Cardiology to 1st Floor 	
BMT / Haem /Complex specialist Oncology/Cardiff Cancer Research Hub	<ul style="list-style-type: none"> • Receive approval for Strategic Outline Case from WG 			<ul style="list-style-type: none"> • Submit a combined OBC/FBC to WG for consideration
Palliative Care		<ul style="list-style-type: none"> • Reduced admissions for supporting care patients 		<ul style="list-style-type: none"> • Reduced admissions for supporting care patients



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

Delivery Priority - Children and Women's Services	
Key Area of Focus:	Action we will take:
Maternity Services	<ul style="list-style-type: none"> • Continue our transformation of maternity and neonatal services • 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 WHSSC Paediatric Strategy • Deliver waiting list reductions for paediatrics patients across outpatients, treatments and therapies • Continue roll out of integrated community paediatric clinics • Deliver specialist / tertiary priority improvements – NICU, PICU, HDU, chronic pain, infectious disease
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	<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
Child Healthy Weight and Children's Vaccinations	<ul style="list-style-type: none"> • Continue our program to: <ul style="list-style-type: none"> ◦ Reduce inequities in vaccination uptake amongst our communities with socio-economic disadvantage ◦ Provide targeted and bespoke support to improve access to vaccination across communities with low uptake ◦ Progress our Move More Eat Well Framework (2030) to increase the proportion of children who are a healthy weight
Gynaecology Services	<ul style="list-style-type: none"> • Move forward our work to improve emergency gynaecology facilities including development of Same Day Emergency Care • Consider our options for improving the footprint within which our services are delivered • Develop and engage on our long-term plans for services including endometriosis and menopause

How we will 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"> Achieve 84-hour labour ward cover 		<ul style="list-style-type: none"> Reduce Midwifery Led Unit LOS to average 6 hours Reduce C-section LOS to 48 average hours 	<ul style="list-style-type: none"> Reduction in still birth rate on trajectory to 2.3/1000 by 2030 Reduce unplanned neonatal admissions to 4%
Paediatric Strategy and Waiting Times Improvement	<ul style="list-style-type: none"> 0 patients waiting >52 weeks for treatment 0 patients waiting >52 weeks for new outpatient appt 0 overdue follow ups >12 months 0 patients waiting > 14 weeks for therapies (children) 	<ul style="list-style-type: none"> 0 patients waiting > 46 weeks for treatment 0 patients waiting >36 weeks for new outpatient appt. (excluding general paed) 	<ul style="list-style-type: none"> 0 patients waiting >8 weeks for paediatric diagnostic endoscopy 	<ul style="list-style-type: none"> 0 patients waiting >40 weeks for treatment 0 patients waiting 26 weeks for new outpatients (excluding general paed, Cardiology) 0 overdue follow ups waiting > 3 month
Neurodevelopment				<ul style="list-style-type: none"> Reduce longest wait to <140 weeks
Emotional Wellbeing & Mental Health	<ul style="list-style-type: none"> Maintain >80% of Part 1a 	<ul style="list-style-type: none"> Achieve >80% Part 1b Achieve Part 2 	<ul style="list-style-type: none"> Maintain Part 1a, 1b and 2 	<ul style="list-style-type: none"> Maintain Part 1a, 1b and 2
Child Healthy Weight and Children's Vaccinations			<ul style="list-style-type: none"> 90% MMR Uptake in schools 	<ul style="list-style-type: none"> 75.5% of children at a healthy weight (at 4/5 yrs. old) 81.0% children up to date with vaccinations (at 4/5 yrs. old)
Gynaecology Services		<ul style="list-style-type: none"> 0 patients waiting >52 weeks for a new outpatient appt. 0 patients waiting >104 weeks for treatment 	<ul style="list-style-type: none"> Deliver proposal for revised gynae estates footprint 	<ul style="list-style-type: none"> 0 patients waiting <39 weeks for a new outpatient appt. 0 patients waiting <78 weeks for treatment

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

Delivery Priority - Mental Health	
Key Area of Focus:	Action we will take:
Flow Across Mental Health	<ul style="list-style-type: none"> • Review our inpatient footprint configuration to ensure services are located in the optimal locations • Implement and expand the shared lives approach • Focus on the improvements across community pathways and interfaces
Performance	<ul style="list-style-type: none"> • Deliver our performance and waiting time commitments for local primary mental health support services
Neurodevelopment	<ul style="list-style-type: none"> • Deliver new pathway and implement new workforce roles to improve services • Develop a long-term sustainability plan to address the rapid increase in ADHD demand
Neuropsychiatry	<ul style="list-style-type: none"> • Progress our specialist provision for neuropsychiatry in line with the WHSSC commissioning plan
Specialist Pathways	<ul style="list-style-type: none"> • Eating Disorders – pathway development and potential space provision to reduce long term and improve care. • Perinatal – implementation of improvement via service improvement funding • Dementia - caring for people out of hospital, prolonging function and making best use of community resources.
Workforce Transformation	<ul style="list-style-type: none"> • Undertake workforce redesign evaluation in mental health. Deliver on development on new roles in line with national programme

How we will measure success - Mental Health

Key Area of Focus:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Flow Across Mental Health	<ul style="list-style-type: none"> Shared Lives critical path outlined and business plan completed Community Safety and Stability programme starts National inpatient safety engagement 	<ul style="list-style-type: none"> Table top exercises to map pathways between across NHS 111, tier 1 and 2 	<ul style="list-style-type: none"> Commence consultation and engagement on service redesign 	<ul style="list-style-type: none"> Shared lives consultation
Performance	<ul style="list-style-type: none"> Develop workforce to meet Part 1a modelled demand Deliver compliance with part 1b – 28-day intervention standard Recovery and Maintenance Programme commence 	<ul style="list-style-type: none"> Deliver compliance with part 1a – 28-day assessment standard Deliver compliance with part 1b – 28-day intervention standard Review of commissioned contracts to support Part 2 	<ul style="list-style-type: none"> Deliver compliance with part 1a – 28-day assessment standard Deliver compliance with part 1b – 28-day intervention standard Deliver compliance with part 2 – valid CTP Psychological Therapies - reduction of waiting list volume and longest wait 	<ul style="list-style-type: none"> Deliver compliance with part 1a – 28-day assessment standard Deliver compliance with part 1b – 28-day intervention standard Deliver compliance with part 2 – valid CTP
Neurodevelopment		<ul style="list-style-type: none"> Develop proposal for pathways for neurodevelopment Trial of QB test for ADHD 		
Specialist Pathways	<ul style="list-style-type: none"> Recruitment to perinatal MDT workforce Eating disorders - submit WHSSC intentions for Tier 4 and Day service provision Engagement with RPB for dementia completed 	<ul style="list-style-type: none"> Pathway redesign for eating disorders - exploration and scoping for day service and tier 4 provision Perinatal mental health workforce standards met 		
Workforce Transformation	<ul style="list-style-type: none"> Individual placement support leads in place Peer lead for development of new roles in place 	<ul style="list-style-type: none"> Commence recruitment of individual placement support team New recovery college courses delivered to support care and treatment plans and discharge planning 		<ul style="list-style-type: none"> Individual placement support go-live

REGIONAL PLANNING AND COLLABORATION

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional configuration, we see the potential benefits of wider collaboration as fundamental to a sustainable future.

Through 2023/24 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg UHB (CTMUHB) continued their planning collaboration and programmes of work. Each of these programmes has a ‘host’ and operates under the umbrella of a single portfolio to ensure consistency of approach and Executive leadership:

- Ophthalmology, hosted by ABUHB.
- Diagnostics, hosted by CTMUHB.
- Orthopaedics, hosted by CAVUHB.
- Stroke, hosted by CAVUHB.

Velindre NHS Trust were formally welcomed into the regions joint planning arrangements. This saw the dissolution of the historic cancer care leadership Group (CCLG) and a commitment to a regional cancer programme. ABUHB agreed to host this with the aim of reinvigorating existing South East Wales regional cancer planning.

Significant progress has been made during the last twelve months in many areas including:

- Regionally agreed business case to support the in-year recovery of cataract services. This enabled us to deliver a regional service operating a shared patient waiting list going live and subsequently eliminating all >3 years waits across the whole region.
- Completed baseline stroke position assessment, exploring clinical outcomes, operational efficiency, workforce and pathways, identifying priority areas for focus.
- Development of a regional radiology business case for procuring community diagnostic hubs for the region.
- Progression of the Llantrisant Health Park (LHP) Programme continued to be a key wider strategic development for the region.
- Development of a draft Orthopaedic Clinical Specification for the Llantrisant Health Park

Working collaboratively across organisational boundaries is not easy and in December 2023 there was an opportunity to reflect and take this learning forward in collective action for even more effective regional planning and collaboration.

The commitment to delivery of existing programmes remains and we will work together to achieve success over the next year as outlined below.

Our Aim	In 2024/25 we will
Effectively tell the story of why regional working is important and why it’s a priority, ensuring there is a single consistent message	Q1- Recruit a Head of Regional Communications and Engagement to work across organisational boundaries supported by local teams Q2- Implement a single regional communications and engagement strategy supporting co-production in all we do
Mature our governance beyond the existing hosting arrangements	Q1- Collectively review our governance arrangements and agree a revised approach which better supports collective decision making and seamless implementation
Be even bolder and progress the development of a single South East Wales longer term plan	Q1- Agree scope, timeline, approach & resources with our regional portfolio board Q2- Gather inputs and confirm planning assumptions Q3- Hold regional workshops to develop plan content and ensure stakeholder involvement Q4- Engage widely on our draft plan finalisation and launch

Ophthalmology

Objective: To deliver sustainable Ophthalmology Services across South East Wales, meeting projected demand through creating a regional network model approach. We will build on the work undertaken to date by developing new long term sustainable cataract surgery capacity and progressing similar plans for glaucoma services.

In 2024/25 we will:

Q1	<ul style="list-style-type: none"> Finalise a business case for sustainable long-term regional cataract services
Q3	<ul style="list-style-type: none"> Implementation of sustainable cataracts services Develop regional plans for glaucoma services

Orthopaedics

Objective: Deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency in a sustainable way. In its first phase we will drive three core objectives; i. Additional Orthopaedic capacity project ii. Adopting best practice project iii. Exploit underutilised capacity project.

In 2024/25 we will:

Q1	<ul style="list-style-type: none"> Standardise Health Screen Questionnaire to achieve a consistent approach across the region and reduce unwarranted variation Finalise an Orthopaedic Clinical Specification for the Llantrisant Health Park (LHP)
Q3	<ul style="list-style-type: none"> Develop an Orthopaedic Clinical Service Model for the LHP that will include the defined pathways, workforce requirements and any associated operational requirements such as equipment and digital enablers Identify areas in which theatres can be further optimised to increase productivity based on national guidelines (National Theatre Optimisation Programme).

Diagnostics

Community Diagnostic Hubs

Objective: Enact a collaborative regional approach to radiology and diagnostic care and provide additional regional capacity for patients requiring radiology treatment and improve access to such services in areas of social deprivation.

Over the last year of this project the focus has been on addressing current waiting backlogs via development and implementation of a regional framework agreement with a managed service provider together with a parallel proposed (business justification case) development based on capital and in-house service provision. If all approved, this will see initially the deployment of two community diagnostic hubs (CDHs): one within the CTMUHB footprint, potentially to be sited at the proposed Llantrisant Health Park (subject to formal engagement) and one within the CAVUHB footprint (location to be determined and subject to consultation and engagement) and one on and in-house basis within the ABUHB footprint at Ysbyty Ystrad Fawr in Ystrad Mynach.

Q1	<ul style="list-style-type: none"> Submit a regional business case to be approved by all Health Boards
Q2	<ul style="list-style-type: none"> Mobile contract within the CTMUHB and CAVUHB footprint and initiate enabling work for scheme within the ABUHB footprint.

Endoscopy

The overarching objective of the project is to;

- Develop a single regional service model philosophy across a range of sites.
- Develop a single service team philosophy, with common roles, responsibilities, standard operating procedures, skill mix and staff rewards together with a philosophy of learning and sharing of best practice at all levels of the service
- Meet the professional accreditation standards across all facilities (actual or equivalent)
- Support movement towards management of a shared patient waiting list
- Develop a collaborative approach to training arrangements i.e. training academy
- Develop systems to enable the sharing of data, e-referral, reporting
- Develop enhanced shared understanding of data, with common approaches & definitions.

Phase one of the project has, to date, seen a focus on agreeing the regional demand and capacity position with the support of the national endoscopy programme. This phase of the project will be concluded in 24/25 with the finalisation of a CTM only business case to procure a managed service contract that will see additional capacity being made available at the proposed Llantrisant Health Board site.

Phase two of the project will commence in Q2 with the detailed scoping of a collaborative approach to training arrangements and the regional provision of screening and surveillance services.

Pathology

Objective: identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service.

The first phase focuses on cellular pathology. By the end of Q2 we will aim to have completed all the necessary steps that will allow the region to consider a regional business case for cellular pathology. We continue to note the key dependency regarding the development of a digitised clinical information system for the service, for which a national business cases is being finalised.

Stroke

This is a CAVUHB and CTMUHB only programme and its objective is to deliver a South Central Stroke Delivery Network (SCSDN) that provides a single stroke service for the populations of CAVUHB and CTMUHB, achieves compliance with the quality attributes of the WG Quality Statement for Stroke and has optimal pathways, service standards and specifications.

In 2024/25 we will:

Q1	<ul style="list-style-type: none"> Identify a set of options for service delivery
Q2	<ul style="list-style-type: none"> Undertake phase two stakeholder engagement to ensure developed options are co-produced Conduct an options appraisal to begin to identify our preferred option Agreed interim on-call arrangements between CAVUHB and CTMUHB to ensure immediate service sustainability
Q3	<ul style="list-style-type: none"> Undertake a formal 12-week public consultation
Q4	<ul style="list-style-type: none"> Finalise a business case

Cancer

The commitment to create a regional cancer programme was agreed in September 2023 and a refreshed work programme began to emerge with a regional cancer workshop in January 2024. This workshop identified two key objectives for this new way of working;

- 1.Improving cancer outcomes in Southeast Wales: a whole systems approach
- 2.To set realistic deliverable objectives for 24/25 to improve inequalities, and outcomes for patients diagnosed with cancer

Key elements for further development are;

- An agreement to work towards a new model of delivery for regional cancer services to be developed for 2025/6
- A Commitment to focus on prioritised pathway improvements whilst developing the model – priority pathways to be identified based on evidence

In 2024/25 we will:

	Alliance Work	Pathway Work
Q1	Discovery phase, where we will review models, resources and existing governance	Agree priority pathways
Q2	Develop potential future models	Establish work programmes
Q3	Draft Model for consideration via local governance	Pathway development
Q4	Finalise model and prepare for implementation	Pathway implementation

CARDIFF CANCER PARTNERSHIP

We remain committed to working in partnership to improve the quality, experience and outcomes of treatment and care for patients with cancer.

In 2023/24 we:

- Began implementation of the second phase of the Regional Acute Oncology Service (AOS) model
- Developed a Strategic Investment Case for the Cardiff Cancer Research Hub
- Developed a Strategic Outline Case for a new cancer treatment and research facility at UHW that will co-locate Haematology, Bone Marrow Transplant (BMT), Complex Specialist Oncology and the Cardiff Cancer Research Hub

The key priorities for the Cancer Partnership in 2024/25 will be:

Q2	<ul style="list-style-type: none">• Implement phases 2 and 3 of the Regional Acute Oncology model• Develop a clinical model for the new cancer treatment and research facility at UHW
Q4	<ul style="list-style-type: none">• Develop a full business case for Haematology/BMT/ Complex Specialist Oncology and Cancer Research facility at UHW• Define a high level clinical operating model for all shared elements of delivery of cancer treatment and care for Cardiff and Vale

We will continue to work with partners in Velindre NHST and Cardiff University to progress the Cardiff Cancer Research Hub Programme. The key focus for 2024/25 will be:

To continue to grow the Cardiff Cancer Research Hub research portfolio using the existing facilities at UHW

To build on the work of the Strategic Investment Strategy to develop a comprehensive Full Business Case (FBC) for the hub. It is anticipated that this will be submitted to partner organisations for consideration at the end of Quarter 4.

TERTIARY SERVICES COLLABORATION

The Regional and Specialised Services Provider Planning Partnership programme is a collaboration between Cardiff and Vale UHB (CAVUHB) and Swansea Bay UHB (SBUHB) 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
- CAVUHB 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 outcomes:

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 provider partnership collaborative board for Specialised Services	Clear governance arrangements to support the collaborative delivery of Specialised Services for the population of South Wales
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	A balanced and coherent portfolio of sustainable specialised services in both organisations which ensures that patients in South and West Wales (and beyond) have equitable access to safe and effective services
To improve current service provision and develop a safe, effective and sustainable model for hepato-pancreato-biliary surgery in South and West Wales	Initiate a project to establish a Shared Delivery Network	A Shared Delivery Network which will manage the pathway for patients with severe acute pancreatitis, resulting in improved patient experience and outcomes

The partnership will progress the following workstreams in 2024/25:

- Development of a Specialised Services Partnership Board – building upon the outcomes of the partnerships workshops held in 2022/23 and 2023/24
- Development of a Hepato-Pancreato-Biliary Shared Delivery Network to:
 - develop and manage a supraregional approach to manage Severe Acute Pancreatitis;
 - address other specific gaps within the patient pathway through the development of service specifications, clinical guidelines, etc.;
 - provide a transition from current models to a Shared Delivery Service; and
 - maintain project momentum
- Development and implementation of a sustainable service model for Oesophago-Gastric Cancer Surgery in South and West Wales – building upon the work undertaken by the clinical model working group to identify constraints and develop the recommended patient pathway.
- Development of options for cardiac surgery service delivery (i.e. lead provider, shared delivery), as the two current units are fragile due to the reduction in funding from commissioners.
- Development of options for Gynaecologic Oncology Surgery service delivery (i.e. lead provider, shared delivery).
- Development of options for Vascular Services (radiology and surgery) in South Wales, pending the completion of the short and medium term work to improve the resilience of Vascular Services in South West Wales.
- Development of implementation plan for Specialised Infectious Diseases Services, subject to approval of the service specification by Chief Executive Management Team.
- 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”

Vascular Services

Due to immediate medical staff workforce pressures in Vascular Interventional Radiology (IR) at SBUHB, a short term agreement for in-hours support was established with CAVUHB and ABUHB to maintain delivery of vascular services at Morriston Hospital.

The in-hours arrangement ended on the 15th February, but an out of hour arrangement remains in place.

A business continuity plan has been implemented to manage the in-hours demand. This will involve a time limited short term transfer of a small number of patients from SBUHB to CVUHB for treatment, whilst arrangements are put in place to establish locum support, and upskill existing staff. In parallel to this further work will be undertaken to strengthen the network arrangements for South West Wales.

These events have identified the interdependencies between vascular surgery and interventional radiology. Once the initial work within SBUHB has been completed a project board will be established to make recommendations on how to improve the future resilience of these services."

WHSCC Integrated Commissioning Plan- Provider 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 in the case of some services, for the population of Wales, CAVUHB must consider the implications of the WHSSC Integrated Commissioning Plan (ICP) from a provider as well as commissioner 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 at Joint Committee on 19th March 2024. The ICP 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 and delays in decisions on releasing investment have a direct impact on the quality of services provided to patients who require specialised services.

Due to the challenging financial context this year, service development proposals that were submitted for consideration for inclusion as part of the 2024/2025 ICP plus service development proposals that were included as part of the 2023/2024 ICP plan, but not yet implemented, were put through a prioritisation process and then risk assessed against quality and safety criteria.

As a result, the only 2024/2025 CAVUHB schemes prioritised for inclusion in the plan are:

- **Major Trauma**- actions to address the peer review recommendations and to address demand and capacity pressures
- **Neurosurgery Acute Therapies MDT** - to address shortfalls in specialist therapies provision to support patients on the acute neurosurgery pathway who require rehabilitation
- **Paediatric Critical Care**- to consider the overall provision, including HDU level care, recognising current demands and knock-on impact to elective pathways

Schemes that were included in the 2023/2024 plan and remain priority due to enhanced risk assessment are:

- **Paediatric Orthopaedic Surgery**- formal commissioning of the service
- **Neuropsychiatry Phase 2** - improving care and rehab outside of acute and inpatient setting

The plan does not cover the full costs of the below schemes and so conversations are ongoing with WHSSC to work through the risks:

- **Paediatric Infectious Disease** - to ensure the immediate viability of services
- **Neurosurgery** - ongoing workforce requirements to ensure the sustainability of the service and meeting national standards
- **Gender Identity Services**- expansion of All Wales service in line with the agreed phased WHSSC plan

There were also a number of schemes that were put forward by CAVUHB for consideration within the 2024/2025 ICP but were not prioritised through the process:

- **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
- **Fetal medicine capacity standards** – ability to deliver demand
- **Strategic Psychology Review**- to support requirements across Renal, Thoracic and Immunology services where provision could be improved

We will liaise with WHSSC over the outcome of the prioritisation process and consider the triangulated risk scores and in-year 2024/2025 concerns.

There are also risks around existing services which are currently in escalation:

- **Paediatric High Dependency Unit**- will be mitigated through the ICP if approved
- **Neonatal services**- workforce remains a challenge in sustaining capacity to meet expected standards; this will be addressed in the context of the phase 1 capacity plan
- **Intestinal Failure**- review of contract to ensure value is being delivered system-wide and resources are aligned to activity

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 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 to deliver high impact system changes, in order to tackle the significant pressures that we face.

Ambulance service commissioning intentions were endorsed in 2022/2023 and will remain extant during 2024/2025. 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

We are committed to delivering the highest quality care, treatment and intervention and addressing unfair differences in access and outcome.

We embrace the principles of the Duty of Quality; Safe, Effective, Person Centred, Timely, Efficient and Equitable, because we know that deploying these principles in practice leads to the best experience and outcomes for our people, both the population we serve and our colleagues, as well as being the most efficient and cost-effective way of delivering services.

We consistently seek to work with partner agencies and inspectorates to make use of specific and broader health reviews to create a culture of continuous learning and improvement.

Shaping our Future Wellbeing sets out a commitment to Provide Outstanding Quality, and by 2035, to consistently benchmark in the top 10% of peer organisations.

We will systematise our approach to quality improvement, learn from errors and missed opportunities, celebrate, adopt and spread successful initiatives and work in partnership with colleagues, patients and the public to create an environment where all feel safe, valued and respected and able to speak up confident that they will be heard.

The following section outlines how we will achieve this through our quality enablers.



Leadership

Strong leadership is a prerequisite for the development and sustainability of a strong patient safety culture. We aim 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.

The plan will support:

- Development and expansion of the coaching and mentoring network, and coaching development opportunities, to support individual and organisational effectiveness
- Identification of potential leaders at all levels of the organisation, through effective implementation of Value Based Appraisals
- UHB-wide engagement in and development of Leadership and Management Principles for CAVUHB to support enhancement of leadership and management development opportunities; support recruitment and retention; support meaningful Training Needs Analysis
- A focus on improving workforce data to understand our workforce and barriers to progression / entry into the UHB for individuals with protected characteristics. This will support the development diverse leadership teams that are more representative of our communities.
- Development of the organisational development approach across the UHB through the Culture and Leadership Programme to identify and learn from areas of excellent leadership, and support areas requiring improvement.
- 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
- Development of the CAVUHB Leadership and Management Academy
- Development of quality and patient safety education to support greater awareness from ward to board, utilising the patient safety syllabus and development of clinical patient safety specialist roles.

Culture

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.

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 of education that supports a blended and innovative approach to workforce development, and includes areas such as coaching, mentoring, clinical education, leadership development and team development.

We have introduced an evidence-based approach that will support the understanding and improvement of culture and leadership, and therefore the quality of patient care and experience. As an organisation, we strive every day to deliver high quality, continuously improving, compassionate care, with inclusion and quality at the heart. This programme is one of the ways we can understand our current culture(s), including strengths, good practice and potential systemic issues, and use that information to take action to improve through a whole-system approach.

We will continue to design a range of team development programmes and interventions to help leaders and managers work with their teams 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 utilises the values and behaviours framework at every stage in the employee life-cycle, to develop and promote how values and behaviours impact upon performance, engagement and outcomes and draw upon the work of Civility Saves Lives, from induction to exit.

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. 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.

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 is a core element built into leadership and management development and education. Specific training is available to managers to encourage discussions and develop a culture where staff feel safe to raise concerns, and the UHB is reviewing mechanisms that support staff to speak up to ensure these are clear, accessible and effective

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. Networks of peer support and understanding continue to grow with the introduction of Schwartz Rounds to share experiences of how it feels to work in health, and Peer Support Networks, including Sustaining Resilience at Work (StRaW) practitioners. are being utilised in some areas.

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

Shaping Change

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 comprises of both improvement and innovation functions that are deployed in support of activity aligned to our strategic priorities. 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 opportunities and spread best practice across the areas of integrated health and social care.

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.

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 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.

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 May 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)

Intensive Learning Academy for Innovation in Health and Social Care

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 Home - Dragon Heart Institute (dragonsheart.org). The ILA utilises local, national and international expertise to support learning and leadership in the field of innovation for the whole of Wales. The fourth 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.



Aligning with A Healthier Wales' quadruple aim to "Improve workforce wellbeing, capability, engagement and leadership", Climb aims to develop leadership for innovation in interdependent networks across the health and social care system, capable of meeting future challenges and driving forward the changes needed. Cohort 4 of Climb will begin in the autumn of 2024. Up to 40 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

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 2024/25 with space for up to 200 learners. The team will also focus on maximising the benefit of our Spread and Scale Academies and expertise by supporting national teams and programmes to meet their goals such as the Welsh Value in Health Centre and partners within the Welsh Government's Innovation, Technology and Partnership Programme.

A stylized map of Wales composed of numerous small, interconnected blue and green circles, representing a network or data points.

The Spread and Scale Academy

Research and Innovation

The Health Board remains proud of, and committed to, its University status designation and a history of embracing pioneering, innovative approaches, techniques and interventions, coupled with high-quality clinical research and developments, as well as clinical and non-clinical education. Close working relationships with the R&D, Joint Research Office (with Cardiff University) and People and Culture and Learning and Education teams remain unchanged and opportunities to deepen and grow these will be identified to enable continual benefit to be realised. We are committed to empowering and supporting our colleagues to explore and embrace strategically aligned, innovative opportunities enabled through a deepening culture of trust, curiosity and learning. Through this activity the Health Board strives to enable and adopt internationally recognised sustainable change in the services that we offer to our population and reinforce our University status.

It is recognised and accepted that that not all challenges faced within a healthcare context have known solutions and this, therefore, provides opportunity and imperative to identify and implement creative, tailored and sustainable innovative systems, processes and solutions aligned to the strategic priorities and goals of Welsh Government, NHS Wales and the Health Board. Our innovation team will continue to provide advice and guidance, as well as direct support, to 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, operational and service enablers, revenue generation, digital workflows and patient interaction products, as well as practical aspects such as intellectual property management, funding and governance matters.

The team also organise and support a successful Innovation Multidisciplinary Team (iMDT) model that aims to guide and help colleagues and external organisations with early-stage innovation solution development and adoption. The iMDT is formed of a broad 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 grow, develop and deepen networks, collaborations and partnerships with organisations active in and aligned to the health and social care innovation space; either directly through the development of products and services or by the identification and practical direction, support and coordination of such activities. This is at a local, regional and (inter-)national level with key stakeholders being Welsh Government (especially the health and economy teams along with the Innovation, Technology and Partnership and Value in Health programmes within the recently established NHS Wales Executive), NHS Wales, academia and UK active linked organisations such as: UKRI; NIHR; Life Sciences Hub Wales and UK Health Innovation Networks; regional economy focussed teams with Government and organisations such as the Cardiff Capital Region; commerce and industry along with representative membership organisations such as MediWales and the ABPI; 3rd sector; and thinktanks such as the Bevan Commission.

The Health Board and team has actively contributed, through the consultation and development phases, to Welsh Government’s innovation strategy launched in 2023 – Wales Innovates: Creating a Stronger, Fairer, Greener Wales, and will be key participants in the practical, relevant aspects of the future implementation of the innovation delivery plan published in late autumn 2023. In particular, there is a focus upon identifying areas where harmonisation or adoption of common practices will offer efficiency and effectivity benefits. Currently identified areas include: common points of enquiry and entry for 3rd parties; intellectual property management; innovation solution opportunity identification and prioritisation; portfolio management; commercialisation and benefit return; and proactive spread and scale of successful solutions.

Whilst some aspects of the innovation activity undertaken will be directly funded and supported by the Health Board there is a necessity to truly embrace partnership ways of working and to identify, coordinate and jointly apply for additional funding to enable maximal, sustainable beneficial outcomes to be realised. Maintaining alignment with national agreed priorities for the NHS in Wales and those at a local and regional level for the Health Board remains unchanged with the ultimate goal to contribute to ongoing delivery of high quality, safe, sustainable, integrated healthcare encompassing:

- **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

The Joint Academic Health Sciences Strategy (JAHSS)

A novel approach to partnership working in the life science innovation sector will be delivered through the thorough Cardiff and Vale University Health Board’s and Cardiff University’s *Joint Academic Health Sciences Strategy* (JAHSS). The development and delivery of the programme will strengthen and align both organisations’ ambitions and objectives in healthcare, education, research and innovation in life sciences.

The JAHSS will create a dynamic, thriving academic health sciences partnership, providing a shared environment to establish the region as a globally successful life science research, education, and innovation zone, by combining the academic and clinical strengths of Cardiff University and Cardiff and Vale University Health Board for the benefit of the people of Wales and beyond.

The JAHSS will foster regional and national life science collaboration to drive cutting-edge research development and innovation in areas such as personalised and population health, digital health technologies and advanced therapies. This collaboration will stimulate translational innovation bringing Welsh Government policy drivers, industry partners and patients into this space. By culturally embedding this “quadruple helix” approach to innovation, into new ways of working together for both organisations, it will create a pipeline to translate research findings into clinical applications and commercial products which address pressing healthcare challenges for the population of Wales. This will deliver pioneering transformative healthcare solutions that improve patient outcomes and drive economic growth in the region and across wider Wales.

Our aim as an Academic Health Science Campus is to:

- Deliver excellent clinical care, research and education
- Enable cutting edge science that answers the key health related questions
- Maximise strategic partnership opportunities to enable safe, high-quality care
- Build a joint capability that is sustainable and provides maximum value for future generations to deliver on ambitions of the Wellbeing of Future Generations Act.
- Generate investment and partnership with the international innovation and life science industry sector.

One of the early phase objectives of the JAHSS will be to consider appropriate novel legal frameworks and organisational governance constructs that will allow both organisations, and their strategic partners, to adopt new ways of working and risk / reward sharing. This could include the development of a special purpose vehicle (SPV), which would be a jointly owned separate legal entity.



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 2024/2025 include:

- Develop and strengthen commercial partnerships with AWMGS and global life science companies.
- 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.
- Improvement of North Wales workflows to streamline processes and reduce clinical risk.
- The new Canolfan Iechyd Genomig Cymru (Wales Genomic Health Centre) was opened by the Health Minister in November 2023, with phase I of the relocation complete.
- Phase II Relocation of AWMGS and Wales Gene Park laboratory services 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. Expansion of QuicDNA across all health boards in Wales.

- Reduce the number of patients waiting over 36 weeks for first appointment with the AWMGS clinical service by the end of the year.
- Increase next generation 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.
- Continue to work towards an electronic patient record in partnership with DHCW and ongoing digitisation of appropriate patient records.
- Develop electronic genetic test requesting and reporting in partnership with DHCW.
- Continue to develop and invest in our healthcare workforce in partnership with HEIW, including establishment of new roles such as Consultant in Bioinformatics, and address retention of Clinical Scientists.
- Develop an evidence-based plan to identify where genomic technologies can be used to improve accuracy and timeliness of newborn screening services.
- Optimise data science approaches to analysis, interpretation and sharing of complex genomic data with relevant stakeholders within and outside the borders of Wales.
- Roll out the Psychiatric genomics service on a sustainable basis.
- Continue to expand cancer diagnostic testing, critical for their diagnosis and treatment that will improve cancer outcomes.
- Continue to expand access to WGS for patients with Rare Disease, to improve diagnostic rates, improving patient outcomes, patient experience.
- Establish a pharmacogenomic panel service to cover multiple pharmacogenetic targets, to inform the present and future prescribing needs.
- Develop an infrastructure plan for cloud storage of genomic data.

Quality as our Operating Model

The Health Board has committed to provide outstanding quality and by 2035 to consistently benchmark in the top 10% of peer organisations, providing effective safe, innovative and evidence-based care to the population it serves. When things go wrong we commit fully to learning from these events and delivering organisational wide improvements to prevent similar incidents occurring. We will improve our approach to learning from success, spreading and scaling up examples of excellent practice. We will deliver a systematic approach to quality improvement, to support the delivery of improvements in partnership with colleague's neighbouring organisations and with the people who use the Health Board services. We will achieve this by :

Building a system for quality for the UHB, to include:

- The system, processes and architecture of a Quality Management System
- Structures and flows including roles and responsibilities
- Delivery of a system that allows quality control

Building the quality capability of the UHB to include:

- Determining requirements
- The commissioning of capability training for quality planning, quality improvement and quality control and capability to support the improved use of resources

Determining the strategic direction for quality and prioritisation of programmes and projects related to stated outcomes within the strategy

- Influencing and advising on the approach and content of our Annual Plan/Integrated medium term plan.

Building a patient centred approach and culture

- Influencing and collaborating with other strategic programmes that contribute to our programme purpose, for example, Shaping our Digital Future, Shaping our Future People and Culture

Information

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

Using data allows the UHB to scrutinise care, drive service improvement and enable research and innovation. It is only through the systematic capture, analysis and monitoring of data that we start to measure the quality of the care that we provide against other similar organisation across the UK or internationally. Benchmarking allows us to have a continuous focus on the quality of care that we provide To realise these benefits the organisation must develop the digital infrastructure that supports access to health data and improve accessibility of data, develop the analytics capacity and capability.

We will achieve through:

- Progression of the UHB Digital Strategy
- Development of a local data resource that support the triangulation of previously siloed data sources
- Progress electronic record core capabilities
- Submission of data into to the extended national clinical audit and outcome review programme to support benchmarking of quality against UK organisations
- Development of an emerging data strategy
- Development of digital systems that aid clinical teams to deliver quality



Whole Systems Approach

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.

As a tertiary service, this increases the complexity of our interdependencies and functions, as we provide services locally, regionally and sometimes nationally.

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. In 2023 a significant amount of work was undertaken to mature our communication, governance, risk and improvement process in relation to clinical governance. We will continue to mature this approach in 2024 and will introduce an Organisational Learning Forum to that works with representative across the entire Health Board, shared services and wider organisations including universities, commercial organisations and Local Authority with an aim:

- To address major quality themes and challenges faced by the Health Board
- To oversee the initial development of plans to deliver high quality and safe health care
- To agree and monitor the spread of good practice identified from themes and trends
- To agree and monitor interventions and improvements that address adverse themes

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.

Value Based Health Care

Value Based Healthcare is infused throughout our plan, and we view 2024/25 as the year that it becomes embedded in the way we do business as part of our operating model.

Scarcity of resources places increasing strain on our health services, and so using a Value-Based approach is crucial in ensuring our decision-making is data-driven, patient centred and socially and economically valuable.

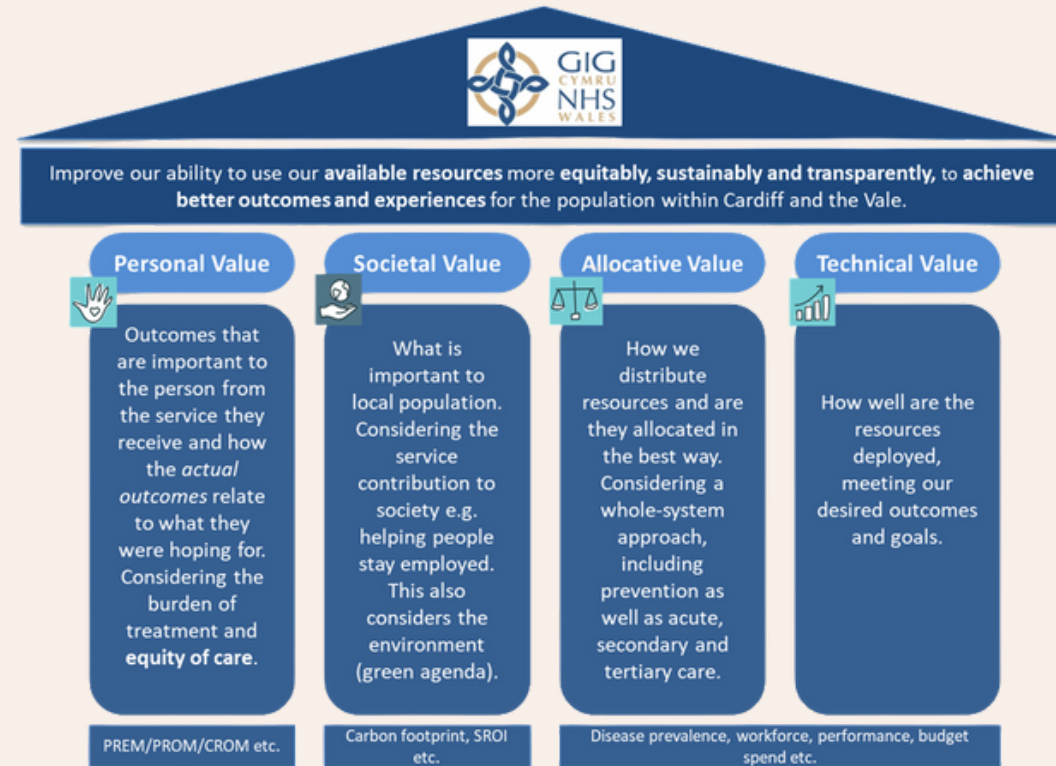
The organisation has taken great strides in embedding the Value based approach in all we do, our systems and processes and this is evolving at pace. The health board has established a Value in Health Programme with a dedicated team and our vision is to

Improve the health board's ability to use the available resources more equitably, sustainably and transparently, to achieve better outcomes and experiences for the population across Cardiff and the Vale.

To deliver this vision, the team will work with members across the organisation to:

- Build capacity and capability to apply the Value-Based healthcare principles into practice.
- Embed robust measurement and reporting of patient outcomes and financial outcomes and societal outcomes across our pathways
- Establish a Value-Based healthcare approach to strategic planning and operational delivery.

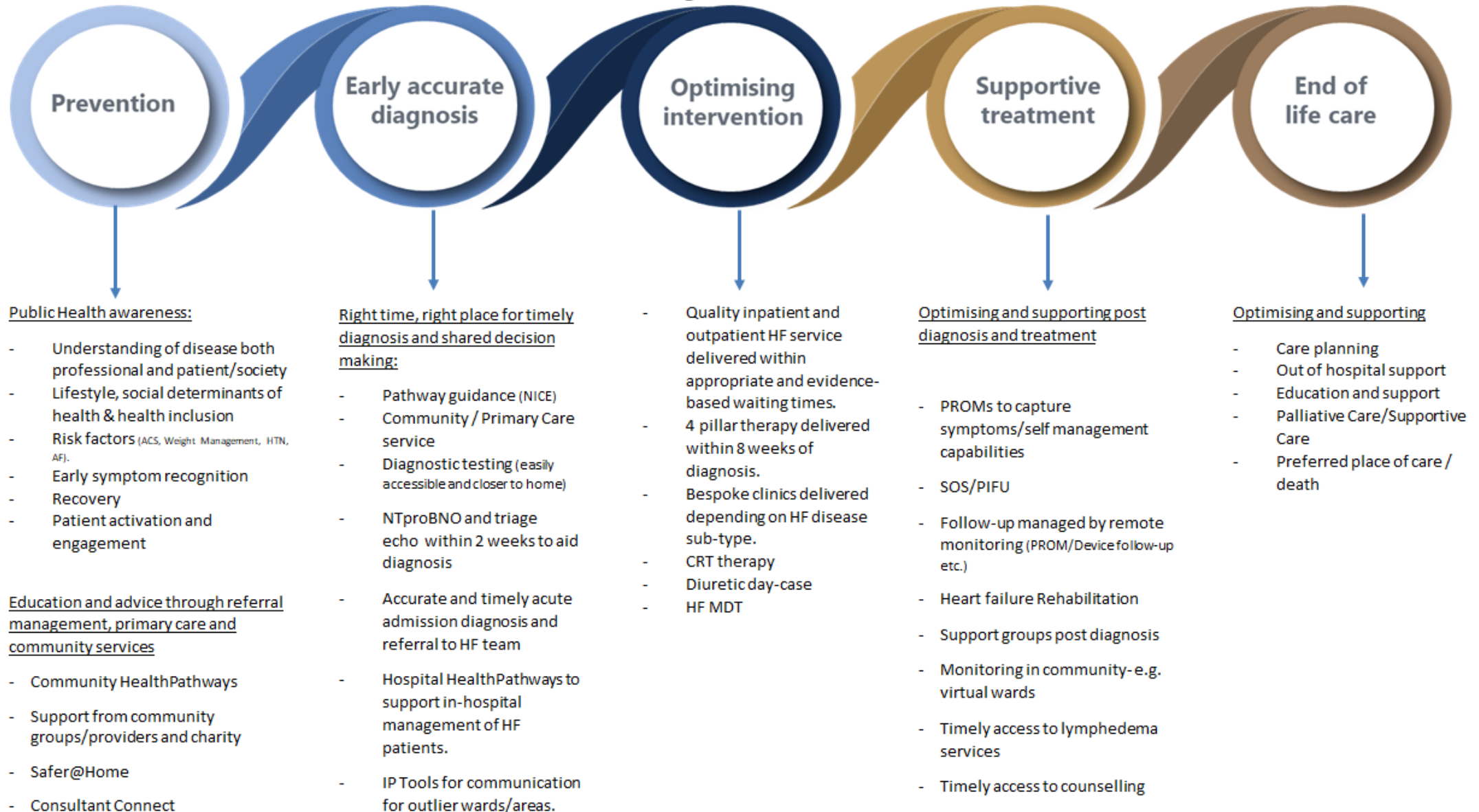
The 5 value pillars are key to consider throughout our daily practice within healthcare from service planning to directly working with patients. They help us to think about the value in health opportunities available within our health system, for our healthcare professionals and for our patients and population. The pillars are also important to help us identify areas of opportunity and improvement.



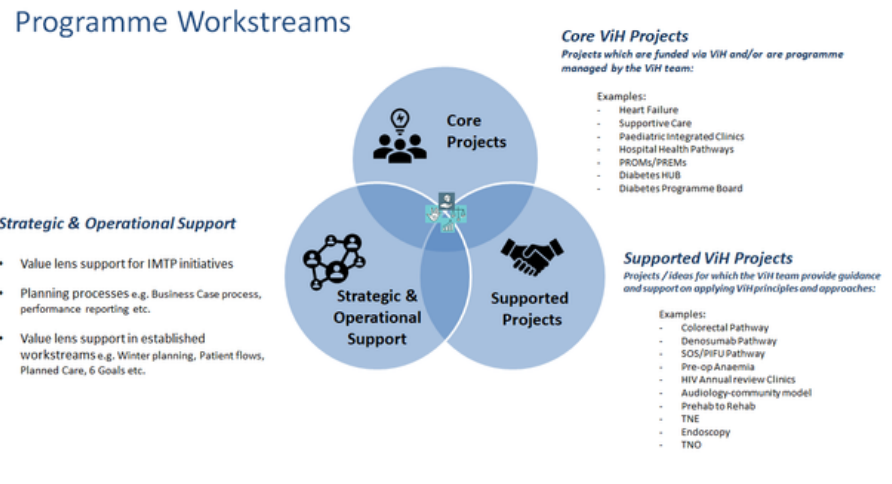
A key element of value in health is the whole-system approach to improvement. When considering improving outcomes for patients and/or a population, it is important to consider impact across a whole pathway not a specific step within it, which is often the case. We encourage teams to consider ‘what good looks like’, mapping against each pathway step. An example is on the next page for a heart failure service.

Heart Failure- what does good look like?

What does good look like?



The Value Programme has 3 workstreams:



The core projects are improvement initiatives that have had a level of funding and project management support from within the Value Programme. They have clear measurable benefits that will increase value in health for the system, professionals and patients.

The programme will help teams to demonstrate the financial and non-financial benefits of each project as part of an evaluation process, assuring the organisation and public that the resources allocated to each project are delivering value in health.

Examples include:

- **Hospital HealthPathways implementation**- a centralised platform offering clinicians locally agreed information to make the right decisions, together with patients, at the point of care
- **Supportive Care Service**- a service development aiming to improve patient's quality of life in the last 2 years of life
- **Diabetes Community Hub**- a service development aiming to provide support to GP's and patient living with type-2 diabetes, by providing secondary support within the community rather than in hospital, support self-management and improve glycaemic control.

The programme will also develop local VBHC training and will also support individuals to access training provided by external partners such as the Swansea University Intensive Learning Academy. A clinical engagement programme is being established to provide a supportive network for value enthusiasts and drive improvement and innovation with a value lens.

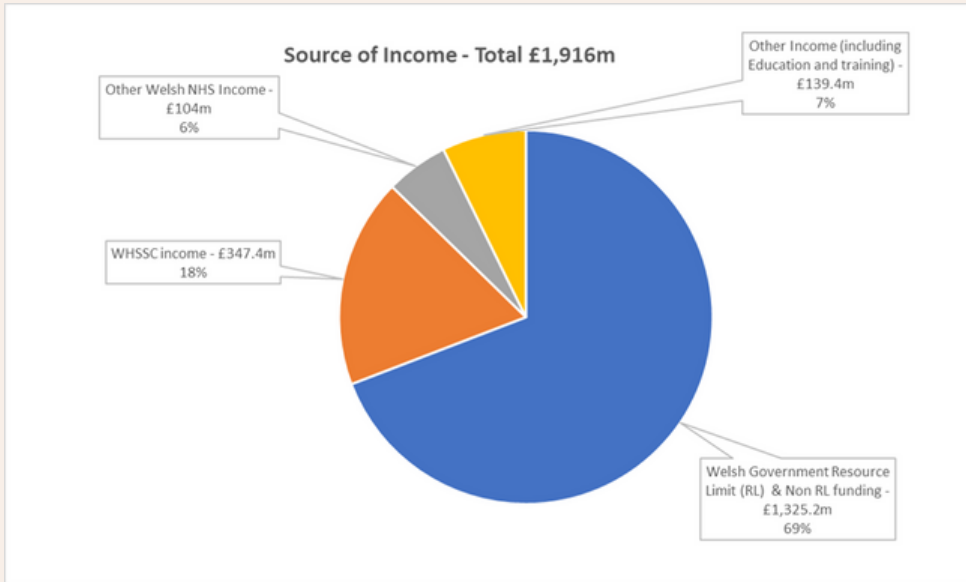
As part of our commitment to whole pathway improvement, the Health Board is establishing a **Diabetes Programme Board**. The Board will feature as part of our Value In Health Programme and aim to transform the care given to patients with diabetes, in a co-ordinated and sustainable manner. The programme will span the whole pathway with an emphasis on prevention and population health. A key objective will be bringing together partners and stakeholders to improve and join up the care delivered for this critical health condition. Work is progressing in establishment the approach with a desire to have the Programme Board established within the first quarter of 2024/25.

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 2023/2024 Forecast Income by Source



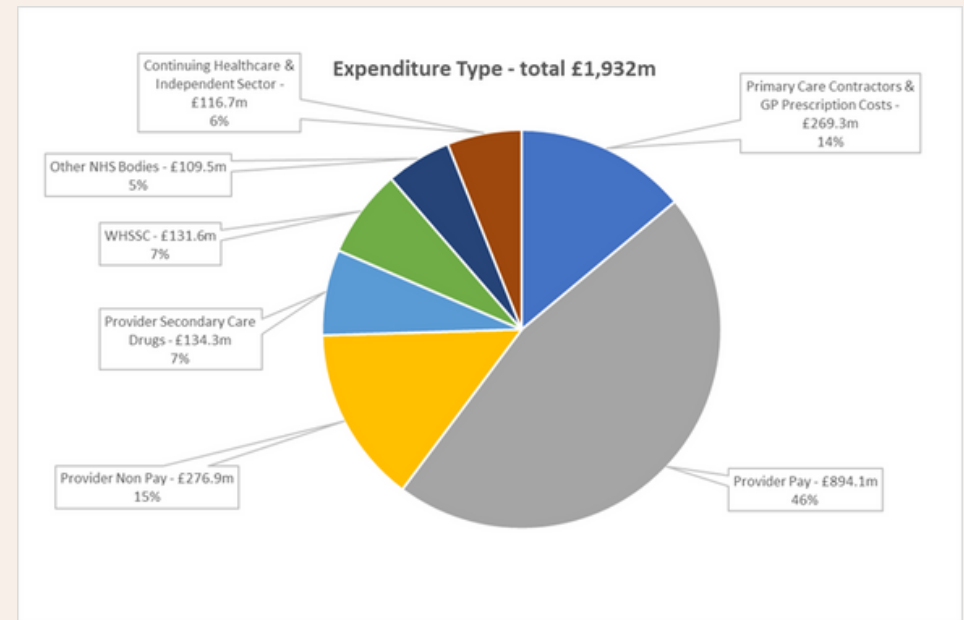
Source: December 2023 Welsh Government monitoring returns

In addition to the core 1.5% allocation uplift received in 2023/24, further Welsh Government allocations totalling £63.1m were received in support of COVID legacy costs and exceptional inflationary pressures including energy price inflation totalling £63.1m.

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: December 2023 Welsh Government monitoring returns

Historic Financial Position

The Health Board achieved financial balance in 2019/20 and had an approvable Integrated Medium Term Plan 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.

The underlying deficit entering 2023/24 had increased to £40.3m excluding COVID legacy costs and exceptional energy pressures. 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; and cost pressures & services growth in excess of funding allocations for inflation and growth.

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	2023/24	TOTAL
NICE & New High Cost Drugs	2.0	1.7	0.6	1.4	2.3	8.0
Commissioning & contracting	4.6	5.2	1.2	2.4	3.5	16.7
Local investments	2.3	1.5	0.8	1.4	2.0	7.9
Subtotal investments	8.8	8.3	2.6	5.1	7.8	32.6
Cost pressures & services growth						
Non-pay inflation pressures	0.5	1.1	0.3	1.3	4.6	7.8
Continuing Health Care	0.7	1.2	0.5	2.0	3.1	7.6
Prescribing	0.0	1.2	0.6	1.4	3.4	6.5
Welsh Risk Pool	0.0	0.7	0.2	0.5	0.0	1.4
Local pressures	1.4	1.3	0.2	0.3	0.0	3.2
Subtotal cost pressures & growth	2.7	5.5	1.8	5.5	11.1	26.6
TOTAL	11.5	13.8	4.4	10.6	18.9	59.2
			29.7	40.3	59.2	

This increased underlying position of £59.2m entering 2024/25 is driven by non-recurrent savings delivery, recurrent operational pressures, recurrent inflationary pressures including the Real living Wage and non-recurrent funding streams.

A number of the UHB's high impact saving schemes were based on reducing bed capacity, improving flow, coupled with workforce efficiencies and modernisation. Solid progress had been made in 2023/24 and all areas are being revisited now as the Health Board seeks to address the underlying deficit.

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 2024/25 annual financial plan aims to stabilise the financial position with an ambition to a £15.9m deficit position.

Delivery of the 2023/24 financial plan has been challenging. The Health Board is on track to deliver against the revised planned deficit position of £16.5m that includes savings delivery totalling £40.8m. It is anticipated that 2024/25 will provide both challenges and opportunities as the Health Board continues to drive a robust financial sustainability programme in what continues to be a very difficult operational and 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 in Health 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 2024/25 financial settlement provides a Health & Social Care budget 3.67% core allocation uplift in funding with pay awards to be separately funded.

The plan is based on retaining the conditionally recurrent funding allocations (£45.4m) received in 2023/24 supporting both COVID legacy costs and exceptional inflationary pressures.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months. Whilst inflationary pressures are subsiding they continue to impact 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 2024/25 plus a further £6.9m to support regional priorities. We will continue to aspire towards the achievement of ministerial priorities.

Progressing regional solutions and accessing funding whilst plans are developed will continue to be key to driving performance in 2024/25.

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 £33.8m entering 2024/25. Over 70% of these costs relate to both additional bed capacity and change in footprint including Lakeside Wing. These costs (£24.2m) are supported by conditionally recurrent funding received 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.

Funding for National Programmes has been agreed supporting the regional health protection system. This is based on 80% of the 2023/24 allocation £3.2m has been allocated to Testing and Training and £5.6m for COVID mass vaccination. Services and structures are being reviewed and put in place by regional partners to manage the pandemic are scaled back, and we continue to build on the experience of the pandemic response to establish a more resilient system for managing ‘all-hazard’ health protection risks.

There has been an increase of 103 Beds/Assessment areas excluding critical care compared to pre pandemic number.

	Pre-pandemic	Jan-24	
Adult Beds UHW	765	769	
Adult Beds UHL	414	425	
Community Beds	90	94	
Transitional Care Beds		67	
Assessment Areas	27	44	
Total	1296	1399	103
POCD Patients	147	160	13

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 coupled with prioritised service developments had a significant impact on our workforce requirement with our staff in post increasing from 13,271wte in February 2020 to 15,047wte in January 2024, along with increases in our use of agency and locum staff. Significant progress has been made in 2023/24 in reducing reliance on high cost agency staff. However, clearly, this is an area of focus as we look to build a more sustainable workforce for the future.

	FTE		Change
	Feb-20	Jan-24	
Add Prof Scientific and Technical	421	559	139
Additional Clinical Services	2603	2829	226
Administrative and Clerical	2163	2569	406
Allied Health Professionals	1177	1292	115
Estates and Ancillary	1053	1192	140
Healthcare Scientists	482	576	94
Medical and Dental	1377	1607	230
Nursing and Midwifery Registered	3965	4385	420
Students	31	38	7
Total	13271	15047	1776

Energy

There remains significant volatility in energy prices. Funding was received non-recurrently in 2023/24 to support exceptional energy price inflation.

Funding for energy price inflation has been agreed totalling £8.1m for 2024/25 on a recurrent basis in 2024/25 over and above historic baseline levels.

A consistent basis will be agreed across NHS Wales to inform the energy forecast through 2024/25 through the Energy Price Risk Management Group and Crown Commercial Service (CCS).

Cost Improvement

Welsh Government has set a 2% cost improvement challenge against total baseline expenditure in 2024/25 equating to c£40m. The Health Board has a financial plan ambition to deliver a £47.2m savings programme that includes the recovery of non-recurrent savings delivery in 2023/24.

We have 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 aligned to the National Value & Sustainability Board themes that have been in place within the Health board throughout 2023/24:

- Length of stay in acute beds
- Operational efficiencies and productivity
- Continuing Healthcare
- Medicines Management
- Procurement
- Workforce
- Clinical Variation / Serviced Configuration

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.

Six key areas of focus in driving further opportunities and improvement will be:

- Continued progress in reducing the reliance on high-cost agency
- Ensuring strengthened ‘Once for Wales’ arrangements to key workforce enablers such as recruitment, and digital
- Maximising opportunities for regional working
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster
- Reducing unwarranted variation and low value interventions
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base

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

Financial Plan

The following table sets out the annual financial plan for 2024/25. It shows a planned deficit of £15.9m including the delivery of a £47.2m cost improvement programme.

	2024/25 Draft Plan £m
2023/24 Forecast Outturn (including remaining COVID leagacy)	(16.5)
Non Recurrent WG Funding 2023/24	(10.1)
RLW policy confirmation	(7.1)
Non Delivery of recurrent savings 2023/24	(11.3)
Non Recurrent Achievement of 10% Go Further	(3.9)
DRAFT recurrent Operational Pressures	(12.0)
DRAFT b/f underlying deficit	(60.9)
DRAFT 2024/25 growth and cost pressure assessment	(40.4)
Unavoidable Investments	(5.0)
DRAFT 2024/25 Demand / Cost growth	(45.4)
Total Deficit before allocations	(106.3)
2024/25 Allocations confirmed:	
Net allocation uplift 3.67%	37.3
LTA pass through 3.67%	5.9
Total 24/25 Allocations	43.2
DRAFT Gross Planning Deficit	(63.1)
2024/25 savings requirement:	
Recurrent cost improvement plans 2% minimum requirement	20.0
Additional Recurrent 1.5% cost improvement plan ambition	12.0
B/f savings shortfall from 23/24	15.2
DRAFT Savings to be delivered	47.2
DRAFT Planned Deficit	(15.9)

Financial risks

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

Achievement of the Cost Improvement Ambition – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering £47.2m 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 remains considerable inflationary pressures across the health board. 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 financial sustainability in the short, medium and long term.

Financial Sustainability

The Health Board has an ambition to achieve financial sustainability and recurrent financial balance by the end of 2025/26. This will require full recurrent delivery of the 2024/25 financial plan. Operational pressures will need to be managed alongside a further £36.9m savings requirement in 2025/26 assuming a 2% Welsh Government core uplift in funding.

	£m	
	2024/25	2025/26
Planned Opening Deficit	16.5	15.9
Non WG Recurrent Funding 2023/24	17.2	
Forecast Shortfall on 2023/24 recurrent savings	15.2	
Recurrent operational pressures	12.0	
Estimated Demand growth / inflationary pressures	40.4	40.0
Essential service investments*	5.0	5.0
Gross Deficit	106.3	60.9
Estimated WG Core Uplift	(43.2)	(24.0)
Savings Ambition	(47.2)	(36.9)
Planned Financial Position	15.9	0.0

Summary

The focus of our Financial Plan will be to:

Deliver a planned £15.9m deficit in 2024/25 improving on the 2023/24 forecast outturn, including the delivery of a £47.2m recurrent cost improvement ambition

Continue to drive financial sustainability through value and service transformation

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 progress report will be reviewed by our Board.

Our Monthly Integrated Performance Reports tracks progress of our key operational and tactical indicators and is reviewed by our Board.

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 refreshed strategic objectives, in order to understand the benefits of the delivery of this plan as a sum of all it's parts.



Section 4: Appendices

A1- Enhanced Community Care Ministerial Priority Template

A2- Primary Care Ministerial Priority Template

A3- Urgent and Emergency Care Ministerial Priority Template

A4- Planned Care Ministerial Priority Template

A5- Mental Health Ministerial Priority Template

A6- Infrastructure - Detailed Information

A7- Decarbonisation Plan

A8-Cluster and Pan Cluster Plans