

Bundle Strategy and Delivery Committee 4 January 2019

Agenda attachments

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- 4 Date and Time of Next Meeting : 5th March 2019 at 9am in Corporate Meeting Room, HQ, UHW

AGENDA
STRATEGY AND DELIVERY COMMITTEE
08TH JANUARY 2019
Corporate Meeting Room, HQ, University Hospital of Wales

9am	1.	Preliminaries	
	1.1	Welcome & Introductions	Chair
	1.2	Apologies for Absence	Chair
	1.3	Declarations of Interest	Chair
	1.4	Minutes of the Committee Meeting held on 6 th November 2018	Chair
	1.5	Action Report from 6 th November 2018	Chair
	1.6	Chairs Action taken since last meeting	Chair
9.15	2.	Integrated Medium Term Plan 2019-2021	Abigail Harris
	3	Any Other Business	
	4.	Date and time of next Meeting 5 th March 2019 at 9am in Corporate Meeting Room, HQ, University Hospital of Wales	

**MINUTES OF THE
STRATEGY AND DELIVERY COMMITTEE
HELD ON 6 NOVEMBER 2018 AT 9.00AM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Fiona Kinghorn	FK	Interim Executive Director of Public Health
Abigail Harris	AH	Executive Director of Strategic Planning
Martin Driscoll	MD	Executive Director of Workforce and OD
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Dr Sharon Hopkins	SH	Deputy Chief Executive/ Director of Transformation
Steve Curry	SC	Chief Operating Officer
Geoff Walsh	GW	Assistant Director of Planning
Keithley Wilkinson	KW	Equality Manager

Secretariat:

GM	Glenys Mulford
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Apologies:

Eileen Brandreth	EB	Independent Member - ICT
Marie Davies	MD	Deputy Director of Planning
Len Richards	LR	Chief Executive

SD: 18/058 WELCOME AND INTRODUCTIONS ACTION

The Chair welcomed everyone to the meeting

SD: 18/059 APOLOGIES FOR ABSENCE

Apologies for absence noted.

SD: 18/060 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he was a Member of the Quality, Patient Safety and Risk Committee at WHSCC.

SD: 18/061 UNCONFIRMED MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2018

The Committee reviewed the minutes of the meeting held on 11th September 2018.

It was noted that Eileen Brandreth attended the private meeting of the Committee but not the public meeting.

Resolved – that:

- (a) Subject to the amendments the Committee received and approved the minutes of the Strategy and Delivery Meeting Held on 11th September 2018.

SD: 18/062

ACTION LOG FOLLOWING MEETING HELD ON 11 SEPTEMBER 2018

The Committee reviewed the action log for the meeting held on 11th September 2018 and the following comments were made:

- (a) SD18/45 – Performance and Delivery Framework. The Executive Director for Strategic Planning confirmed that there was no anticipated completion date. Work planning would be agreed and alongside this a completion date would be agreed.
- (b) SD18/048 – Estates Strategy Plan. This had been received at the Committee in September 2018.
- (c) SD18/049 – Workforce Delivery Plan. It was confirmed that the Workforce Delivery Plan would be presented to the Committee at its March 2019 meeting.
- (d) SD/18/052 – Performance update. On the agenda
- (e) SD18/025 – Study Leave Procedure. No dates had yet been identified for this piece of work. However, it was likely to form part of the Internal Audit Plan for 2019.

AH

MD

MD

Resolved – that:

- (a) The Strategy and Delivery Committee noted the action log from the meeting held on 11th September 2018.

SD: 18/063

PERFORMANCE MAPPING

The Director of Transformation provided a verbal update stating that she was keen to allocate monitoring responsibilities to each Committee of the Board to ensure that each area of performance was being monitored. 62 delivery indicators had already been mapped to each Committee of the Board this was to ensure that the Committees did not duplicate work. The paper currently being developed would explain how the organisation was proposing to deal with strategic indicators and this piece of work would dovetail the work being done on the IMTP.

The Performance Mapping would be finalised and presented to the January 2019 Strategy and Delivery Committee.

SH

Resolved that:

- (a) The Committee noted the verbal update on Performance Mapping from the Director of Transformation.

(b) The finalised report on Performance Mapping would be presented to the next Meeting of the Strategy and Delivery Committee in January 2019.

SH

SD: 18/064

OCCUPATIONAL HEALTH SUPPORT FOR STAFF WITH MENTAL HEALTH PROBLEMS

The Director of Workforce and Organisational Development presented the report. The following was noted:

- 25% of sickness absence was due to anxiety, stress and mental health conditions which tied in with the rest of the UK.
- The number of referrals into Occupational Health had increased and this continued to happen. This was viewed positively as staff were accessing the services they needed. However, this resulted in the perception that waiting times were delayed for accessing psychological intervention.
- The service has: 1 band 7 Lead Counsellor, 4 band 6 Counsellors (that's 1.6 full time equivalent) and a Clinic Coordinator to cover the 14,500 staff working at Cardiff and Vale University Health Board. A fast-track service to PTSD was also available. The Government target time was 26 weeks and Cardiff and Vale was operating at 19 weeks.
- The Director also reported that self-help guides were available online for patients.
- There was a need to promote and expand services and survey how they worked. Compared to other employers it was reported that Cardiff and Vale provide an excellent service.
- It was suggested that data on outcomes data would be very useful to see if improvement has actually been delivered.
- A recent initiative had been introduced which was - a 'coffee and chat' approach.
- The organisation needed to be mindful that its staff deal with some difficult situations and challenging and difficult tasks and it was good to see there are good support structures in place

Resolved – that:

- (a) The Committee noted the update and progress being made on the Employees Wellbeing Service.

SD: 18/065

CLINICAL INNOVATION AND RESEARCH

The Executive Director of Strategic Planning presented the report stating that it had been presented in two parts the Clinical Innovation Work and IMTP Specific Actions this year. In both areas progress had been good.

- £23m had been made available from European funding covering Swansea, St. David's and Cardiff Universities to promote clinical innovation and hosted by the Life Science Hub.
- One of the key pieces of R&D work with Cardiff University was to bring together the two separate R&D Offices involving about 40 staff.

- There was a risk that the future R&D funding from the Welsh Government might not match Cardiff and Vale's expectations as it might be spread over the whole of Wales
- There was a need to secure more commercial funding in the future. Commercial Research was being undertaken and there are commercially-funded trials, but there was the potential to do more.
- Cardiff and Vale needed to encourage its clinicians to be involved in research and needed to be able to recruit people into trials.
- It was reported that the future funding risk was flagged on the Brexit Business Continuity Risk Register as a concern as European funding for research contributes a not-insignificant amount of funding.
- In relation to clinical innovation there was a host of industry Partners and work which Cardiff and Vale was exploring. The organisation was keen to focus on how this would benefit patients in both the short and longer term.
- An example of this was a firm dealing with 3D printing which could be highly personalised. This would transform care where implants are used making operations shorter and outcomes better.
- Some of the other work such as gene therapies, stem therapy treatments would transform outcomes for patients and information on this would be provided to the Board. The work was moving at a very rapid pace

Resolved – that:

(a) The Committee noted the Research and Development Clinical Innovation assurance report.

SD: 18/066

CAPITAL PLAN:

The Executive Director of Strategic Planning presented an update on the Capital Plan. The report provided the headlines of the major capital schemes alongside the timetables and risks. The following was noted:

- The large complex neonatal project was on track
- The safeguarding works at CRI were virtually complete and within budget
- The Interventional radiology scheme was complete
- The Renal dialysis scheme should be completed by March 2019
- The complex program associated with new HQ facility was consuming the Estates Team time.
- Rookwood FPC had now been approved and the Cabinet Secretary was visiting Rookwood Thursday. It had taken 8 years to get to this point and the organisation was trying to stick within the budget allocation that has been made.
- Cardiff and Vale have some big issues to deal with and would be asking Welsh Government for support for £100m in the next two or three years. This would occur in a similar time frame to the new hospital.

- There was some ISF funding for capital.
- Sporadic things undermine the overall direction of travel such as temporary moves but this was inevitable in some cases. With regard to the CMHTs they would go to CRI for the South East locality but it was not yet built so we would have to find a temporary solution. There would be a £17m cost to do the enabling, refurbishment, clear the land and this will take up some parking space.
- The impact of organisational change on staff wellbeing had already been discussed.
- The IT Strategy was being re visited as people were not being able to work in the most agile way i.e. remote access for remote workers.

Resolved – that:

(a) The Committee noted the content of the report and recognised the difficulty in managing a large complex programme of works with a limited resource.

(b) The Committee supported the approach to manage the competing requirements of the Clinical Boards.

SD: 18/067

HIGH LEVEL PERFORMANCE DASHBOARD

The Chief Operating Officer informed the committee of key performance indicators and the following was noted:

- The RTT position - for the first time in 4 years the quarter-end position at the end of September had not been hit. The organisation was now in a different scenario in terms of delivery and had moved from quarterly cohort delivery approach to monthly delivery. The challenge had also changed from an RTT volume problem to a smaller volume speciality issue. A number of specialties were being tracked in order to move them forward. However, the Health Board was on track to deliver the RTT position overall.
- There were still issues in Ophthalmology and Orthopaedics. The main issue with Orthopaedics was staffing capacity.
- Cancer - September performance against the 62 day target was 53.5%, a 3.7% improvement over August
- Greater than 8 week diagnostics was down at 500 for this month
- The overall volume of longer waiting patients had reduced – at one point the UHB was at thousands of greater than 8 week diagnostic waits, but was now in the hundreds (about 400-500)
- Unscheduled care was still doing relatively well and was very good compared to the rest of Wales. The UHB was still on track to deliver against the IMTP commitments.
- The specialist spinal patients were a key component. The UHB had difficulty in securing that capacity and could not outsource spinal patients because of the complexity.

- On the ophthalmology side it was inability to secure extra capacity. It was noted that the UHB were using external providers to deal with the backlog not recurrent demand.
- There were some infrastructure failures with Llandough earlier this year where the UHB had to take theatres down.
- The capital plan going into next year would secure additional theatre capacity
- The plan for this year was to clear the UHBs greater than 36 week breaches down to 350 cases.
- The COO also mentioned the mental health element of the performance report and stated that the UHB had experienced some difficulties throughout the summer which had now been resolved and the up-to-date figure for CAHMs was over 90%.
- The early stages of winter pressures were starting to be felt.
- Much of the improvements seen in the last few months had been due to optimising the current system and the teams in Emergency Care, Medicine and in Emergency Surgery.
- The Director of Corporate Governance and one of the Independent members had visited the emergency surgical admissions ward. They stated that the nurses were superb.
- The Director of Corporate Governance and one of the Independent members had also visited the pre-assessment surgical ward at Llandough which was also a really good service.
- The COO re-enforced that the UHB was working hard to get the winter ward up and running.

Resolved – that:

- (a) The Committee noted the year to date performance for 18/19 against key Welsh Government operational targets.**

SD: 18/068

REVIEW OF COMMITTEE WORK PLAN AND STANDARD AGENDA ITEMS

The Director of Corporate Governance provided a verbal update on progress with the Committee work plan.

Resolved – that:

- (a) The Committee noted the verbal update.**
(b) The Committee would receive the completed work plan at the January meeting which would include items from Public Health.

NF

SD: 18/069

MANAGING ATTENDANCE POLICY

The Executive Director of Workforce and Organisational Development presented an update to the Committee on the Managing Attendance Policy and highlighted the following:

- The Managing Attendance Policy had been developed nationally across Wales. This needed to be adopted and the policy publication approved. It would then be fully implemented.

- Communication on the new policy had been developed and was ready to be launched.

Resolved – that:

- (a) The Committee adopted the NHS Wales Managing attendance at work policy.**
- (b) The Committee approved the full publication of the policy in accordance with the UHBs Publication Scheme.**

SD: 18/070 THE EQUALITY AGENDA

The Chair provided a verbal update on the Equality Agenda and highlighted the following:

- There is no longer a separate Board sub-committee dealing with this issue but this topic now fell under the remit of this Strategy and Delivery Committee.
- Equality needed to remain on the agenda in order to provide assurance to the rest of the organisation that an effective focus was still occurring.
- It was suggested that the Executive Director of Workforce and OD would work with the Independent member, Sara Mosely to provide a way forward for the Equality agenda.

MD

Resolved that:

- (a) The Committee noted the update from the Committee Chair**
- (b) The Committee would receive a report from the Executive Director of Workforce and OD on the way forward with the Equality agenda to ensure that the Committee could provide assurance on this area to the Board.**

MD

SD: 18/072 STAFF SURVEY RESULTS

The Executive Director of Workforce and Organisational Development, presented an update on the Staff Survey Results and highlighted the following:

- The Staff Survey had been undertaken in the autumn and was developed on an all Wales basis. It was noted that benchmarking with previous year might be an issue as some questions were new and so comparisons could not be made to previous years.
- Only 23% of workforce (around 3,000 people) had filled in the survey and when people were asked why they had not filled in the survey the main two answers were 'I'm too busy' or 'I don't think you are going to do anything about it anyway.' Therefore the UHB needed to communicate and collaborate with the organisation more effectively.
- It was suggested that the UHB set up a group of keen volunteers (nominated individuals) to review the 100 questions and choose 3 or 4 key areas to tackle first and report back to the committee.

MD

It was stated that it was important that the UHB produced end products and outcomes.

A suggestion was made that a 'Peoples Dashboard' be produced where various items such as absence, tribunals, appraisals and items raised from the survey could be entered.

MD

Resolved – that:

- (a) The Committee noted the report**
- (b) The Committee supported the creation of an employee stakeholder group to consider an action plan for the UHB**
- (c) The Committee supported the development of a 'people's dashboard'.**

MD
MD

SD: 18/073

TRANSFORMATION BID UPDATE

The Director of Transformation presented an update on the Transformation Bid and stated the following:

- An All Wales Transformation Fund had been made available of £100 million over two years and the UHB had entered a bid for strengthening services in the community.
- Work had to be done on the evaluation and would combine the University and an external University. As the UHB had won the bid it was trying to put in place all of the mechanisms to enable it to get off the ground. Approval of £6.9 million was being sought. Welsh Government had extended the lifetime of funding to a further year acknowledging that to contain it within two years when starting this late in the year would be difficult.
- The UHB was linking a lot of what it was doing to the Intermediate Care Fund work
- The UHB would secure sustainable areas of work. It would be looking at the next tranche of proposals and what the UHB was going to do with digital and informatics. The enabler around digitally enabled workforce and organization would require a coherent bid with Welsh Government.
- The UHB would collaborate with the local authorities but it was not yet clear how the UHB would work with the third sector.
- The Cardiff Vale third sector council AGM would be held on 27th November and this would be a good opportunity to talk about their input.
- It was stated that the Committee would like regular sight of the dashboard to note progress and the measures of activity.

SH

Resolved – that:

- (a) The Committee noted the progress which had been made on the Transformation Bid.**
- (b) The Committee would receive regular updates on the dashboard to note progress being made.**

SH

The Executive Nurse Director introduced the report and made the following points the Committee:

- The March 2016 Act required Health Bodies to ensure safe staffing in all areas where nurses were deployed. In order to sign off compliance with the Act it needed to be professionally acceptable and 'safe' was based on a triangulated approach. Mental Health, for the last number of years had not managed to achieve the triangulated approach so the Executive Nurse as Designated Professional had not been able to sign off the establishments.
- It was important for the Committee to understand why the Executive Nurse Director was not signing the establishments off but was taking action to ensure the UHB kept patients safe.
- Page 3 of the paper laid out work that had been undertaken on a National basis. These were the principles the UHB was working to although the Act stated the UHB had to provide safe care and take reasonable action across the Health Board there was not a system and process in mental health currently for measurey acuity and setting establishments in the same way as we have for medical and surgical wards.
- Within Mental Health Clinical Board work had been undertaken to move from a hospital care model to a community care model. This approach was better for patients and was cost-effective and tended not to overspend. In previous years this had allowed the underspent budget in Community Mental Health to be used to support the overspend in the mental health hospital settings. This had been a deliberate intention both from a sustainability point of view and to provide a quality of care for patients, avoiding hospital admissions.
- Executive Nurse Director was confident the clinical board were trying to work through these issues in a stable and long term way without compromising quality of care and the financial position of the Health Board.
- The Executive Nurse Director was satisfied that the work around trying to keep things safe on a day-to-day basis was good but the Committee needed to understand that it was impacting on the financial position.
- The Clinical Board now needed time to take it forward to find a solution and then share the progress with the Committee.
- There was concerned discussion about the non-compliance with the Working Time Directive and this needed a resolution.
- Staff found it challenging to be pulled from their wards and sent to work in different areas.
- The benchmark undertaken across Wales demonstrated that the performance, vacancies, recruitment, clinical incidents, sickness etc. was in a positive position so was a testament to the work that is being undertaken.
- Options had been put forward and the preferred option was a combination of options 2 and 3. This would sit with the Clinical Board and would be taken forward as part of the IMTP process.

IW & JR

Resolved – that:

- (a) The Committee supported the preferred option put forward by the Mental Health Clinical Board as a combination of options 2 and 3.**
- (b) The Committee would receive a progress report from the Clinical Board.**

IW & JT

SD: 18/077 REVIEW OF THE MEETING

The Committee Chair asked for feedback on the meeting and the following comments were made:

- Staff were grateful that the Chair had moved the agenda around to accommodate their availability.
- The introduction of coffee break was welcomed

SD: 18/078 ANY OTHER URGENT BUSINESS

There was no other business.

SD: 18/079 DATE OF THE NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 8th January 2019 in the Corporate Meeting Room, HQ, UHW

STRATEGY AND DELIVERY COMMITTEE

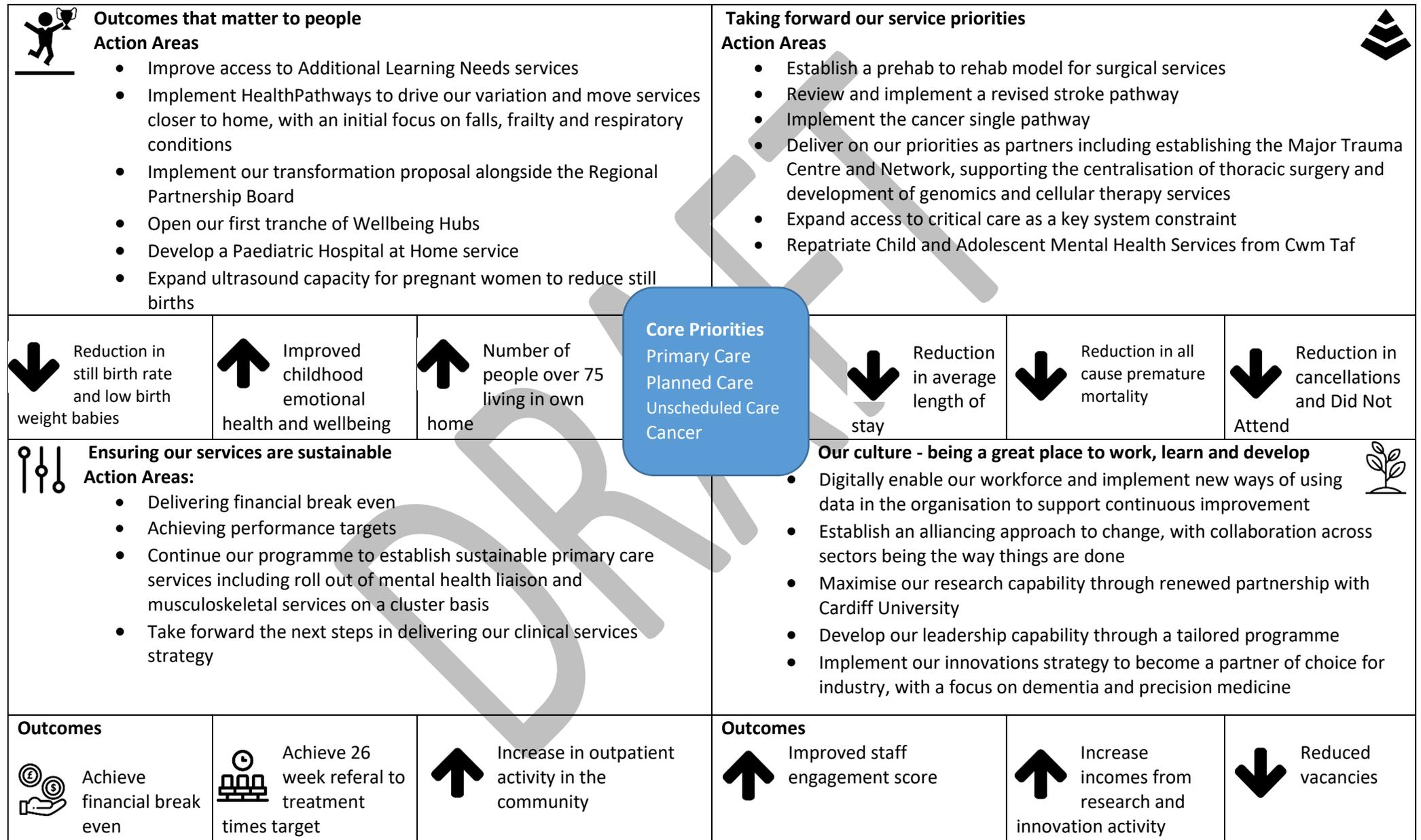
ACTION LOG – 8TH JANUARY 2019

Minute Ref	Subject	Action	Executive Lead	Timescale	Update
SD18/045	Shaping our Future Wellbeing: Planned Performance and Delivery Framework	An update to be presented as to what Management Executives expect to be presented to the Strategy and Delivery Committee	Abigail Harris	November 2018	There was no anticipated completion date but work would progress alongside the IMTP
SD18/048	Estates Strategic Plan	To receive comments from the Committee on the Estates Strategic Plan	Abigail Harris	November 2018	The plan was presented to the September meeting. No further feedback had been received.
SD18/049	Workforce Delivery Plan	To review the variable pay metric and determine if it was providing an instructive overview	Martin Driscoll	November 2018	To be presented to the March 2019 S & D Committee
SD18/052	Performance Mapping	Report on Performance Mapping to be presented to the November S&D Committee Meeting	Sharon Hopkins	November 2018	The Director of Transformation provided a verbal update and informed the Committee that the final report on Performance Mapping would be presented to the January Committee.

					This would now be March 2018.
SD18/025	Study Leave Procedure	The study leave procedure for Medical Staff needed to be placed on the internal audit plan	Nicola Foreman	November 2018	The Committee were advised that this would be placed on the Internal Audit Plan for 2019/20 as the plan for 2018/19 was already agreed.
SD18/068	Committee Work plan	Completed work plan to be presented to the next meeting of the S & D Committee	Nicola Foreman	March 2019	
SD18/070	Equality Agenda	A report to be presented to the Committee on the way forward for equality to enable assurance to be provided to the Board	Martin Driscoll	March 2019	
SD18/072	Staff Survey Results	An employee stakeholder group to be created to review the staff survey and choose 3 or 4 areas on which to focus their attention. Report to be presented back to the Committee	Martin Driscoll	March 2019	
SD18/072	Staff Survey Results	A 'people's dashboard' to be	Martin Driscoll	March 2019	

		developed and presented to the Committee to show absence rates, appraisals tribunals etc			
SD18/073	Transformation Bid Update	The transformation dashboard should be regularly presented to the S & D Committee to note progress being made	Sharon Hopkins	March 2019	
SD18/074	Staff Nursing Act – Mental Health Clinical Board	A progress report to be provided to the next meeting of the S & D Committee by the Mental Health Clinical Board	Ruth Walker	March 2019	

PLAN ON A PAGE: This diagram sets out our Delivery Priorities for 2019-22, mapped against our Strategic Priorities which are also our wellbeing objectives



Me, My Home, My Community

Caring for people, keeping people well is a mission without boundaries. Our residents and the wider population we serve don't see the acronym above the door. We need to work not simply to build integrated services but to support resilient communities. This is why this plan is set in the context of our Area Plan and is focused on supporting the wellbeing of communities.

The next three years will take us over the halfway mark of our long term strategy [Shaping Our Future Wellbeing](#) and we remain fundamentally committed to its delivery. The objectives of the strategy; home first, empowering individuals, delivering outcomes that matter to people and avoiding waste, harm and variation are objectives which cross organisational boundaries and support the achievement of the Area Plan. In setting the national context A Healthier Wales correlates with Shaping Our Future Wellbeing but challenges us to go further in partnership across the public sector and to accelerate the deployment of our strategy.

Sustainability for Cardiff and Vale UHB cannot be achieved without sustainability in NHS Wales's system, social care and communities. Our strategy and this plan recognises the important role we play in delivering specialist services across South Wales, our responsibility for teaching the next generation of clinicians and delivering excellence in clinical research and innovation.

We have built a platform of sustained delivery, there has been continued improvement in the performance of our health system and we have demonstrated operational grip. We now need to move from this foundation of delivery to tangible transformation of services for our communities, focused on delivering better value.

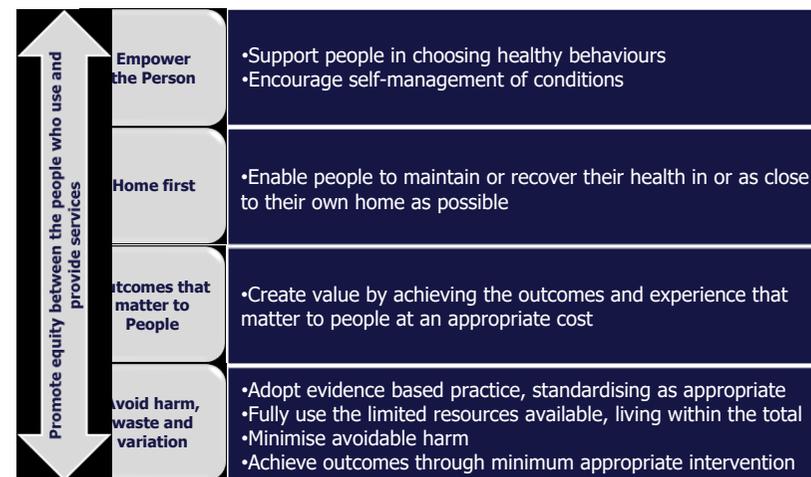
Our approach to delivering this step change is drawn from learning from our partnership with Canterbury District Health Board and other successful change

programmes. We will change the way we use data in the organisations to support decision making, understand the impact of change and monitor the benefits across our communities. This more effective use of data will allow us to support clinically driven change at a faster pace, reducing bureaucracy as we focus on outcomes and impact. Driving out variation and supporting primary care through the implementation of standardised health pathways will also be central to our approach to change. Planning, delivery, finance and workforce are not separate facets of an organisation, our approach is an integrated one further integrating these elements.

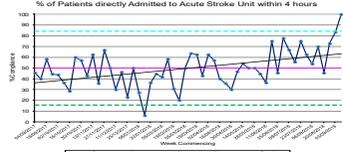
You will see throughout this plan a focus on prevention, bolstering services in the community and supporting the timely access to care regardless of the nature of this care and the organisation delivering it. Prevention is working in partnership to co-produce the best possible outcomes, you will see in the plan actions to develop resilient communities, optimise the benefits of interventions and develop wellbeing services in partnership with local authorities and the third sector.

Ultimately this plan, alongside the Area Plan, is about people. Our vision is that a person's chance of leading a healthy life will be the same wherever they live and whoever they are. In setting our plan for the next three years, this is the measure by which we will test success.

Our Design Principles



Celebrating Success; Delivery In 2018/19

 Home First <ul style="list-style-type: none"> ✓ GP led memory clinics established ✓ Established a Welsh gender identity service, reducing trips to London for patients ✓ Successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist e-support to GPs, for people with mild to moderate mental health problems. ✓ Increased capacity of the Hospice at Home service (in collaboration with Marie Curie), increasing the numbers of individuals supported wishing to die at home ✓ GP led, one stop community cardiology clinics established in two GP clusters at North Cardiff and Rumney primary care centres 			 Outcomes that matter to people <ul style="list-style-type: none"> ✓ Integrated working across the department of sexual health, medicines management, clusters, and secondary care, to standardise contraception prescribing between primary and secondary care ✓ End of life education provided to the Urgent Primary Care Out of Hours team (OOHs) by the palliative medicine consultants and the Macmillan GP, through collaboration with Macmillan, City Hospice and Marie Curie Hospice ✓ The recruitment to non-commercial studies in 2017-18 increased by 13% and is up 30% in Q2 of 2018/9 		
 <p>91% Community Pharmacy Contractors have Choose Pharmacy</p>	 <p>22,063 Dementia Friends Created</p>	 <p>50% reduction in referrals to Community Mental Health Teams in East Cardiff</p>	 <p>95% Patient Satisfaction score</p>	 <p>6% Improvement in 30 day mortality following Emergency Laparotomy</p>	 <p>Over 900 Staff training in quality improvement methodology</p>
 Empower the person <ul style="list-style-type: none"> ✓ A UK research project on the viability of family administration of medication at home for palliative patients is currently underway in Cardiff, linking with the Marie Curie Research Centre. This will provide patient and family focused information about preferences and opportunities to improve end of life care at home, enabling timely pain relief ✓ Development and introduction of Collaborative Community Falls Clinics to educate patients on avoiding falls, responding to falls, and recovering from falls ✓ Collaboration with a range of community partners to make Western Vale a Dementia Friendly Community, thus enabling patients and their families to feel better supported in their local communities and able to continue living longer at home 			 Avoiding Waste, Harm and Variation <ul style="list-style-type: none"> ✓ 100% of the undergraduate dental students graduated and were successfully placed in dental foundation programmes across the UK ✓ Appointment system in the department of sexual health was changed to a walk-in system, which has reduced the DNA rate from 9% to 1.6%, resulting in a saving of £60,000 per annum. This change has also enabled the service to see an additional 1,050 patients ✓ One week placements offered to five pre-registration pharmacists in 2018/19 to offer them exposure to primary care ✓ Working collaboratively with the All Wales Healthcare Acquired Infection Reduction Group, PCIC has achieved a 24% reduction in e-coli incidence between March and September 		
 <p>Over 500 Staff trained in Making Every Contact Count</p>	 <p>4628 Home visits made to provide holistic assessment</p>	 <p>71% Flu Vaccine Uptake by over 65s</p>	 <p>% of Patients directly Admitted to Acute Stroke Unit within 4 hours</p>	 <p>24% Reduction of E-Coli incidence in Primary and Community Care</p>	 <p>94% Safety Solution Compliance</p>

The Plan For 2019 To 2020

This document is designed to capture our core intentions, give clarity on our priorities, be clear on the anticipated improvement and, importantly, help our staff understand how their work contributes to the delivery of Shaping Our Future Wellbeing.

Our core priorities for 2019/22 are:

1. Primary Care: sustainability and the further development of community services
2. Unscheduled Care: delivering a resilient and high performing system
3. Planned Care: meeting standards
4. Cancer Service: delivering the single cancer pathway and improved outcomes
5. Achieving Financial Balance

You should be able to identify how all of the activity set out in this plan links back to these core organisational priorities. Embedded within each is a focus on all forms of prevention; building resilience in the community, targeting secondary prevention in our planned care programme and building early intervention and long term prevention into our health pathways.

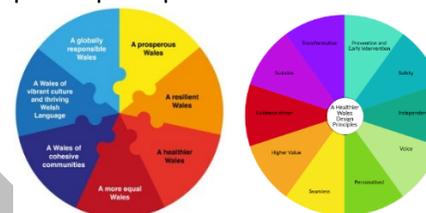
The plan is split into three broad sections

1. Our context and driver across our region as a partner in health services and our clinical services strategy
2. The core enablers for delivering improvement
3. Our key actions for 2019 to 2020

A single document can never capture the breadth of activity that takes place across the health board. Planning is not about a single document and this plan should be read alongside a range of plans and the annexes which set out in detail our intentions for the next three years.

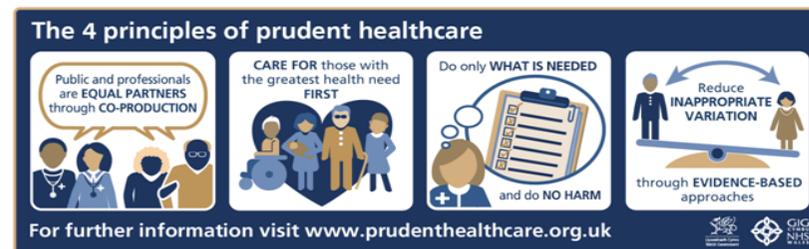
You will be able to recognise that this plan is set in the context of A Healthier Wales and the design principles encompassed within it. We have also drawn heavily on the Well-being of Future Generations Act in shaping our plans. You will

not find in this document a separate section listing projects we are delivering to support the act. The act challenges us to fully embed the five ways of working within our work; the Strategic Priorities in Shaping Our Future Wellbeing are our Wellbeing Goals. We have included some flags to identify how our activity aligns with the act but we hope the principles of the act shine through our plan.



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Our Context and Drivers		Key Enablers	
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Prevention

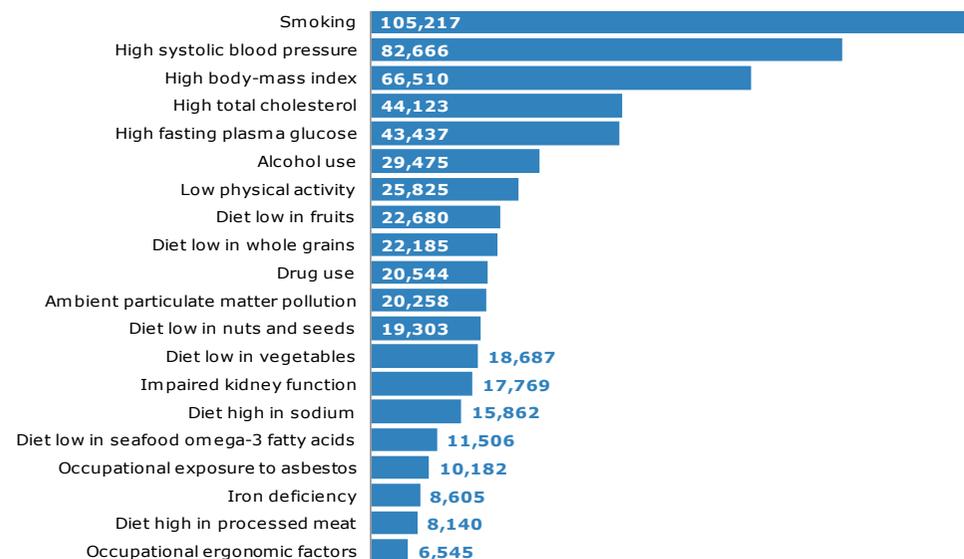
Prevention is a core aspect of the health board's approach and seen as everyone's business in the organisation.

The key health needs of our population are set out in the Population We Serve section above. These include a growing and ageing population, stark health inequalities, changing patterns of disease, widespread unhealthy behaviours and social isolation and loneliness.

It is estimated that around a quarter (23%) of premature deaths are avoidable, with much of this burden relating to ischaemic heart disease and lung cancer (ONS, Avoidable Mortality in England and Wales, 2016). People who die prematurely from avoidable causes lose on average 23 potential years of life. A review of the main contributors to Disability Adjusted Life Years (DALYs) in Wales is shown below, highlighting the importance and impact of tobacco use, cardiovascular disease, obesity, diet, diabetes, physical activity, substance misuse and air pollution, on health.

Top 20 risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2015

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



In response to these needs, preventative action is a key element of each of the plans of the clinical boards, complemented by strategic co-ordination and delivery of prevention programmes locally by the public health team. Our full work programme and outcome measures are described in the [Cardiff and Vale Local Public Health Plan for 2019-22](#); priorities include tobacco (implementing the key components of the smoking cessation system framework), immunisation, healthy weight (launching our Moving More, Eating Well healthy weight strategy), healthy eating and physical activity, with cross-cutting action on reducing inequalities in health.

Our focus is on individual behaviour change and developing environments which support and promote health, taking action on the built environment (for example to promote health travel behaviour) and other wider determinants of health such as education, housing and employment. Addressing clinical risk factors such as the management of hypertension will be taken forward through close liaison with primary care. Prevention and early intervention on children's emotional and mental well-being and resilience is led by Children and Women's Clinical Board, working closely with key partners.

We work across a number of settings, including primary care clusters, pre-schools and schools (reflecting action on early years and positive childhood experiences as priorities), dementia-friendly communities, Food Cardiff and Food Vale, and workplaces. We work closely with partners in the public, private and third sectors directly and through the Public Services Boards in Cardiff and Vale, and the Regional Partnership Board, and with specialist public health colleagues working in screening, health protection and environmental health. Making Every Contact Count training is offered to professionals across the health and care system to embed prevention throughout our pathways, and we are working directly with our clinical boards to establish a clinical prevention programme.

In developing our plan we have worked closely with colleagues across the health board and in Public Health Wales, aligning our work with the strategic direction of both organisations.

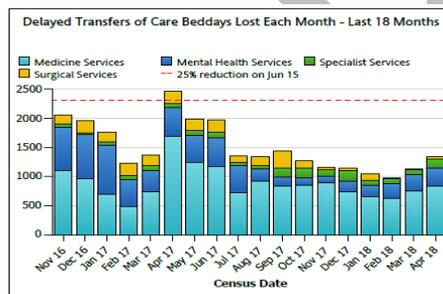
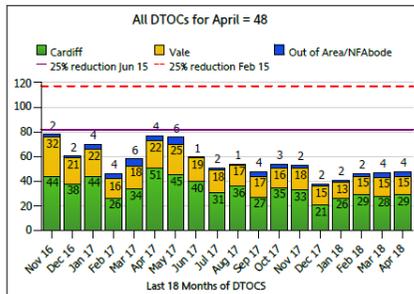
The Area Plan, Delivering For Our Citizens

Delivering performance improvement and meeting the needs of our population cannot be achieved without partnership. Over the last few years our Regional Partnership arrangements have matured and strengthened. The [Cardiff and Vale of Glamorgan Area Plan and Action Plan](#) was published in March 2018 and sets out our regional priorities and the detailed actions we will undertake, over the next five years, to meet the following 12 key care and support needs identified in our [Population Needs Assessment](#)-.

The Area Plan sets the actions we are taking against our integration priorities:

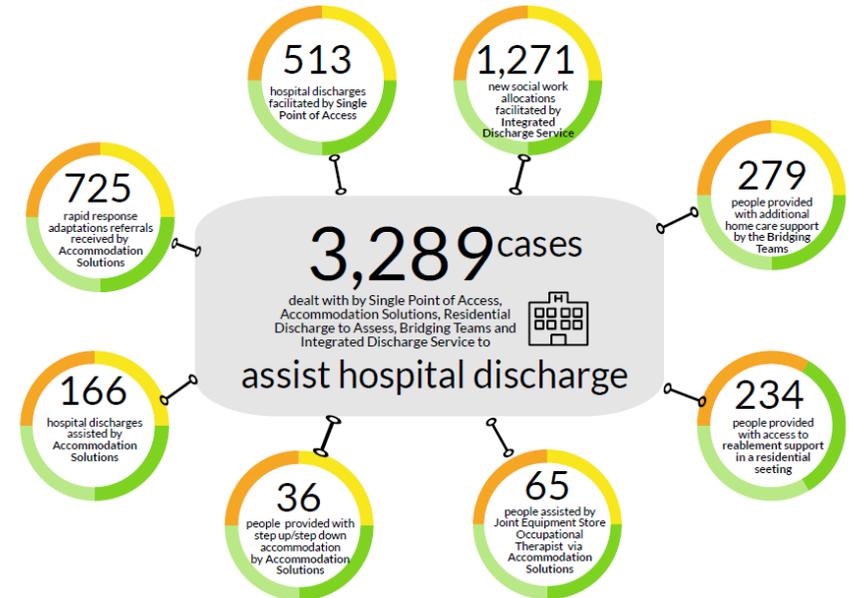


We are already seeing the impact of this work. Programmes such as the introduction of First Point of Contact, Single Point of Access and Discharge to Assess have contributed to improvements in delayed transfers of care across Cardiff and the Vale



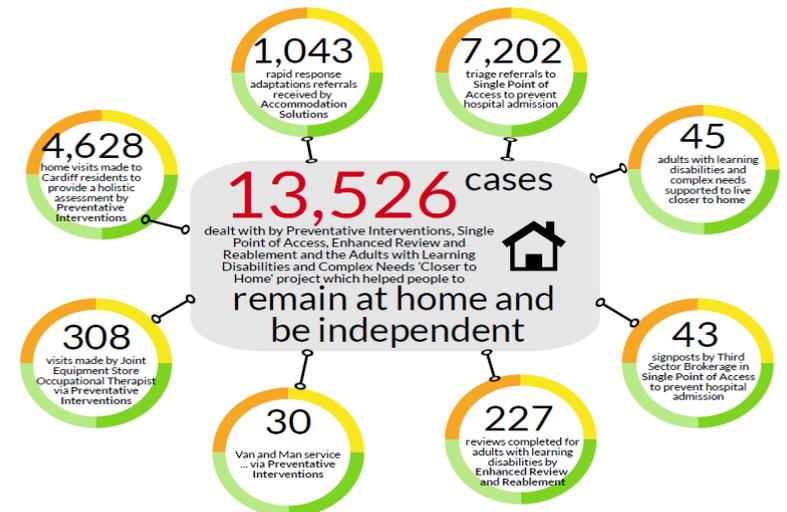
Integrated Care Funding is also making a significant impact in improving the lives of our citizens. Some of the achievements are set out opposite and a full annual report on the work of the Regional Partnership Board has recently been published.

Integrated Care Fund Impact of Assisting Hospital Discharge



What Matters to Me | Home First | Sustainable and Prudent Use of Resources | Avoiding Harm, Waste and Variation

Integrated Care Fund Impact on Home First and Independent Living



What Matters to Me | Home First | Sustainable and Prudent Use of Resources | Avoiding Harm, Waste and Variation

Delivery of the Area Plan and a continued focus on integration will be core to this next planning period. Reducing health inequalities, focusing on prevention, improvements in mental health and improving access to care, regardless of the provider, all require delivery through partnership.

However, regional delivery is not simply about delivering the core elements of the Area Plan. Core to the way we need to transform services in all areas of our work is greater integration. You will see, in the actions we set out for this planning period, a focus on working with partners to improve all areas of care.

As a Regional Partnership Board we have been successful in securing £7M to support the acceleration of change; to join up services with a greater emphasis on prevention and to focus on care in the community. The transformation funding will support

1. Delivering An Accelerated Cluster Model: development of the optimal 'Cluster' using asset-based community development approaches to understand and facilitate connections between the many strengths within people, groups and communities
2. Seamless Social Prescribing: creation of a single entry point to independence and well-being services and stable and non-complex care services
3. Developing A Single Point Of Access For GP Triage: development of an effective GP Triage service by providing support and diverting people away from a GP unless medically necessary
4. Get Me Home; Preventative Services. Development of a single access point within the hospital for all community based services. The team will use 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living
5. Get Me Home Plus: the Get Me Home Plus service will work with a cohort of patients who are more impaired and require a more intense package of re-ablement and homecare support
6. Developing An ACE Aware Approach To Resilient Children And Young People: the project will implement a new way of working across health, social care, education and the third sector to increase resilience and

7. awareness in children and young people (CYP) across Cardiff and the Vale of Glamorgan through peer support, timely intervention and signposting
8. Developing Place Based Integrated Community Teams: this project will provide additional capacity to work with health and social care staff, GPs and the third sector across the region to inform a new 'place based blueprint' for services.

These proposals do not represent the totality of work we undertake with partners but allow us to test new models of care, built on the design principles outlined in A Healthier Wales. They will support us in demonstrating how we can shift more services to the top of our Seamless Care Model



Primary and Community Care

Home first and empowering individuals are core pillars of our strategy. You will see throughout this plan a focus on community delivered services and supporting people to get back to their homes as soon as possible following a hospital stay. Full details of our plans for Primary Community and Integrated Care can be found in the clinical board plan [here](#).

We recognise the pressure on our primary care services and in particular those delivered by our contractor partners such as GPs, pharmacists and dentists. Primary care sustainability is therefore an integral objective for the next three years. Suring up our services will enable us to have a solid foundation from which to take the next steps in transforming community services There are a number of actions we have been taking and will continue to deliver over the next three years to deliver sustainability:

- Rolling out cluster based physiotherapy and mental health diagnosis and treatment service with direct booking from GP receptions
- Providing proactive estates solutions to enable practices to expand
- Reviewing the skill mix within the Urgent Primary Care Out of Hours service to help balance demand and capacity

Transformation and Improvement

It is through Clusters we will deliver an improved model of primary care. The nine clusters across our region are maturing and we want to see further progress made to improve from the baseline position of level one through 2019/20. We have put in place a specific Organisational Design programme for clusters and are reviewing their governance arrangements and resourcing. We are supporting cluster pharmacists in a number of medicine management projects and the roll out of the physiotherapy and mental health services on a cluster basis will further embed cluster based multidisciplinary teams.

The continuation of clusters working in partnership with local authorities and the third sector will further develop over this planning period. Our new models of care supported through the transformation funding will be delivered through clusters, with cluster led programmes on social prescribing, reablement services

and new models of triage. Within the Regional Partnership Board transformation programme we have specifically allocated funding to accelerate cluster development to support place based models of service delivery along with our regional partners.

The third year of this plan will also see the opening of our first Wellbeing Hubs in Maelfa and Penarth, these new centres will see a further strengthening of clusters and their role in the delivery of services in partnership.

The development of clusters and work to transform primary care will be informed by the progress made in the implantation of Pacesetter programmes for falls, pain clinics and social prescribing. For example the collative community falls clinics developed through the pacesetter programme are informing work across the organisation about how we join up our efforts to prevent and manage falls in the community.

The plans for each of our clusters can be found [here](#)

We recognise the crucial role primary and community services deliver as the foundation of our service models. Whilst we recognise the importance of sustainable general medical services our ambition is to deliver truly community based models of care built on a wellbeing model- empowering individuals and home first. We know this can only be delivered in partnership with a range of organisations across our region. Clusters provide a vehicle to design and deliver place based services meeting the needs of communities. Over the lifecycle of this plan we want to create a sustainable base, help clusters to mature and move from a primary care model to a community owned model of care.

Mental Health

We have delivered significant transformation of our mental health services in recent years. The service is now supporting a 4 fold increase in referrals of people seeking support from their GP and has achieved a 40% bed reduction in 10 years with the same numbers of staff. All developments for last year as well as the forthcoming period are collaborative ones, involving one or all partners in major change. This includes working across clinical boards as well as with the Local Authority, police, ambulance and third sector agencies. Our work in mental health is focussed on working across boundaries in the interest of service users outcomes.

In 2017/18 we saw the successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist support to GPs, for people with mild to moderate mental health problems. This is supported by bespoke commissioned third sector psychologically based service. The pilot has evaluated well in reducing demand and improving the quality of primary care mental health services and is now received support for all elements of the model to be scaled up across Cardiff and Vale. This is potentially a revolution in mental health support to meet ever increasing demands on GPs.

Following an extensive engagement exercise with the community health council and others, 2018 saw the co-location of the three Vale Community Mental Health Teams, as a step towards the establishment of health and well being centres described in Shaping Our Future and Well Being Strategy. The teams are now functioning as one with efficiencies seen in managing demand, liaising more easily with related health and other agencies and seeing professionals working differently and more focussed on service user outcomes and needs.

Recurrent investment from Welsh Government has been put to good use. All additional monies are focussed on the principles of 'Home First, reducing hospital delays, improving access to psychological support and adding capacity to pressured specialist teams and supporting the integration. For Example investment in areas such as; First Episode Psychosis (pre-empting the Camhs repatriation), substance misuse dual diagnosis, psychological therapies and

MATRICES Cymry. In addition we have invested in Peer Support Workers as part of a recovery college, the enhancing of EU cover, investing in specialist support to the CRTs to enhance the 'team around the individual' described in the dementia strategy and avoid unnecessary admissions...

A 26 week 'Referral To Treatment' target for the commencement of a psychological intervention was introduced in 2018. This is welcomed and initial submissions reveal that we have up to 3000 people at any one time awaiting a formal Psychological Intervention with approximately 70% of those receiving this within the 26 week waiting time. This performance compares very well to our peers but we want to go further in driving improvement against the measure.

Our Mental health services now look after approximately 97% of its specialist caseload in community settings. It is this home first model and increasing working across boundaries that we want to continue through this planning period. The current 'Together for Mental Health' delivery plan runs concurrently with this IMTP period with priorities up until 2022.

Our plan for Mental Health services can be found [here](#)

It sets out our priorities for 2019-22 which include:

- Improving Mental Health Services for young people
- Developing the Team Around the Individual for dementia patients
- Reviewing our Community Mental Health Team model
- Opening our Young Onset Dementia Unit

Cancer

We know that cancer outcomes are not good enough. Whilst we have made progress in recent years there is a need to accelerate the rate of improvement. We have challenged ourselves to make enhancements in cancer outcomes through focussing on transformation right across the cancer pathway.

The first tranche of this work will initially focus on Bowel and Lung Cancer, as they are both common cancers and mortality from these cancers is higher than we would want. This does not mean we will not be seeking improvements in other forms of cancer. We will concentrate our efforts and test our approach to change in the areas where we know we need to make significant improvement.

Cancer by mortality in Cardiff and Vale (2013-2015)

Cancer Type	Count	Crude Rate	EASR
Lung	706	48.84	62.14
Colorectal	350	24.21	30.93
Colon	190	13.14	16.70
Pancreas	187	12.94	15.93
Breast	209	14.46	15.64
Rectum	160	11.07	14.23
Oesophagus	144	9.96	13.21

Improving Cancer Outcomes- A whole System Approach

Me, My Home, My Community – Prevention and Identification	Working with local authority and third sector partners we are putting in a range of community roles to support social prescribing, helping people to connect with local groups to become more active and combat social isolation.
Aim- Improve stage at diagnosis Lung Stage 4- 45.3%	We will equip these community champions with knowledge about Bowel and Lung cancer to help identify symptoms and signpost people to the right services. Developing resilient

Colorectal Stage 4- 16.9%	communities who can be champions in supporting people be active and make positive choices such as quitting smoking
Improving Screening	Our bowel screening rate is the lowest in Wales at 51.5%, we want to set ourselves a stretch target of pushing the rate past 70% over the next three years. The introduction of FIT testing in 2019 is an opportunity to improve screening rates, using community teams and partnership working to encourage uptake.
Responsive Clusters	Through the introduction of HealthPathways we will give GPs better access on how to ensure people are diagnosed and treated as quickly as possible, the standardised pathways for Bowel and Lung Cancer will reduce variation and ensure consistent access. We will also put in place FIT for Symptomatic Screening to help GPs differentiate between bowel disorder and cancer
Endoscopy Improvement	We have already put in place an improvement programme in our endoscopy services we know we need to continue this work and maximise capacity to speed up the diagnostic process
MOT – Maximising Outcomes for Treatment	Ensuring people are in the best possible shape for surgery can have a significant impact on clinical outcomes we will take actions to maximise timely treatment to include: <ul style="list-style-type: none"> - Encouraging people to take appropriate exercise supported through social prescribing and community groups - Intense prehabilitation to ensure issues such as Anaemia are addressed - Providing more information to patients about the surgery process and experience - Pre-operative assessment clinics - Enhanced recovery after surgery programme and post operative bundle in place
Capturing the experience	Importantly we will be capturing Patient Reported Outcomes Measures, to help us better understand the impact of the interventions.

Regional Planning

We are committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved in 2018/19

Specialty Workstream	Progress in 2018/19
Paediatric, obstetrics and neonates.	<ul style="list-style-type: none"> Cwm Taf completed a review of proposed activity flows based on updated local clinical pathways for Paediatric A&E emergencies and for obstetrics following local engagement with mothers-to-be. Revised flow arrangements shared with AMU UHB, C&V UHB and WAST to inform changes to planning assumptions for activity changes proposed in March 2019. Capital scheme at PCH completed and UHW NICU and Obstetrics capital schemes on schedule.
Vascular services.	<ul style="list-style-type: none"> The commencement of a regional out of hours interventional radiology rota from the 4th February 2019, with agreement of a 4th Interventional Radiologist at Cardiff & Vale UHB. Following appraisal, agreement to plan for a single step approach for the centralisation of arterial surgery at Cardiff & Vale UHB, with spoke services at Royal Gwent and Royal Glamorgan Hospitals.
ENT.	Claire to draft.
Diagnostics	Julie to draft.
Ophthalmology	<ul style="list-style-type: none"> Development of plans to eliminate long waiting patients by the end of March 2019.

	<ul style="list-style-type: none"> Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Orthopaedics	<ul style="list-style-type: none"> Collective demand and capacity plans developed. Service models and implementation plans for the development of community based assessment services shared. Service specifications for common pathways shared

The 2019/20 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes

Specialty Workstream	2019/20 Work Programme	Local Actions
Paediatric, obstetrics and neonates.	<ul style="list-style-type: none"> Finalise detailed service specifications to reflect revised clinical pathways and flows Continuously and collectively monitor operational changes implementation during 2019-20 to ensure any ongoing service sustainability pressures are collectively addressed 	<ul style="list-style-type: none"> Finalise and implement additional capacity plans in Neonatal, Obstetrics and Paediatrics in line with Children & Womens' Clinical Board implementation plans
Vascular services.	<ul style="list-style-type: none"> Post implementation review of the Out of Hours Interventional Radiology Service. 	<ul style="list-style-type: none">

Specialty Workstream	2019/20 Work Programme	Local Actions
	<ul style="list-style-type: none"> Detailed planned of the centralisation of arterial vascular surgery to enable implementation in 2019/20. Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation. 	
ENT.	Claire to draft.	
Diagnostics	Julie to draft.	
Ophthalmology	<ul style="list-style-type: none"> Refresh of regional plans to improve elective access, reduce and delayed follow ups that reflect the impact of revised prioritisation. Prioritise the digital enablers for the transformation of eye care services and community solutions, piloting the Electronic Patients Record and the Elective Referral on behalf of the All Wales procurement. Development of the case for a Regional High Volume Cataract Facility for South East Wales. 	<ul style="list-style-type: none">
Ophthalmology	<ul style="list-style-type: none"> Refresh of regional plans to improve elective access, reduce 	

Specialty Workstream	2019/20 Work Programme	Local Actions
	<p>and delayed follow ups that reflect the impact of revised prioritisation.</p> <ul style="list-style-type: none"> Prioritise the digital enablers for the transformation of eye care services and community solutions, piloting the Electronic Patients Record and the Elective Referral on behalf of the All Wales procurement. Development of the case for a Regional High Volume Cataract Facility for South East Wales. 	
Orthopaedics	<ul style="list-style-type: none"> Update and share 2019-20 demand capacity plans to identify opportunities for collaborative capacity-sharing. CEOs to confirm each UHB T&O strategic service configuration plans in order to identify and share regional capacity development proposals. Produce high-level regional capital & revenue implications across the South Central UHBs to compare with a centralised elective facility option 	<ul style="list-style-type: none"> As regional Orthopaedics Lead Organisation, appoint Project Manager to co-ordinate supporting work programme
Major trauma	<ul style="list-style-type: none"> Supporting the NHS Wales Collaborative in the development of the Business Justification Case and in the 	<ul style="list-style-type: none"> Appoint programme lead and project manager for Major Trauma Centre

Specialty Workstream	2019/20 Work Programme	Local Actions
	<p>actions to deliver compliance with relevant standards.</p> <ul style="list-style-type: none"> ▪ Development of the Business Justification Cases for Major Trauma Units within Cwm Taf and Aneurin Bevan UHBs. ▪ Development of the Outline Business Case for the Major Trauma Centre at the University Hospital of Wales. 	<ul style="list-style-type: none"> ▪ Development of local clinical pathways ▪ Implement Major Trauma data base
Transforming cancer services	<ul style="list-style-type: none"> ▪ Development of an Outline Business Case for a Radiotherapy Satellite Centre at Nevill Hall Hospital as part of the Velindre NHS Trust Transforming Cancer Services Strategy. ▪ To support Velindre NHS Trust with the Transforming Cancer Services Programme Business Case and the Full Business Case for the new Velindre Cancer Centre. 	<ul style="list-style-type: none"> ▪ Development of joint radiopharmacy facility

18 /19 with the relevant statutory agencies and clinical representation across all key stakeholders. The most recent work has seen option appraisal workshops held to further work through these options and to score these models across a number of service and activity assumptions.

It is understood that UHBs will expect to incur additional costs as associated with the developing modelling work for 2019/20, as well as contributing to initial costs associated with the implementation of a regional paediatric service which took effect from the final quarter of 2018/19. These costs have already been highlighted with finance leads. Further work will need to take place early 2019/20 to develop the commissioning framework which will underpin the new service model and associated costs which will be incurred by the commissioning organisations including UHBs and the police forces across the region.

Sexual Assault Referral Centre

Health Boards and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during

Working With The Wider Health System

As we have set out a number of times in this document, working in partnership is core to the delivery of Shaping Our Future Wellbeing and achieving the ambition of A Healthier Wales. We have set out our role with our partners on the Regional Partnership Board and in achieving the ambition for health services across South Wales. In this section, we want to highlight just some of the work we will be undertaking with partners. This is not the full extent of our collaborative endeavours, but provides a snapshot of our approach.

Working with the Welsh Ambulance Service Trust to keep people well in their homes

Working through the emergency ambulance service committee framework and the agreed [Commissioning Intentions](#), we have developed a strong relationship with the ambulance service. We are looking to continue the progress we have made with joint initiatives such as:

- Frequent Attenders; supporting WAST in phase 2 of their programme working with nursing and care home staff to avoid unnecessary 999 calls
- Care Home Integrated Support Teams; expansion of work to reduce the number of calls from care homes and patients admitted to the emergency departments, focusing on a community-led approach
- Implementing additional 'direct-access' ambulatory care pathways

The recently published [Amber Review](#) demonstrates the progress made in providing a clinically driven response in emergency situations. The report sets out a number of opportunities for improvement, in particular supporting the ambulance service to get vehicles back on the road as soon as possible. A system wide response is needed to address this challenge. The actions we have set out in prevention, supporting more people to live well in their communities and our focus on reducing length of stay will also support improvement in ambulance provision. We are pleased to be working with the ambulance services not just on the emergency part of their service. Advanced paramedic practitioners can play a vital role in supporting primary care. Non-emergency patient transport similarly plays an unrecognised role in service transformation. For example the redesign

acute coronary syndrome and introduction of a dedicated access vehicle has seen a reduction in referral to transfer times to two days, dramatically improving patient care and achieving NICE standards.

Working with Velindre NHS Trust

Focusing on the appropriate use of blood products can make a significant difference for the Welsh Blood Service in managing the supply and demand of blood products across the system. Through the national [Blood Health Plan](#) we are focusing activity on using tools to make appropriate use of type O negative blood and reduce errors in the mis-identification of patients to improve transfusion practice.

The Welsh Blood Service is about much more than the supply of blood products and we are pleased to be working alongside it to support the programme of work led by the blood service to bring forward novel cell therapies as part of the Midlands and Wales Advanced Therapies Treatment Centre. This is a truly collaborative project with our neighbours in Cardiff University, industry and the NHS in Birmingham which has received £7.3M in funding from Innovate UK to bring forward new cellular therapies. The development of cell therapy services is built into our plans for the development of our estate.

We will be working closely with Velindre Cancer Centre to ensure seamless services for cancer patients; further aligning our pathways, developing acute oncology services and jointly working on ensuring sustainable radio pharmacy services. We are also committed to the Transforming Cancer Services Programme.

NHS Wales Shared Services Partnership

Shared Services provide an invaluable role in supporting our work with 95% of NHS Wales expenditure processed through shared services systems and processes. Shared Services support is helping the organisation to maximise every pound spent though supporting work on value based procurement and ensuring effective contracting models are in place with our contracted services in primary care.

As we have set out in the plan, recruitment and retention of staff is a key enabler for our plans. Maximising Hire to Retire and the agility of our Electronic Staff Record is crucial to be able to respond as staffing pressures emerge.

Shared Services plays an important role in unsung areas which support service sustainability and transformation. We will continue to work with the service in areas such as;

- Scan and Store Service are creating capacity in GP surgeries to meet population growth
- Developing contracting models that allow for greater collaboration and sharing of premises across multiple public, private and third sector partners
- Delivering an effective laundry service, supporting the smooth and efficient running of hospital services

NHS Wales Informatics Service

Effective systems and the ability to turn data into meaningful information is essential to the delivery of our strategy. The goals of the Informed Health and Care Strategy are aligned with the objective of Shaping Our Future Wellbeing.

National System usage and roll out:

Position for CAV – NIMB October 2018

Secondary Care	WCP Path Requesting	National PACS	WLIMS Blood Transfusion	WLIMS Histology	WLIMS WFAH	WLIMS Mortuary	WFOCT	GP Links (LWV)	WIAS	WPRS	MTeD	WCCG Phase 2	WEDS
	88%		See comments	See Comments	N/A	See Comments	*	50%		94%	92%	Pilot readiness underway	
University Hospital of Wales	Apr 16 – Mar 19		See comments	See Comments	N/A	See Comments	*			Nov 15 – Mar 19			
University Hospital Llandough	Jul 16 – Mar 19			N/A	N/A		*			Nov 15 – Mar 19			
Other Sites	Jul 16 – Mar 19						*			Nov 15 – Mar 19			

Primary Care	Choose Pharmacy	GPTR Reporting	GPTR Requesting	WCCIS
	76%	0%	0%	
CARDIFF & VALE	Oct 17 – Dec 18			*

* "National Product Available" date awaited
(P) Pilot

Completed Started and/or plan in place Agreement to implement - plan not in place Implementation agreement/ approach outstanding Not Applicable or New N/A or New

Welsh Health Specialised Services Committee

Our relationship with WHSSC is both as a commissioner and provider. As a provider we have improved our relationship and governance arrangements over the last year, ensuring a more robust approach to the development of service proposals. As a commissioner, we continue to participate in the effective collaborative process and support the increasing focus on clinical value in the proposals put before the joint committee.

Details of the WHSSC service developments for 2019-22 are included in relevant clinical board plans. As a high level summary, in line with the WHSSC Integrated Commissioning Plan, we will be taking forward service developments which include:

- Paediatric Endocrinology (Children and Women Clinical Board)
- Cardiac Ablation (Specialist Services Clinical Board)
- Augmented Alternative Communication (Specialist Clinical Board)
- Genetic Testing
- BAHA/ Cochlear Replacement and Maintenance (Specialist Clinical Board)
- Paediatric Rheumatology (Children and Women Clinical Board)

Neurosurgery services are a WHSSC commissioned service and remain a key risk area for the health board and joint committee. We will continue to work with our partners to put forward plans for the sustainable delivery of neurosurgery patients.

Health Education and Improvement Wales

We are delighted to begin working in partnership with the newly created Health Education and Improvement Wales (HEIW). Through recent IMTP planning discussions we have already provided the opportunity to share our agendas, priorities, plans and challenges. We will be particularly pleased to work closely with the organisation as it develops and integrates workforce planning and leadership and succession planning into its core objectives. Early collaboration on our primary care workforce, in particular out of hours, is already underway.

Delivering On Our Commitments

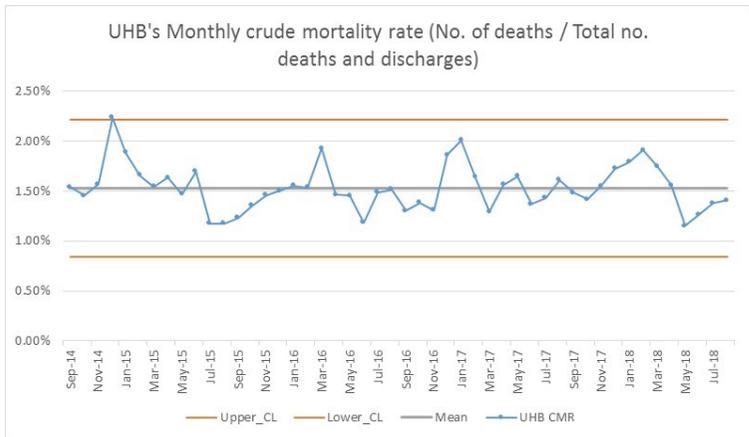
In our annual operating plan, we committed to strategic actions to deliver across the health board. This section outlines the actions we have taken:

We said	We did	Result
Establish a primary care sustainability fund to support struggling practices and develop a response to population growth	 Delivered , £210,000 fund created to support practices	At the end of October the health board had zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations. The application received in September having been successfully resolved.
Establish a collaborative service with South Wales Police to provide a pathway for specialist domestic violence services	 Delivered ,	Training rolled out to GP practices to identify potential safeguarding issues earlier and increasing referrals to advocacy
Review and realign community mental health services in the Vale of Glamorgan, piloting the service model of locality based teams	 Delivered ,	The co-location of the three Vale Community Mental Health teams is a step towards the establishment of the health and wellbeing centres described in the Shaping Our Future Well-being Strategy. It has streamlined access for patients and improved coordination across the Vale
Relocate mental health services for older people to purpose built, dementia friendly environments and improve the service offering	 Delivered	Refurbished facilities collocated with Local Authority and third sector so that once the health crisis is resolved, social care assessment is available for immediate support
Establish a day of surgery admission area to improve efficiency of provision	 Delivered ,	Implemented unit seeking to increase Day of Surgery Admission to 85-90% of cases reducing length of stay
Establish ENT emergency surgery model, separating emergency and elective provision	 Delivered ,	Introduced in November 2018 therefore no data available, but positive engagement from surgical teams
Establish non-invasive ventilation unit	 In progress , having reviewed initial plans further work is required to ensure alignment with developments in critical care. We will be taking this forward in 2019/20	
Stroke pathway redesign	 In progress	A project manager is in place. Further work is required to ensure alignment with regional developments of Hyper Acute Stroke Units
Point of care testing revised model	 We have reviewed the proposal and will not be implementing this year, further scoping required	

Performance Delivery

This section looks at our core performance against some key measures. This allows us to understand where we are making progress so we can support and accelerate improvement and where we need to focus actions to deliver change. Alongside our understanding of our population, understanding our performance to date sets the context for our plans.

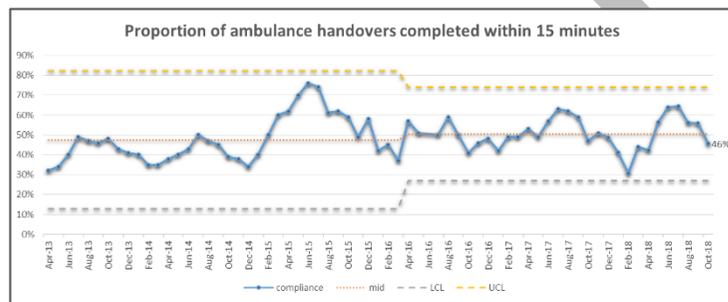
Mortality



The latest data from CHKS continues to indicate that Cardiff and Vale UHB has the lowest risk adjusted and crude mortality rates in Wales. The UHB's Risk Adjusted

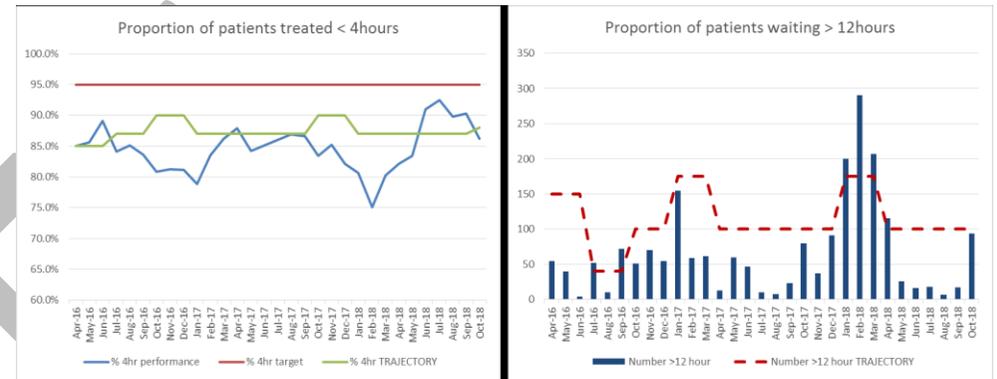
Mortality Index score for the 12 months up to July 18 was 84 (UK mean is c.100) and the UHB's crude mortality rate is 1.5%. This is a positive overall marker of the quality of our system

Unscheduled Care

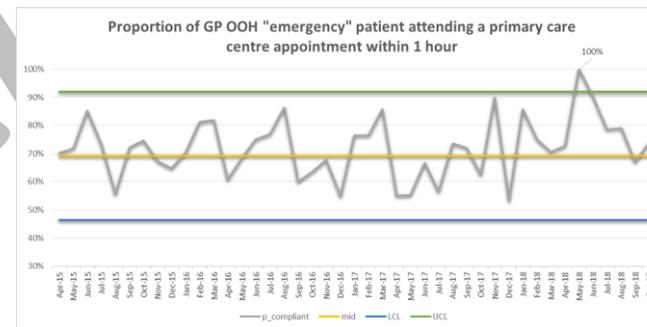


At October 46% of patients were handed over within 15 minutes and 86% of patients handed over within an

hour, which is below the WG minimum standard of 60% within 15 minutes and 100% within 60 minutes. This indicator is reflective of system pressure and demonstrates the performance of our front door in responding to this.



Improvement has been made in performance against the 4 and 12 hours standards. However there remains rooms for improvement to achieve target. Taken together, these measures demonstrate the need for collaborative solutions to reduce pressure and deliver improvement. You will see a range of actions set out in this plan which should support improvement in these indicators.

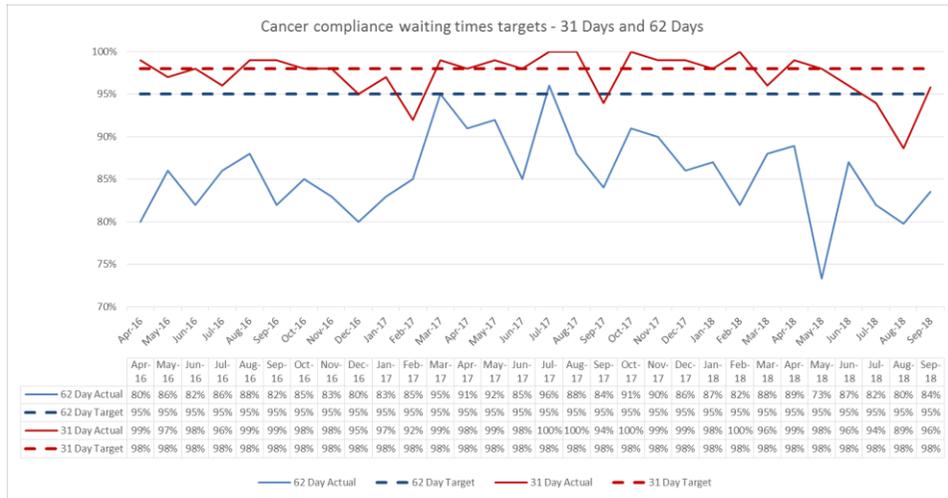


We have seen a trend of improvement in our GP out of hours performance. We need to continue these improvements. Actions to create sustainable primary care services and improve access to out of

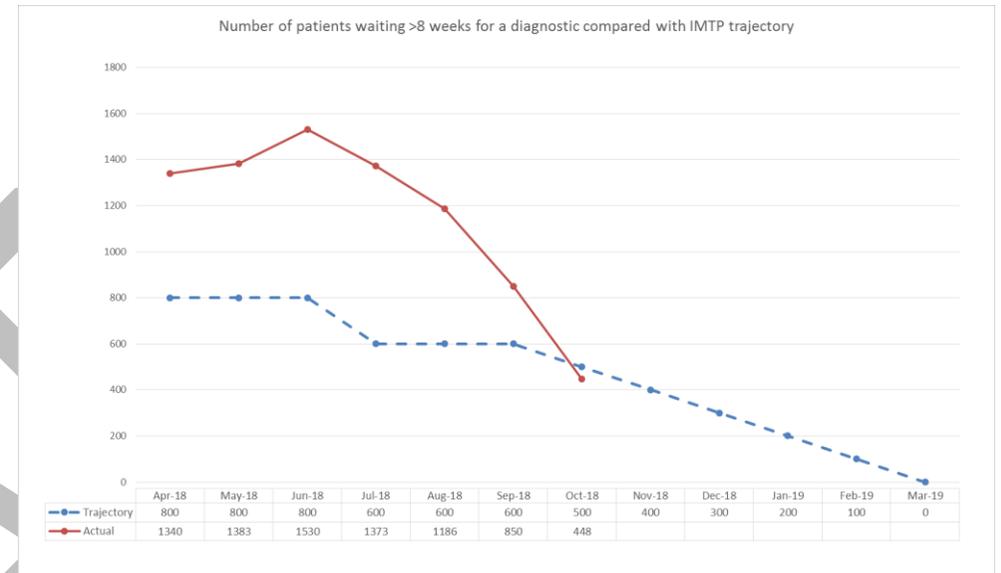
hours care in the community are core to this plan.

Our performance in cancer services remains a challenge. There is action in place to deliver improvement against both of the current targets, however we have to acknowledge there has been a 19% increase in urgent suspected cancer referrals

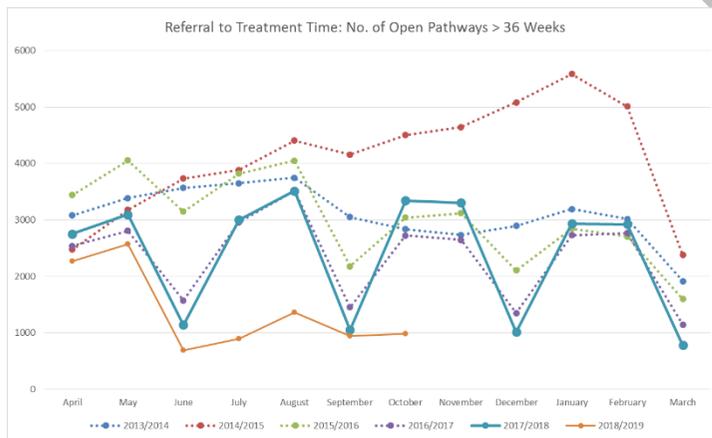
in the year to date. Therefore, whilst we are not yet achieving the target we are seeing and treating more patients than ever before. This plan sets out the actions we will be taking to improve service performance as we prepare for the introduction of the Single Cancer Pathway.



Our diagnostic performance is similarly improving, with those waiting longer than 8 weeks below our trajectory.

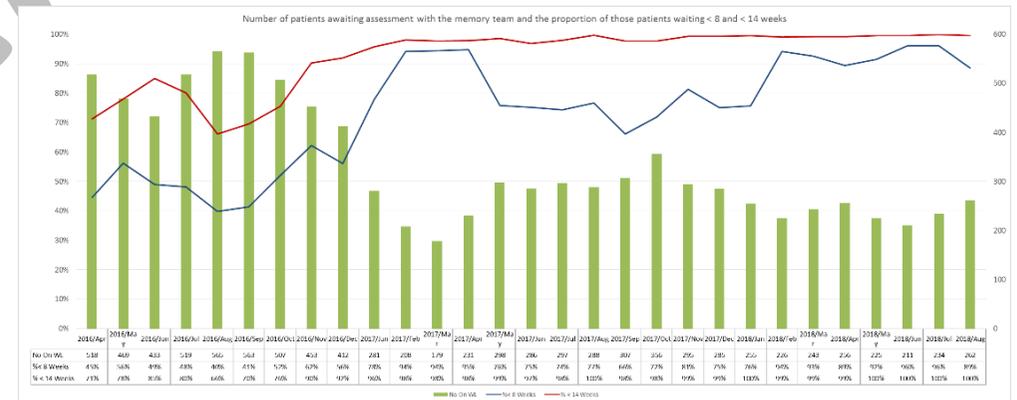


Planned Care



Significant and sustained improvement has been made in our elective pathways. We intend to continue this trajectory and work towards no patient waiting longer than 26 weeks for treatment

Our performance in mental health services remains strong. We continue to achieve 100% of patients waiting less than 14 weeks for a memory assessment against a 95% target.



Clinical Strategy Overview

Our strategy, Shaping Our Future Wellbeing describes our ambition based on a set of design principles to develop and deliver joined-up care based on; home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to people. These principles underpin our approach to the redesign of our health and social care system at both a macro and micro level. We have been working with clinicians and wider stakeholders to develop a strategic clinical services plan. This describes the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population.

The principal priority is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach. We will do this through improved collaborations with our partners in local authorities, the third sector, public health and the universities. The development and delivery of increasingly collaborative services across health and social care teams in the community is already embedded within our Area Plan. They will be continuously strengthened and developed to provide seamless, cluster-focused and locality-based services. These will be designed to meet the specific and variable health and social needs of the local populations within those areas.

Our hospital based services are also being redesigned to meet the needs of our population on a very different model of care. The majority of care will be provided based on standardised clinical pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home. This will ensure the acute intervention is focused on providing those services that can only be delivered in a hospital environment.

Our emerging strategic clinical services plan identifies the critical service redesign proposals and infrastructure developments required to enable a sustainable and high value service model that will support our future model of care.

The primary redesign principles, assumptions and objective for the clinical services redesign plan are outlined here:

Core Planning Principles:

- Whole-system and pathway based approach to planning and delivering health and social care in collaboration with stakeholders (including local authority, third sector, UHB and trust partners) and citizens
- Citizens should receive care at home or as close to home as possible. Hospitals should only provide assessment or care that cannot be provided in the community
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focused on improving outcomes
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care

Core Planning Assumptions:

- Shaping Our Future Wellbeing In The Community will provide the overarching programme for the community infrastructure development to support the shift of care from secondary to community
- UHW will be replaced with a new, fit-for-purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub
- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales which will be delivered from the 'new UHW'
- UHL and St David's hospital will form key components of the hospital services infrastructure to support the clinical services plan

Key Drivers for Change:

- To refocus the health and social care system to prevent ill health and promote individual independence, health and wellbeing.
- Commitment to improve access to care by providing more and better integrated services in the community and to reduce reliance on traditional model of hospital based inpatient care

- Viability of specialist acute services to meet national quality standards based on critical mass of patients and/or co-dependency with other specialties
- Clinical workforce sustainability – viability of medical rotas that enable clinicians to maintain skills, comply with employment legislation and meet mandatory training requirements
- The need to drive much better value from all care services
- The poor condition and functional unsuitability of many clinical environments of care for future healthcare provision
- The need to harness opportunities provided by developments in digital and medical technology, medicines and the real potential of developing personalised medicine
- The need to attract and retain more of our highly trained staff by developing a motivated and sustainable workforce

Emerging Clinical Services Plan for Future Configuration of Healthcare Services:



Our services will be delivered predominantly in patients' homes or from facilities in the community. Opportunities to integrate and/or co-locate community based services across health and social care will be pursued through the development of wellbeing hubs in each of our nine clusters. Wellbeing hubs will be focused on delivering

a social model of health, either through the development of existing assets e.g. health centres, leisure centres, and local authority community hubs or through new builds in areas of extensive new residential development. In each of our three localities there will be a locality based Health & Wellbeing Centre. These will provide the infrastructure to support the services for the locality that cannot be provided in the wellbeing hubs due to the dependence of service on equipment, facilities or critical mass. These services will include:

- diagnostic and clinical support for ambulatory patients
- point of care testing
- plain film x-ray
- outpatient services

- a range of integrated health and social care services that will be tailored to reflect the specific needs of the locality.

Our hospital based services will also need to be reshaped to support the future healthcare service needs of our local, regional and tertiary population within modern and fit-for-purpose infrastructure. The redesign of clinical pathways and development of cluster and locality based integrated care capacity will enable the capacity for hospital delivered care to be right-sized. The ambition for the two major acute hospital sites in Cardiff and Vale UHB is to clearly define their future roles in ensuring that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment. Our clinical services plan will require these two hospitals to operate differently in the longer term.

UHL will provide care for ill but stable patients. Services will include:

- Post-acute/step down, complex or specialist rehabilitation for patients requiring ongoing hospital based care and support
- The re-provision of our tertiary neuro and spinal rehabilitation service will be transferred from Rookwood hospital to UHL
- Ambulatory acute medicine daytime service; run to provide diagnostic assessment and treatment for patients who cannot receive this care in the community but do not require the 24/7 specialist services that will be provided at the new UHW
- Elective surgical treatment centre of excellence supported by a dedicated PACU that will provide ambulatory and appropriate routine, non-complex and high volume surgery to optimise outcomes, productivity and value.





- The provision of hospital based acute adult and older people's mental health services will remain at UHL.

The role for the new UHW will be to provide the immediate emergency and specialist care for acutely unwell and complex patients for our resident and wider catchment population of some regional and our high acuity tertiary services. These are services that are dependent on immediate access to all diagnostic services and imaging modalities, critical care and/or specialist clinical services on a 24/7 basis. The new hospital will provide a modern and fit-for-

purpose facility that will be right-sized to provide the capacity and capability for the range and volume of high acuity and specialist services described. It will be developed collaboratively with Cardiff University to support their medical and life sciences hub and to enhance the innovation, research and development opportunities with wider stakeholders. Clinical pathways will ensure that patients are supported back to their appropriate care location at the point at which they no longer require specialist or high intensity care e.g. directly home or into step down care at either UHL, for specialist rehabilitation, or to a community facility with appropriate community team support.

The services provided will include:

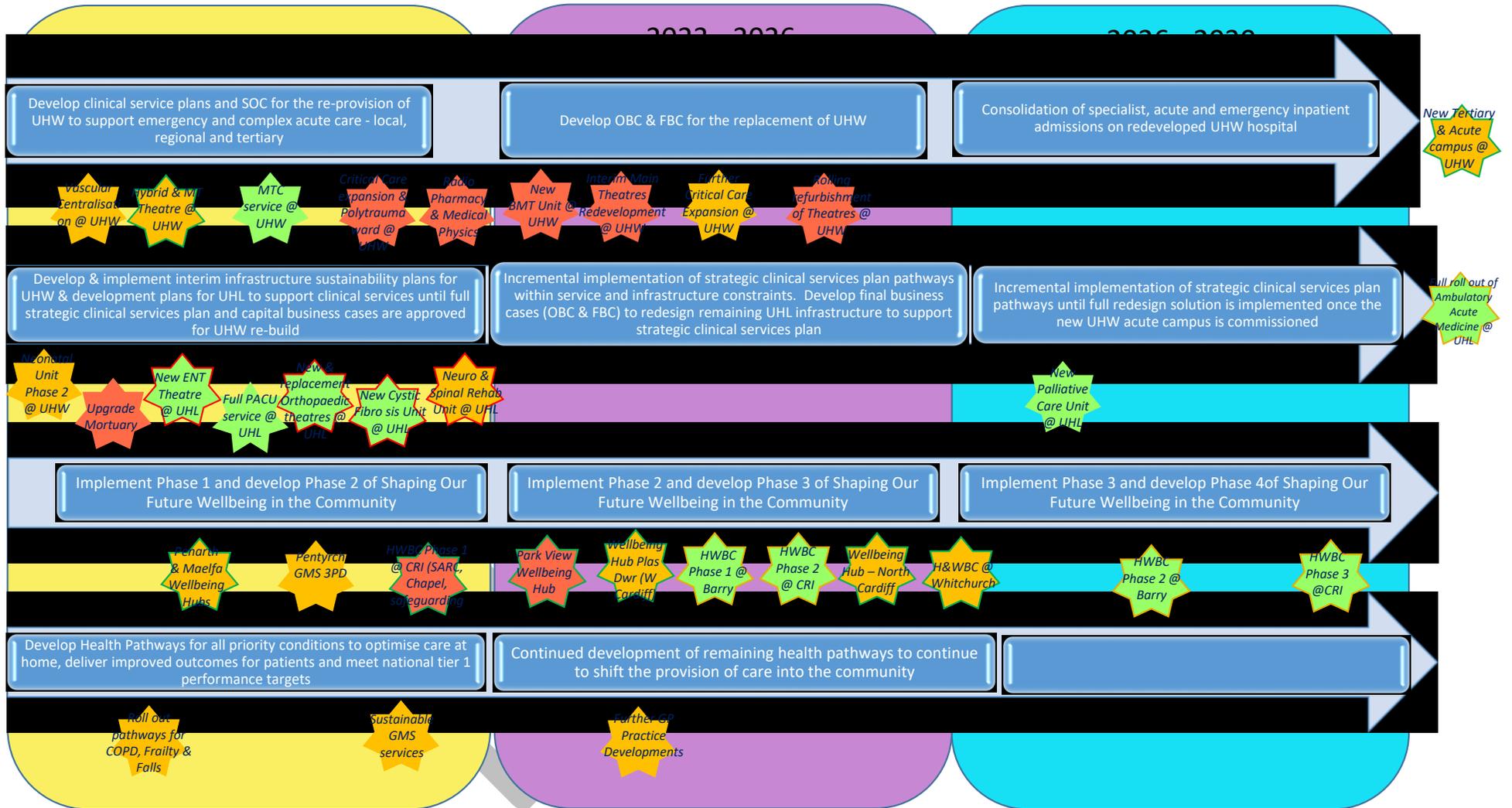
- Major Trauma Centre services
- Emergency Department (A&E) for Cardiff and the Vale catchment
- Unselected acute medical intake for Cardiff and the Vale catchment
- Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services
- All levels of critical care
- All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal
- 24/7 emergency theatre capacity incl dedicated major trauma

- Complex elective surgery – including cancers, spinal, max facs, vascular, robotic surgery
- The Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services
- A co-located consultant and midwifery-led birthing centre
- Neonatal intensive care – all levels
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy and All Wales Genomics service

Red – safety/compliance

Yellow - sustainability

Green – enabling strategy



KEY ENABLERS

Quality

Our Organisational Approach to Quality

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. We recognise that this cannot be a framework that focuses on secondary care, but one that recognises that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient's pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings. What really matters for our patients' carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely.

It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and the UHB will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. During 2018 we have continued work to embed the QSI Framework across the UHB. There have been a number of positive achievements:

- Annual Quality Statement was published in July 2018. An innovative approach was taken working in partnership with the paediatric diabetes team and with children from local schools. This received excellent feedback.
- Continued to increase compliance with patient safety solutions to 92%
- Electronic wristband system has been fully implemented across the organisation
- Excellent work has progressed in the development of a multi-agency falls framework
- An intergenerational, collaborative project, led by the Falls Strategy Implementation Lead, between the UHB, Cardiff University and local primary schools to provide intergenerational falls awareness sessions for community-dwelling residents

- Quality of pressure damage assessment and reporting has increased significantly bringing the UHB in line with reporting by peers across Wales; the development of guidance and an education and training programme has enabled improved reporting of community acquired pressure damage; new beds and mattresses have been rolled out across the organisation
- Infection prevention and control (IP&C): Cardiff and Vale UHB has continued to make good progress against the 2012-13 baseline numbers of HCAI with an overall reduction of 62.5% in *C'diff* cases, 8.3% reduction in MSSA and a 55% reduction in MRSA bacteraemia in the 2017-18 target period.
- Undertaken significant improvements work in areas of concern during 2017 - 2018 including paediatric surgery, endoscopy surveillance and compliance with the Human Tissue Act.

During 2018 we have continued to make progress in terms of embedding quality, safety and experience arrangements across the UHB. All of our clinical boards report on a regular basis to our quality, safety and experience committee, providing assurance across the breadth of services we deliver. A standardised quality, safety and experience agenda template, aligned with the Health and Care Standards is now well embedded and provides a robust framework for assurance reporting to the committee. A quality, safety and experience dashboard is also well embedded and we have developed and launched a nursing dashboard, which will support quality improvement at ward level and also support implementation of the Nurse Staffing (Wales) Act 2016.

We have already embedded arrangements to respond to the actions aligned to the strategic direction of NHS Wales and progress against these actions is being monitored through the quality, safety and experience committee of the board, which has a comprehensive work programme developed to meet the requirements of national strategic drivers, as well as key quality and safety issues in the Corporate Risk Assurance Framework and the Healthcare Inspectorate Wales (HIW) Work Programme.

The Quality, Safety and Improvement Framework 2017-2020 sets out the UHB three year Framework

ACTION	OUTCOME	MEASURE
AIM 1 - GOVERNANCE LEADERSHIP AND ACCOUNTABILITY		
Deliver 2 cohorts of LIPs programme	Increase quality improvement capability	Over 1000 people trained
Establish Human Factors Training	Reduced errors associated with human factors	Evidence of consideration of human factors in investigations
AIM 2 - SAFE CARE		
Implement Multiagency Falls Framework	Reduction in falls which cause serious harm	Reduction in WAST conveyance
Pressure Damage and Control - roll out revised guidance	Reduction in the number of Grade 3 and 4 pressure damage	Reduction in the number of Grade 3 and 4 pressure damage
Serious Incident Reporting - implement revised guidance	Reduction in same cause serious incidents that cause severe harm or death	Number of same cause serious incidents
Infection Prevention Control		
AIM 3 - EFFECTIVE CARE		
Deliver patient safety solution compliance	Compliance with patient safety solutions	Baseline: 92% Target: 100%
Mortality Reviews- improvise compliance, and establish Medical Examiners groups	Deaths of all Patients are reviewed	Baseline: 70% Level 1 Target: 90% Level 1
AIM 4 - DIGNIFIED CARE		
Full roll out of the LD bundle	Meeting needs of patients with LD	Patient Safety incidents/ concerns involving patients with LD

Actions against Aim 5 - Timely Care is included within our actions for planned and unscheduled care and Aim 6 - Individual Care within the patient experience section that follows.

Patient Experience Framework

The Wales Audit Office (2016) outlines how listening to the experiences of service users should be a fundamental part of learning in the NHS and in order to learn effectively, there is a need for structured, planned activity that is built in to normal working practices.

The NHS Wales Framework for Assuring Service User Experience was initially published in May 2013 and updated in 2015. The requirement to update the framework was in light of Keith Evans' report "Using the Gift of Complaints". Additions, therefore, to the balancing quadrant included concerns and complements data and third party surveys, for example those undertaken by our Community Health Councils.

The health board refreshed the Patient Experience Framework to incorporate all elements of real time, retrospective, proactive/reactive and balancing patient experience across the UHB and primary care. Much of the detail in the framework has been informed by the All Wales Listening and Learning Group, which has been established to embed the learning from "Using the Gift of Complaints" and to share good practice across Wales. The health board meets on a regular basis with its Community Health Council; their contact details are displayed on the 700 posters displayed across secondary and primary care settings. Patients, families and carers can provide feedback in a wide variety of ways. Some posters are specifically designed by organisations to encourage feedback.

We will continue to deliver and embed the refreshed Patient Experience Framework and in 2017/18 we have had some key achievements

- 65% of concerns are now managed informally and less than 1% are converted to formal concerns.

- The 30-day response rate to formal complaints is 80% and a trajectory is in place to sustain the implement real time feedback system across all areas of UHB performance.
- The PALS team hold regular weekly sessions in the three information centres at UHW, UHL and Barry Hospital
- A very positive annual ombudsman report was received.
- The introduction of happy or not machines and ward feedback kiosks means we have received over 330,000 real time feedback opportunities.
- We have rolled out the introduction of John's Campaign to recognise and support the needs of carers in the hospital setting
- Schools are increasingly able to record Young Carer status. Schools have achieved accreditation status
- We have worked with GP practices to develop carer champions
- We have worked with the deaf community to improve their access and experience of healthcare

ACTION	OUTCOME	MEASURE
AIM 1 - REAL TIME		
Implement real time feedback system across all areas of UHB	Provide real time information	Improvement delivered through quality measurement
Review feedback mechanisms	Suite of patient experience feedback tools in use	Improvement in patient satisfaction scores
AIM 2 - RETROSPECTIVE		
Use of social media, online survey and apps for proactive feedback	Social media channels are regularly used as a vital engagement tool by the public	Hit rate on survey tools
AIM 3 - PROACTIVE/REACTIVE		
Put in place carers' forum	Carers have a dedicated forum where key issues are discussed and action taken	Forum in place

AIM 4 - BALANCING		
Timely response to 30 day concerns	80% of all formal concerns are responded to within 30 days. All complainants are fully satisfied with the response from the UHB	compliance with 30 day responses
Mortality Reviews: improve compliance and establish Medical Examiners groups	Deaths of all patients are reviewed	Baseline: 70% Level 1 Target: 90% Level 1
Introduction of e-datix systems	Triangulation of feedback information across patient experience and liaising with patient safety	Using the data to inform of potential concerns becoming more proactive than reactive

Workforce and Organisational Design

Workforce planning is embedded throughout this plan and is integral to achieving all aspects of delivery. A detailed workforce plan has been published alongside this document and is available [here](#). We also recognize the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.

There are five core components of our approach to our workforce



The vision is to improve delivery of outcomes year on year moving through levels of achievement

Improving → Established → Advanced → Leading Practice

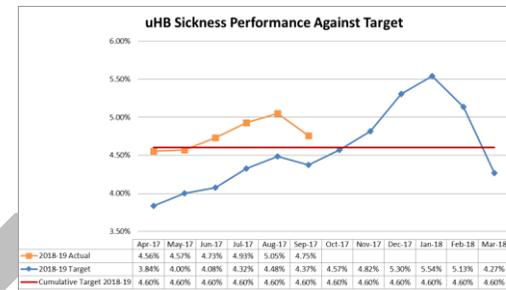
Opportunities, risks, constraints and benefits have been considered in the development of these outcome deliverables.

Transforming Workforce

This stream addresses how we build the capability we need in our workforce and focuses on four themes

1. Culture and behavioral change - build, buy and borrow
2. Shape of the workforce and role redesign- optimising roles in Bands 1-4
3. Cross cutting transformation across the organisation; developing primary care cluster capability and creating roles and competencies that span health and other public sector areas to support regional delivery
4. Transformation within professional standards; apprenticeships, modernising pharmacy careers, modernising scientific careers

Efficient Workforce



This stream focuses on delivering our core workforce metrics; delivering pay bill in budget, reducing sickness absence and promoting staff wellbeing.

Sustainable Workforce

This work is focused on ensuring we have the right people in the right roles in the right place at the right time. Project 95% and project switchover focus on nurse recruitment, one of the biggest areas of risk for the organisation and sustaining the eradication of off contract agency usage.

	Combined Band 5 and Band 6 including ODF	ACTUAL	FORECAST (month end position)					
		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHB	Establishment	3564.57	3563.53	3546.09	3546.09	3546.09	3546.09	3546.09
UHB	Forecast Actual	3259.07	3285.74	3305.49	3337.47	3337.65	3328.84	3341.02
UHB	Forecast Vacancy	305.50	277.79	240.60	208.62	208.44	217.26	205.07
UHB	%	91%	92%	93%	94%	94%	94%	94%
UHB	Forecast Starters TOTAL	74.89	63.09	46.41	58.64	26.84	17.84	38.84
UHB	Forecast Leavers	35.14	26.66	26.66	26.66	26.66	26.66	26.66

Capable Workforce

Here we are investing in our capability, focusing on talent management and training. Including improving our leadership capability.

Engaged Workforce

We know the link between an engaged workforce and delivery. Improving the wellbeing of our staff and focusing on embedding our vision in values will be core to our success.

Financial Plan

We did not have an approvable IMTP in 2018/19 and agreed a 1 year operational plan with Welsh Government. The operational plan for 2018/19 is to achieve a year end out-turn position of a £9.9m deficit, whilst maintaining the quality and safety of services and delivering upon agreed performance measures. We are confident in delivering its financial plan for 2018/19 which requires the identification and delivery of significant savings and further increases in clinical productivity to deliver performance targets. This position has been supported by £10m Welsh Government operational plan funding which has helped in providing service enhancements and sustaining resources required to achieve performance levels. Maintaining this level of additional support is dependent on delivering a balanced financial position in 2019/20 and over the 3 year IMTP cycle and having our plan approved

Overview of the Financial Plan

The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2019/20 – 2021/22. In addition, we are aiming to meet our own key financial objectives of restoring in year and recurrent financial balance. Whilst this will provide the UHB with a significant financial challenge over the period of the plan, through the draft Health & Social Care budget, a 3% uplift in funding in 2019/20 will support our ambitious goals.

The overall ambition is to submit an IMTP that can be approved, and that demonstrates compliance against high level key performance indicators which builds upon good performance in 2018/19. In terms of financial sustainability, we are on track to achieve our forecast of a £9.9m deficit and reducing our accumulated underlying financial position. This plan aims to deliver improved levels of efficiency alongside improved and sustained delivery against performance standards. In terms of efficiency and transformation, we will be setting a devolved 2% recurrent target in 2019/20 and a further 1.8% recurrent target that will be managed corporately and delivering on high value opportunities. Health and Social Care has received a good financial settlement for

2019/20 and this will support the shift of resources in line with “Healthier Wales.” There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues in the first year of the Plan with more growth available in the second and third years once financial balance has been restored.

The following key assumptions are currently being used in the plan:

- We will not be required to make good any of its prior year deficits and this will need to be confirmed with Welsh Government;
- There will be no material loss of income from SIFT and other education budgets due to the creation of HEIW and revisions to commissioning arrangements;
- The commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB;
- We can manage to deliver expected performance levels within the budget set.

Resource Planning Assumptions - Underlying Deficit

2019/20 Accumulated Underlying Deficit	2018/19 £'000
Operational planned deficit 2018/19	9,900
Plus non-recurrent CIP target 2018/19	8,400
Plus other non-recurrent opportunities to deliver improvement target	6,800
Plus non-recurrent income from WG	14,000
2018/19 accumulated deficit as at November 2018	39,100
Further recurrent savings schemes being pursued	(2,500)
2019/20 b/f accumulated underlying deficit	36,600

This shows that at November 2018, we have improved our accumulated underlying deficit by £9.9m. A further improvement of £2.5m is planned,

reducing our underlying deficit brought forward amount to £36.6m. Delivery of this three year plan will bring us back into recurrent balance.

Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2019/20, the table below set out the levels of allocation growth available to meet new inflationary and cost growth pressures in 2019/20:

Net Income Growth 2019/20 – 2021/22

	2019/20	2020/21	2021/22
	£'000	£'000	£'000
Allocation uplift	17,369	13,243	13,243
WG Operational Plan funding	10,000		
Mental Health uplift	1,871	1,871	1,871
Invest 2 Save	(59)	130	130
GMS / GDS	1,700	1,700	1,700
LTA income uplift	6,780	4,520	4,520
Pay Award	15,943	7,357	
Pay Award LTA funding	4,996	2,305	
Sub total	48,870	31,126	21,464

The key points to note are:

- The allocation uplift represents 3% in 2019/20 and 2% in the following 2 years, plus an uplift for ring-fenced mental health services. This amount has been top sliced in 2019/20 to meet agreed national developments.
- Operational plan funding, which has helped us in providing service enhancements and sustaining resources required to achieve performance levels, is assumed to be recurrent

- It is assumed that further allocations will be made for GMS and GDS services to meet contract agreements and income growth in this area which is matched by estimated cost growth;
- We are assuming that commissioners will pass onto providers appropriate funding for pay and non-pay inflation. We are assuming an LTA uplift for this, in line with its allocation growth;
- We are assuming that any changes to employers' pensions contribution in 2019/20 will be met by an additional revenue allocation.

Cost Pressures

We have worked through our initial assessment of our inflationary and demand pressures for 2019/20-2021/22:

Inflationary and Cost Pressure	2019/20	2020/21	2021/22
	£'000	£'000	£'000
Cost Growth			
Pay Inflation	24,501	14,666	6,239
Non pay Inflation	900	1,000	1,100
GMS and GDS	1,700	1,700	1,700
Continuing Heath Care	1,200	1,200	1,200
Funded Nursing Care	107	107	107
Total Cost Growth	28,408	18,673	10,346
Demand / Service Growth			
NICE & New High Cost Drugs	3,500	3,500	3,500
Continuing Heath Care	0	1,000	2,500
Funded Nursing Care	0	0	0
Prescribing	0	1,000	1,000
Velindre Cancer Centre	1,200	1,200	1,200
Specialist Services	5,000	5,000	5,000
Uplift on Ring fenced services	1,200	800	800
EASC	500	500	500

LTA Inflation plus wage award	6,457	3,755	2,520
Total Demand / Service Growth	17,857	16,755	17,020
Other Cost Pressures			
Welsh Risk Pool	0	0	0
Income reductions	500	500	500
Local cost pressures	3,000	3,000	3,000
Total Other Cost Pressures	3,500	3,500	3,500
Total Inflationary and Cost Pressures	49,765	38,928	30,866

Over the three year period 2019/20 – 2021/22 new national and local inflationary and growth pressures are assessed as £49.8m, £38.9m and £30.1m respectively. These assessed costs place a significant pressure on the organisation and local cost assessments for 2019/20 have been reviewed and curtailed to minimize requirements on funding and impact upon the financial plan.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG over the 3 year IMTP cycle
- There are anticipated increases in employers pensions contributions in 2019/20 that are assumed to be funded by Welsh Government
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- NICE and high cost drugs growth has been capped at £3.5m for each year;
- Continuing Health Care and Funded Nursing care growth costs has been reduced to nil in 2019/20, this will need to be closely monitored and managed
- No resources have been made available for prescribing growth in 2019/20
- Velindre and specialist services commissioning costs are best assessments at this stage;
- In line with the cash letter, the UHB is assuming LTA uplifts of 3%;
- The UHB is anticipating further income reductions across LHB commissioners

There is a clear aim to avoid cost increases wherever possible. It should be recognized, however, that curtailing the amounts being provided for growth does represent a financial risk that we will need to manage.

The commissioning costs for specialist and cancer services are still being determined and if the amount required exceeds the assessment made, it will need to be the first call upon the investment reserve.

Investments

We have agreed to limit revenue investments to a total of £4.0m (0.5%) in 2019/20. Further investment and growth is available to support the delivery of the UHB strategy after financial balance has been restored.

Investments should not be made until assurances on the delivery of the financial plans have been secured. Any investment proposals will need to be fully considered by the Board.

It is important to note that Welsh Government have already set aside a considerable budget to support delivery of a Healthier Wales. It is envisaged that this will be the main source of investment to support service Transformation service sustainability.

We intend to maintain our internal investment in RTT and winter to maintain current performance levels. Any further improvement will be dependent upon resource discussions with Welsh Government.

Transformation and Efficiency Plan

We have an ambitious IMTP that addresses our underlying deficit and restores financial balance. The organisation will need to deliver improved levels of efficiency alongside improved and sustained delivery against standards; increasing the value that is derived from the resources available for our population.

We are aiming to deliver efficiency and transformation savings through the 2019/22 IMTP with a recurrent cash-out CIP totalling 3.8% in year 1 followed by 2.5% in year 2 and 2.3% in year 3.

All budget holders will need to deliver a minimum 2% recurrent CIP and manage any brought forward operational pressures and CIP shortfalls.

The balance of recurrent savings, being 1.8% in 2019/20, will be delivered through high value and corporate opportunities. This will be supported through the strategic utilisation of the Welsh Government Transformation Fund where investments in primary care will help support transformation and reduced spend in secondary care. External benchmarking and the Efficiency Framework, coupled with internal assessment and validation have highlighted opportunities and priorities with a focus on:

- Length of stay
- Outpatient productivity
- Theatre efficiency
- Variation

Delivery of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base while improving quality of service and patient value.

The identification of savings and the delivery of the 2% devolved target will be the responsibility of budget holders. To support this, we will continue to progress a number of schemes through the Cross Cutting Steering Group, led by the Director of Finance with each work stream having an Executive Director lead.

The Cross Cutting Steering Group has been successful in delivering cash-out savings throughout 2017/18 and 2018/19.

The following themes are being pursued in 2019/20:

- Medical productivity

- Medicines management (primary and secondary care)
- Nursing productivity
- Procurement
- Workforce productivity

Financial Summary

A summary of the Financial Plan for 2019/20 – 2021/22 is shown in the following table.

	2019/20 Plan £m	2020/21 Plan £m	2021/22 Plan £m
Prior year plan	(9.9)	0.1	0.1
Adjustment for non-recurrent items in previous year	(29.2)	(4.0)	0.0
Improvements in underlying deficit position 2019/20	2.8	0.0	0.0
b/f underlying deficit	(36.3)	(3.9)	0.1
Net allocation uplift (including LTA inflation)	48.8	31.1	21.5
Cost pressures	(49.8)	(38.9)	(30.9)
Investments	(4.0)	(8.5)	(9.0)
Recurrent cost improvement plans	16.4	16.4	16.4
WG Operational Plan funding	10.0	0.0	0.0
Lucentis and Woodland House	2.9	0.0	0.0
Corporate and high value opportunities	12.0	4.0	2.0
Planned Surplus/(Deficit)	0.1	0.1	0.1

This shows that our draft plan aims to deliver in-year surpluses over the three year period to offset the brought forward underlying deficit. This results in a small surplus in each of the three financial years.

Our ambition is to have an approved IMTP. This financial plan sets out how we intend to return to financial balance to support this aim. To do this, it will need to generate and deliver sufficient efficiencies and curtail investments and cost pressure funding, especially in 2019/20. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Financial Risks

We are facing a number of financial risks in the delivery of this financial plan. The key risks are set out below:

- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Clinical Board savings plans delivering 2% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value and corporate opportunities in addition to the Clinical Board target over the 3 year IMTP cycle.
- **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. Similarly the containment of growth pressures in continuing healthcare, medicines and commissioning is also a financial risk that will need ongoing attention in order to contain costs within allocated resources.
-
- **RTT and Winter Plan** – Maintaining current performance on RTT and managing the impact of winter within agreed baseline funding. Further performance improvements will be dependent on additional resources being made available.

As highlighted in this section of the plan, there are a number of financial risks that could impact upon successful delivery. The health board recognises this and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

Performance; Achieving Sustainability

Planned and Unscheduled Care

As we set out in the introduction to this plan, we have made consistent and sustained improvement in the performance of our services. In the course of this planning period we need to continue this trajectory to achieve compliance with national targets. It is also a period when we need to use this foundation of sustainable delivery to accelerate the process of service transformation and shift our efforts from driving improvement in performance to delivery of transformation and continuous improvement. Our performance trajectories for the next three years are set out in Annex C, our performance profiles include:

IMTP profiles	2019-20	2020-21	2021-22
RTT>36 Weeks *	0	0	0
Diagnostics> 8 Weeks	0	0	0
RTT- 26 Weeks	92%	95%	100%
Total waiting list size	69,000	65,000	50,000
Cancer 62 Day	95%*	95%*	95%
Cancer 31 Day	98%*	98%*	98%
Under 4 hour waits in the emergency department	90 – 92%	93 – 95%	95-98%
People waiting over 12 hours in the emergency department	0	0	0
Ambulance handovers over 1 hour	Improvement	Improvement	100%
Mental Health Measure			

We recognise it is not simply a case of describing our delivery and setting out in a table our trajectories. This is a plan about delivery. We are mapping through the actions necessary to support delivery. We are also mapping through the interdependencies of our actions as a truly integrated plan. The table in our Key Actions section sets out how our core actions align with our strategic objectives and core performance measures.

Risks to Delivery

Long-term demand trends would suggest that standing still will require a significant increase in activity in line with our growing population growth and demographic changes.

Clearing our remaining long waiters will require investment as those waiting predominantly require expensive complex orthopaedic spinal surgery

We also need to consider the impact of new requirements this year – FIT testing, single cancer pathway and Ophthalmology measures. We are working through the impact of these developments and their resource impact.

Capital and Estate

The development of our estate is linked to our clinical services strategy. You can see the connections of our major capital schemes to the development of our service models. There are a number of highlights to draw out which will be delivered in this plan period:

UHW Neonatal Unit

The project will be completed in 2019/20 with the construction of the MRI facility. The scheme will provide space for two MRIs, which will be subject to a separate fit-out contract with the MRI supplier. The project will also provide undeveloped space for two more MRIs, which will be subject to a further business case. In addition, two floors will be provided as part of the completed scheme. This will provide for the relocation of cardiac measurement and office accommodation.

Re-provision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services

Construction will progress to refurbish and extend three templates at University Hospital Llandough to create ward, therapy and outpatient accommodation in order to facilitate the relocation of services from Rookwood Hospital.

The refurbishment of Cardiff Royal Infirmary Block 14 and 14A will be completed to provide a centralised facility for physiotherapy services to be co-located.

UHL Cystic Fibrosis

Subject to approval of the business case by Welsh Government, extension and refurbishment work will commence in summer 2019 to provide additional ward accommodation to meet service requirements.

CRI Chapel

Subject to the approval of a grant funding application and the business case by Welsh Government, refurbishment will be undertaken in the chapel to provide conference / meeting facilities, patient information and access to health awareness information as part of the development of the Health and Wellbeing

Centre for the locality. The area will also include a cafe facility for the site and neighbourhood. As a result of the project being undertaken as a collaborative exercise, Cardiff City are relocating Roath Library to the refurbished area.

Discretionary Capital

Woodland House Refurbishment

Our estate rationalisation plan identifies the need to move staff from leased accommodation to owned accommodation and reduce the number of staff at acute hospital sites where applicable. The health board currently has 701 staff who could be relocated to Woodland House, which was purchased in 2018, reducing the number of staff at UHW by 351 and creating a hot desk hub. The project has been split into three phases to enable the transfer of staff to Woodland House.

Statutory Compliance

An independent report of all areas of estate compliance was commissioned which identified 44 individual elements requiring annual inspection necessary to achieve compliance with the relevant statutory and mandatory obligations. The team has undertaken asset verification on the high risk areas and is continuing to undertake further verifications to identify all assets.

Ward Modernisation Programme

A refurbishment programme has been developed to upgrade the wards to a high standard, dramatically improving the patient experience. Wards have been upgraded to include wet rooms with modern appliances throughout. The upgrades comply with the equality act where possible within the confines of the available footprint.

Lift Modernisation Programme

We have an ageing stock of passenger lifts that while still serviceable are reaching a stage where major refurbishment or replacement will be required to maintain a

service. Some lift components are now obsolete or on extended delivery. A refurbishment plan has been developed to upgrade the current passenger lifts.

Estates and Facilities

Cardiff and Vale is working through an Estate Strategy and Modernisation Programme. This has involved implementing new maintenance IT software and systems to modernise planned maintenance and statutory compliance, using new technology to ensure a more proactive and planned service. In 2019/20 we'll be undertaking a full review of facilities function and developing a longer term strategic plan.

There are a number of important enabling functions within the organisation which are key to delivering our future service models. These are often forgotten but we recognise the need for our supporting teams to be part of the process of delivering our long term strategy. Some highlights in these areas include:

Portering Review, UHW

Roll out digital IT portering model in UHW following the successful trial at UHL. The software has dramatically improved response times at UHL, improving the patient experience. Improve accommodation to enhance service delivery and staff morale, this will also enable improved communication links to the helimed service.

Commercial Services

Central Food Production Unit (CFPU)

The CFPU currently supplies all patient catering outlets across the health board with cook freeze main courses, desserts, special therapeutic diets and a range of meals to meet cultural needs. Significant success has been achieved this year in delivering the new CFPU production model which is due to be implemented in 2019/20 migrating from the historic 7-day production to a 4/5 day production model delivering significant operational and financial efficiencies. This is being made possible directly due to

1. All-Wales IT Catering Ordering System with planned implementation in 2019/20
2. CFPU is a "cook to freeze" model; production levels can be managed in line with business needs and remove the need for weekend production at enhanced rates.

Concourse Redevelopment

The PFI contract for UHW Concourse with Gentian Management Services Ltd. ceased during 2018 and the concourse became our asset. Gentian were contracted to manage the facility for a twelve month period while we undertook a review of its redevelopment and management. We now have an opportunity to use this commercial asset for the benefit of the population.

Business Case Development of Capital Schemes

Programme	Location	Project Name	Business Case format	2019			2020				2021			
				Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Theatres														
Theatres Tranche 1														
	UHL	Replacement of Theatres at UHL	BJC											
	UHL	Black and Grey Theatres	Approved											
	UHW	Vascular Hybrid Theatre/+ Theatre *	BJC											
	UHW	Theatres/Haematology/ Radiopharmacy Block/Polytrauma Ward*	OBC/FBC	OBC					FBC					
	UHW	2nd Ophthalmology Theatre	BJC											
Theatres Tranche 2														
	UHW	Refurbishment of Theatres in pairs (rolling programme)	BJC											
Other schemes														
Rookwood														
	RKW	Neuro/ Spinal Rehab and Clinical Gerontology	FBC											
Cystic Fibrosis														
	UHL	Upgrading of CF Facilities	BJC											
Upgrading of Mortuary														
	UHW	Upgrading of Mortuary	BJC											
Sustainable Transport Hub														
	UHW	Sustainable Transport Hub	BJC											
Major Trauma Centre														
	UHW	Theatre - included in UHW Hybrid *												
	UHW	Polytrauma Ward - included in Main Theatres Scheme *												
	UHW	Emergency Unit and Paediatric SPE												
Shaping Our Future Wellbeing: In Our Community (SOFW)														
	C&V	SOFW:IOC PBC	PBC											
Health & Wellbeing Centres (Tranche 1 Locality-level)														
	CRI	Masterplan	Masterplan											
	CRI	SARC redevelopment (with CAU/Links enabling works)	SOC											
			OBC											
			FBC					FBC						
	CRI	Chapel redevelopment	BJC											
	CRI	Safeguarding/ Remedial Works	BJC											
Wellbeing Hubs (Tranche 1 Cluster-level)														
	Ely	New-build Wellbeing Hub@Park View	OBC											
			FBC											
	Llanederyn	New-build Wellbeing Hub@Maelfa	OBC											
			FBC					FBC	Dec-19					
	Penarth	New-build Wellbeing Hub@Penarth	OBC											
			FBC					FBC	Dec-19					

KEY:



Digital and Data

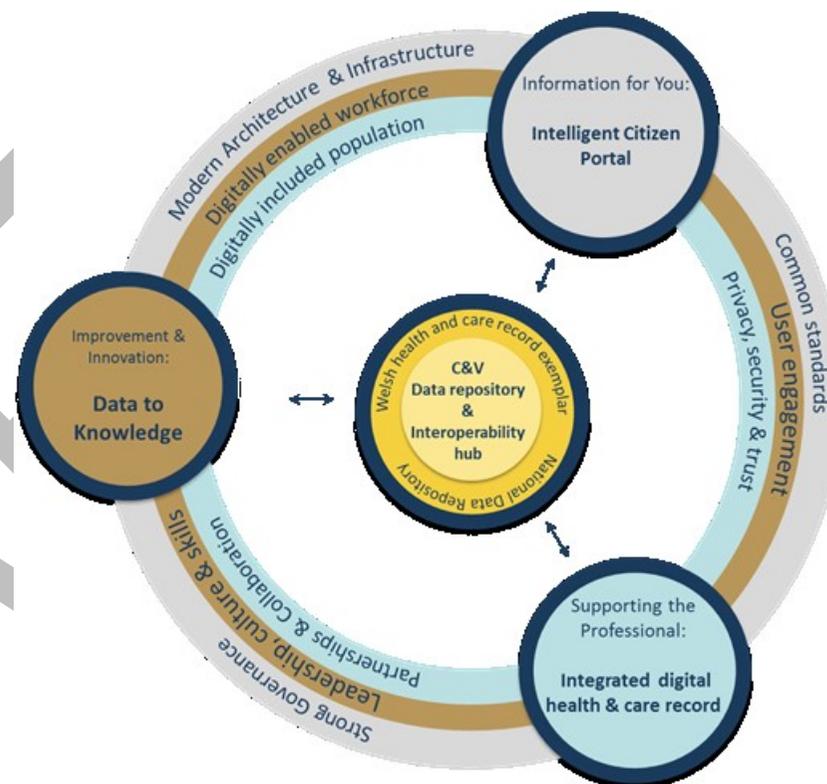
Our approach to informatics was set out in our strategic outline programme (SOP). It set out how the UHB's corporate objectives will be supported through the strategic enablers identified in "Informed Health and Care - A Digital Health and Social Care Strategy for Wales", which describes how health and social care will use technology for people in Wales. The SOP (October 2016) describes the approach proposed to implement a range of analytical and technological solutions to provide greater access to information to deliver real benefits and improved outcomes over the next three to five years.

The SOP is an iterative programme which we are fully committed to delivering in partnership with other Welsh health boards and trusts, and through building our relationship with academia and NWIS as a key supplier and enabler. The high level objectives and design of our plan are shown in the strategy diagram below:

Objectives



Delivery & Enabling Programmes



In determining our plan we have worked through the inter-dependencies, critical chain and appraised the cost and benefits and alternatives for delivering the 3 year programme at pace and to enable scalability. We have balanced the requirements to upgrade and invest in our underlying infrastructure, which is one of the most extensive ICT infrastructures in the UK, to provide resilient services in line with the expectations of our patients and staff, whilst committing to sizeable, high impact developments that will transform how we deliver services closer to home, built around strong clusters of virtual and, community services.

We have established 3 enabling programmes : Digitally included population; Digitally enabled workforce; Modern Architecture & Infrastructure to support implementation and realisation of the benefits of this plan, and have designed our approach around the establishment of a federated national data repository and interoperability hub which we see as being the digital keystone for ensuring citizens. Carers, clinicians and system leaders have immediate access to the information they require, and ultimately in delivering local and national objectives.

Some of the key headlines for delivery in year one are shown below, with the full operational plan to deliver the digital plan and the anticipated benefits available on request.

- Widening the availability of the citizen portal to share information with patients
- Development of a Clinical Data Repository (CDR) and interoperability *Hub*
- Enabling virtual care and outpatient Transformation
- Real Time Clinical Data Availability – Provision of technical
- Clinical Mobility and Cluster Working
- Upgrading our infrastructure to enable and support the rapid adoption and expectations on digital

Research, Development and Innovation

The successful delivery of clinical research is complex, requiring a combination of the right qualified and skilled staff with protected time, supported by a network to enable compliance with clinical and research governance statutory requirements. This latter function is performed via the Research and Development (R&D) Office and we have entered (3rd October 2018) into a new collaborative arrangement with Cardiff University to set up a joint R&D Office. The pressure on staff with increasing service commitments is ongoing and protecting time to enable research activities is difficult. In this context we are continuing to deliver:

- The recruitment to non-commercial studies in 2017/18 increased by 13% and was up 30% in Q2 of 2018/9.

Commercial research continues to be difficult due to increasing demands from industry for more stratified patients, quicker set up times, competitive recruitment, more clinical time for serious adverse event reporting etc. Despite these difficulties, we have continued to grow our commercial contracts and income over the last year and improve in our set up metrics. This has resulted in several lucrative first in man studies being undertaken.

Much work has taken place on the spending arrangements for R&D in the organisation. This has led to a much greater understanding of what is expected at clinical board level to ensure effective utilisation of R&D monies. Following a meeting between Health Care Research Wales and ourselves, we are working to be compliant with Welsh Government finance policy within three years and looking for opportunities to accelerate this timetable.

We have played a pivotal role in the successful Innovate UK Advanced Therapy Treatment Centre and will be central to the delivery of that grant with reputational gains for Wales, including an influx of commercial monies and new therapeutic options for patients. The first patients are due to be recruited in January 2019.

Core actions for 2019/22 include:

ACTION	OUTCOME	MEASURE
EFFICIENT R&D OFFICE		
Work with HCRW in correctly identifying the UHB spending of its Activity Based Funding (ABF) allocation	Annual R&D spending plan which is accepted by HCRW	Compliance with HCRW framework.
Review amendment approval system	Work with HCRW in centralising amendment approval process and streamline activities and improved efficiencies	Improved study set up metrics leading to an increase in the number of studies being undertaken and recruitment.
Working constructively with research delivery staff and human resources at the UHB to continue to grow the number of research delivery staff	Provision of delivery staff support to a higher percentage of investigators requesting it.	To be able to provide research delivery support to appropriate portfolio adopted studies - increasing activity
CLINICAL TRIALS / STUDIES		
Comply with WG metrics for study recruitment to time and participant targets.	Better education of PI's as to importance of complying with WG metrics through face to face meetings and three monthly performance	Improved compliance with metrics and enhanced reputation for successful trials delivery

Continue to undertake complex non-commercial studies in the CRF	Maintain status as a national research hospital for studies which cannot be undertaken elsewhere in Wales	Increase in number of complex non-commercial portfolio studies in the CRF which are able to be supported
Clinically lead the new Innovate UK Advanced Therapy Treatment Centre in Wales	Increased collaboration between PI's at Cardiff and Vale UHB and commercial and non-commercial GM and cellular therapy studies/initiatives	Increase research and patient access to very novel therapies across Wales
CLINICAL RESEARCH FACILITIES		
Increase use of endoscopy suite on CRF	Encourage new researchers to use this facility	Increase number of endoscopy studies
Continue to support the development of a Paediatric CRF with expertise, advice and resources	Appropriate research setting for the placement of paediatric clinical trials requiring a CRF type set up	Increase in number of paediatric research staff and studies

Innovation

This year has seen a step change improvement in capability, capacity and performance of the Clinical Innovation Partnership with Cardiff University. This is consistent with the Welsh Government policies A Healthier Wales and the Innovation Wales Strategy.

The spider graphs show the year-on-year progress against the IMTP along with the continued ambition for the health board and Cardiff University's big innovation challenges.



The structure set out in last year's plan is now embedded and is driving clinical innovation. We are focusing on

1. Dementia
2. Integrated diagnostics
3. Stroke
4. Operating Theatres

Innovation Delivery

Partnership: This is critical to delivery; to build targeted partnerships to support our priorities. The support and commitment over the last year from the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub has been outstanding and critical to the success of the joint strategy.

Engagement: We have engaged with multi-national organisations including MSD, J&J, GE, Renishaw, Medtronic, Siemens and Invacare. Local partners are being supported through the joint Medicentre. The UHB has retained membership and a close relationship with MediWales. The team supported the business planning

process and re-purposing of the Life Science Hub (LSH) and our Chief Executive has joined the board of the LSH.

Process: At the heart of the health board’s innovation system is the Innovation Multidisciplinary Team (iMDT). The purpose of the iMDT is to support health innovators and the health board in the development of ideas and protection of IP; in signposting expertise and funding opportunities; in evaluation and tracking the delivery of the best ideas to commercialisation.

The iMDT is a group of experts and partners which covers all aspects of the innovation journey. It meets at the Medicentre every month to support anyone who has a clinical or healthcare idea, product, project or service that will benefit the health and wellbeing of the population. The iMDT provides links to both the Engineering Department of Cardiff University and the Cardiff Business School. It comprises clinical entrepreneurs, an expert in CE Marking, Cedar and a commercial IP attorney. Importantly, if a gap in expertise is identified, this group can call on an unprecedented network of talent. The iMDT has supported 73 projects.

Infrastructure: The Cardiff Medicentre is the front door for ideas and the home of the Cardiff Clinical innovation Partnership. It is a space to support the development of ideas through to spin-outs that are incubated, accelerated and graduated using decades of entrepreneurial expertise. The occupancy of the Centre is now at 100% with a growing list of prospective tenants.

Resource: Build capability and capacity. The successful WFO Accelerate Programme has enabled the Clinical Innovation Hub, Cardiff University to recruit seven more experienced staff to the partnership. In addition to the project funding, this should make a significant impact on the health board’s ability to develop the best commercial ideas.

Sharing Ideas: Key to strengthening partnerships is sharing learning and celebrating successes at local, regional, national and international level. Over the last year the relationships with local universities and the business community have strengthened through joint projects. These include two successful KESS2

projects through SEWAHSP; both with Welsh companies and Cardiff University. SEWAHSP also provides close links with neighbouring health boards and trusts across research, education and innovation. The 4th Cohort/2018 of the Bevan exemplar has shown that joint working has significantly improved the quantity and quality of applications. The health board this year submitted 23 applications of which 16 were successful. In addition, there were two successful Bevan Hack exemplars. Cardiff and Vale is working closely with the Deputy Director of the Bevan Commission to identify previous successful exemplars that could inform health board projects.

ACTION	OUTCOME	MEASURE
Dementia	3 co-produced projects associated with clinical/health and/or wellbeing needs 2017 Whole system dementia innovation test bed developed	3 projects developed, awarded, delivered and shared (completed) Madeline’s Project Accelerated – linked to the Dementia Action Plan
Integrated Diagnostics	Cardiff recognised as a centre of excellence for integrated diagnostics	Innovate UK - £19m bid – not successful Proposal developed for the Cardiff City Region deal 2019-21
Stroke	Develop comprehensive research and innovation test-bed	Support SHW Develop a dedicated comprehensive Stroke Innovation Maul 3x Value Based Innovation Projects by 2021
Theatre Project	Develop an innovation operating theatre test bed	Team developed • 2 x Projects scoped and delivery by 2021

Strategy Deployment; Our Approach to Change

The deployment of our strategy involves all activity across the organisation. Our operational delivery is the conversion of Shaping Our Future Wellbeing into executable plans; our work to deliver the Area Plan is underpinned by the principle of home first, and our quality and safety framework is focused on avoiding harm waste and variation.

A Healthier Wales challenges us to accelerate the delivery of our strategy. We have established programmes to build momentum in the organisation, developed both through our own experience of improvement methodology and our learning from Canterbury District Health with whom we have now established a formal learning alliance. We recognise that to achieve transformation in complex organisations you have to create the conditions for individuals, teams and networks to change. These programmes are focused on enabling change to happen in the organisation, driving both system level change and supporting continuous improvement in the organisation. Value based healthcare is fundamental to our approach. Our programme is about understanding the impact of our interventions on our system, using data to drive allocative efficiency and working in partnership through alliances to focus on value to the individual.

Transformation Programme- 'Making better systems'

Our transformation programme is focused on putting in place the enablers for change in the organisation:

- Establishing a pathways approach and methodology, implementing the HealthPathways system
- Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement
- Creating a digitally enabled workforce (including a focus on digital dictation and electronic communication between staff)
- Embedding an alliance approach to service development which integrates with partner organisations (commencing with falls prevention in the community)

- Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity
- Delivering the 'Me, My home, My Community' programme
- Embed our vision (SoFW), values and behaviours

We have developed a transformation dashboard to monitor the impact of our interventions focusing on:

- Outpatients (demand, new to follow up, shift to community, cost pre-referral)
- Length of Stay (RAMI, average length of stay, planned to unscheduled ratio)
- Theatre Utilisation (CEPOD compliance, productivity, cancellations)
- Waste and Variation (agreed pathways in place)

Continuous Service Improvement - 'Making systems better'

The overarching aims of Continuous Service Improvement (CSI) are:

- to facilitate change for improvement, working alongside the frontline teams
- to translate performance information to support efficient service delivery
- to build the organisation's effectiveness by providing guidance, support and training in quality improvement skills
- to be our own organisation's improvement agency, pioneers in effective innovation, continually learning and translating great ideas from other sectors to achieve "more from less" by making the most effective use of resources

Good Governance

Core to our delivery is ensuring that appropriate and proportionate governance is in place across the organisation. In order to achieve this, the following objectives have been agreed to deliver good governance at Cardiff and Vale University Health Board.

Objective 1 Ensure the work of the board is focused upon strategy and delivery of objectives and gains appropriate assurance on delivery of corporate objectives from the committees of the board and executive directors.

Objective 2 Ensure that the committees of the board are providing assurance to the board on their duties and areas of responsibility.

Objective 3 Ensure there is an appropriate risk and assurance framework in place.

Objective 4 Ensure that the systems and processes operating at Cardiff and Vale UHB are operating efficiently and effectively.

Objective 5 Ensure end of year arrangements and the development of the annual report and annual governance are dealt with in a timely manner and in line with Welsh Government requirements.

Objective 6 Ensure that corporate governance resources are managed efficiently and effectively.

Progress to date has been made on objective 3, with the development of a Board Assurance Framework for Cardiff and Vale University Health Board. This received board approval in November 2018.

The [Board Assurance Framework](#) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important objectives. It provides the framework to map out the key controls to managing or mitigating those risks and to confirm the assurance about the effectiveness of those controls.

The benefits of a working Board Assurance Framework are:

- A simple and comprehensive method for managing risks to achievement of objectives
- It provides evidence to support the annual governance statement

- It helps to simplify board reporting and prioritisation which allows more effective performance management
- It provides assurances about where risks are being managed effectively and objectives delivered
- It allows the board to determine where to make efficient use of resources
- It allows the identification of priorities for the board to provide confidence that the organisation is able to understand its capacity to deliver.

The Board Assurance Framework has been developed by the Director of Corporate Governance and Executive Directors after discussion at Management Executive team meetings, where the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB's Objectives:

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Safety and Regulatory Compliance
5. Sustainable Culture Change
6. Capital Assets (including Estates, IT and Medical Equipment)

In addition to this, development work has been taking place over the last 12 months with clinical boards to develop and progress their risk registers to ensure consistency in the way risks are described, that controls are in place and assurance on those controls evidenced. This work should be completed within the next six months at which point the highest risks (corporately and from the clinical boards) will also be reported to the board. This will replace the Corporate Risk and Assurance Framework (CRAF). This will enable the board not only to see the principle risks to the achievement of strategic objectives but also to have oversight of key operational risks.

Corporate governance and assurance arrangements are reviewed annually by the Wales Audit Office in their Annual Structured Assessment. The recommendations which have been made this year in relation to corporate governance will be implemented during the next 12 months. In addition to this, any Internal audits in relation to corporate governance will have all their recommendations implemented in a timely manner.

KEY ACTIONS 2019-22

Bringing the Plan Together

The next section of the plan sets out the core actions we will take over the next three years against our core priorities:

1. Primary Care: sustainability and the further development of community services
2. Unscheduled Care: delivering a resilient and high performing system
3. Planned Care: meeting standards
4. Cancer Service: delivering the single cancer pathway and improved outcomes

Our approach to delivering financial sustainability is set out in the finance chapter above. This sections does not contain all actions but focuses on the core priority areas that will support the achievement of Shaping Our Future Wellbeing. Further detail on wider health board activity will be published alongside this document in supporting plans and we are happy to share further plans and details as necessary to support peoples understanding our approach to delivery over the next three years.

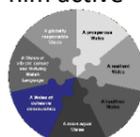
As an integrated plan, we recognise the interdependencies of our actions. Although we have separated our actions into priority areas, we know there is impact across the organisation; the development of primary care services impacts on our planned and unscheduled systems. We are mapping through our activity to understand the core elements needed to turn our plan from rhetoric to action and understand the key enablers and core links we need to succeed.

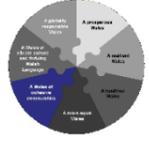
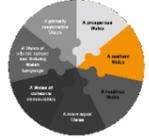
This matrix demonstrates how the actions set out in the plan align with our strategic objectives and core performance and outcome measures:

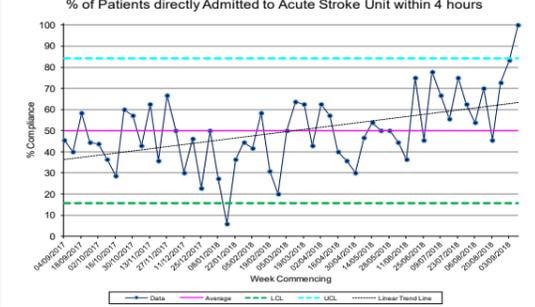
		Strong	Weak	Conflicting	No link
	Outcomes that matter to people				
	Avoid waste, harm & variation				
	Empower the person				
	Home First				
Financial Break Even	STRATEGIC OBJECTIVES				
Average Length of Stay	OUTCOMES				
Outpatient demand	PRIORITY ACTIONS				
RAMI	OUTPUTS				
Pathways	PRIMARY CARE				
Healthy life expectancy	UNSCHEDULED CARE				
	PLANNED CARE				
	Improve access to urgent primary care out of hours				
	Implement Me, My Home, My Community in partnership with local authority and third sector				
	Development of response to Population Growth and Establishment of a Primary Care				
	Repatriation of CAMHs and Development of Emotional Wellbeing Service				
	Additional Learning Needs				
	Development of Paediatric Hospital@Home Service				
	Improve access to Mental Health services for young people				
	Development of Team around the Individual for Mental Health Patients				
	CMHT Review				
	Open young onset dementia unit				
	Introduce further pathways for ambulatory care patients				
	Development of a Primary Care offer for therapies services				
	Increase the number of patients who receive dialysis in the community				
	Redesign Stroke Pathway and development of Hyper Acute Stroke Unit				
	Establish Non-invasive Ventilation Unit at University Hospital Wales				
	Provide alternative secondary care Dental capacity in the community				
	Implementation of general dental referral system				
	Improve in Endoscopy				
	Increase in Ultrasound capacity and connectivity to deliver improvements in Gap and Grow, Gestational Diabetes and still Birth Reduction				
	Prehabilitation				
	Pre-Operative Assessment Clinic (POAC)				
	Rehabilitation- Enhanced recovery after surgery				
	Implementation of Day of Surgery Admission Unit				
	Improve access to Critical Care				
	Work toward the implementation of a Major Trauma Centre				
	Quality Led Governance				
	Expansion of Cardiac Surgery Services				
	Implementation of Neurosciences Strategy				
	Implement redesigned and integrated pathway for special care dental services				
	26 Week RTT				
	36 week RTT				
	8 Week Diagnostics				
	4 Hour Wait				
	12 Hour Wait				
	Cancer 62 Day				
	Cancer 31 Day				
	Ambulance Handover 1hr				
	Mental Health P1				
	HCAI Rate				

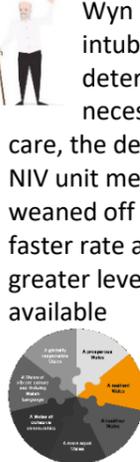
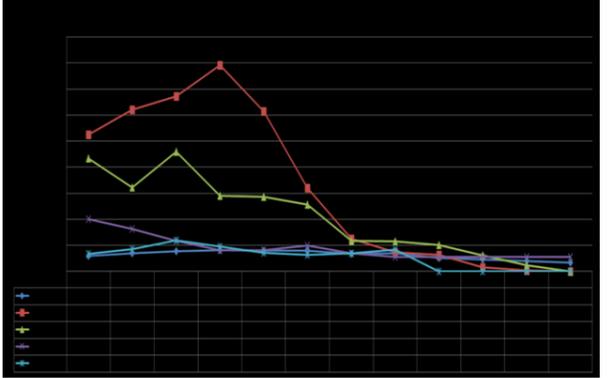
SECTION FOUR: CORE ACTIONS

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
PRIMARY CARE				
<p>Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Working with mental health clinical board to establish cluster based mental health support services on a phased roll out Establishment of a cluster based physiotherapy diagnosis and treatment service <p>2020/2022</p> <ul style="list-style-type: none"> Continued roll out across targeted clusters <p>Lead Board: PCIC</p>	<p>Cost: £1.2M reinvested from savings for roll out of model on a cluster basis</p> <p>New models of working for community based physiotherapists</p> <p>Additional community psychiatric nurse support</p> <p>Development of a cluster based partnership agreement to agree models for multidisciplinary staff working across practices and clinical boards</p>	<ul style="list-style-type: none"> 22,000 MSK appointments; 63,000 mental health appointments offered across Cardiff and Vale practices by 2020/21 No contract terminations. No directly managed practices. An increase in the number of practice mergers supported by the health board 	<p>Emergency Admissions, 65+, per 1000 popn</p>	<p> Wyn has lower back pain and is starting to struggle getting out of his chair. Previously he would have had to wait for a GP referral to a physiotherapist. Wyn will now be able to see the cluster physio directly and receive support in his community. Delivering early preventative activity and reducing pressure on General Practice.</p>
<p>Improve access to urgent primary care out of hours</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Building on the MDT working model to include mental health, nursing assistants and HCP roles Introducing mental health nursing, nursing assistants and other HCP roles into the service <p>2020/2022:</p> <ul style="list-style-type: none"> Continue roll out of expanded HCP team Further links with social care out of hours services, learning from transformation programme funded pilots <p>Lead Board: PCIC</p>	<p>Cost: Delivered within clinical board budget</p> <p>Increasing skills available out of hours; increasing use of healthcare support staff working to top of competence</p>	<ul style="list-style-type: none"> Increase by 2% in average percentage of urgent patients triaged within 20 minutes Increase in average % of patients seen within one hour for a face-to-face appointment <p>Baseline- 69% Target Improvement- 75%</p>	<p>Emergency Admissions, 65+, per 1000 popn</p>	<p> Increasing the range of skilled professionals available out of hours will mean Cerys is able to access the right person first time, reducing stress and preventing attendance at A&E. It will also allow staff to work at the top of their competence.</p>
<p>Implement Me, My Home, My Community in partnership with local authority and third sector</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Develop Accelerated Cluster Model Seamless social prescribing model developed with local authority partners Single Point of Access for GP triage in the Vale Implementation of Get me home - rapid discharge service Develop place-based, integrated community teams Developing an ACE aware approach to children and young people <p>2020/2022:</p> <ul style="list-style-type: none"> Continued roll out of pilot projects and evaluation programme undertaken <p>Lead Board: PCIC</p>	<p>£7M secured from the Welsh Government Transformation Fund</p> <p>Development of integrated workforce plans across health and social care</p>	<p>Measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures.</p> <p>For example, Get Me Home is targeting:</p> <ul style="list-style-type: none"> ✓ Reduction in bed days ✓ Improved patient flows ✓ Reduced demand on social care ✓ Reduction in number of assessments undertaken ✓ Reduction in the risk of unintended hospital acquired harm ✓ Reduction in ongoing care needs ✓ Reduction in re-admission rate ✓ Reduction in number referred into residential care 	<p>As in the previous box, measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures.</p>	<p> Sam is finding it difficult at school as a result of an Adverse Childhood Experience (ACE) but doesn't meet the criteria for CAMHs Services. Resilience workers visit the school and talk to Sam's teachers and talk to Sam and observe his behaviour. The resilience workers and psychologists formulate a plan with school and Mum which enables Sam to feel supported and ensures positive interactions with adults and peers</p>

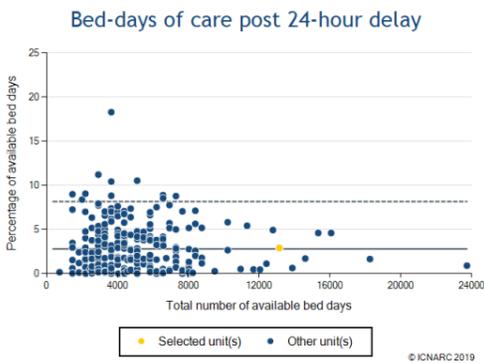
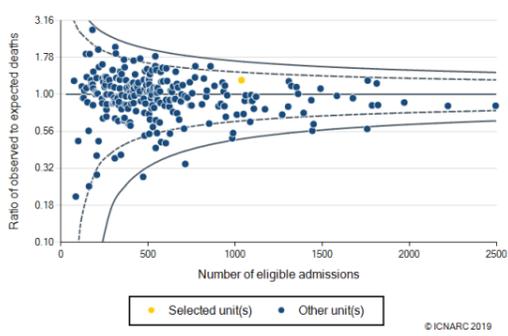
ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Development of response to population growth and establishment of a Primary Care Estates Strategy</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> • A review of existing primary care estate • The development of a strategy document in line with Shaping Our Future Wellbeing <p>2020/2021:</p> <ul style="list-style-type: none"> • Implementation of actions from estates review • Opening Wellbeing Hubs at Maelfa and Cogan <p>Lead Board: PCIC</p>	<p>Estates rationalisation and cost savings to be identified</p>	<p>Publication of Primary Care Estates Strategy, Q2 2019</p>	<p>100% of GP practices open during core hours <i>Baseline:</i> 88% (2017)</p> <p>100% of GP practices appointments at least 2 nights per week <i>Baseline:</i> 95% (2017)</p>	<p> Wyn has been feeling isolated since the death of his close friend. Through the wellbeing hub, the community team are able to support Wyn to access some book and gardening groups helping Wyn deal with his grief and keeping him active</p> 
<p>Repatriation of CAMHs and development of Emotional Wellbeing Service</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> • Development of single point of access • Locality model development including primary mental health workers, reducing referrals to specialist CAMHs • Alignment with adult mental health services, education and social services <p>2020/2022:</p> <ul style="list-style-type: none"> • Transformation of services through further integration with education and social services • Establish single point of access for CAMHS <p>Lead Board: Children and Women</p>	<p>Services costs not to exceed current CAHMS Network LTV costs.</p> <p>Staffing increase of 63.3 FTE transfer (TUPE) of staff from Cwm Taf</p> <p>Redesign of CAMHS workforce support model</p>	<p>Part 1 PMH (CAMHS) assessments within 28/7 <i>Baseline Performance</i> 80%</p>	<p>During 2019/20 we will be developing a Results Based Accountability Scorecard for our CAMHs service</p>	<p> Sam requires support after experiencing periods of low mood and considered self-harm. The benefits of the locality based team mean Sam is able to speak to a primary care mental health worker and receive support and help to access emotional wellbeing support services provided by partners in the community. Thus preventing Sam's condition escalating.</p> 
<p>Additional Learning Needs</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> • Adoption of Care Aims Model • Appointment of DECLO <p>2020/2022:</p> <ul style="list-style-type: none"> • Individual development plans in place for all children • Ensuring an appropriate response to population growth with an additional 400 ALN School Places being made available by 2022 <p>Lead Board: Children and Women</p>	<p>Work through the Regional Partnership Board to identify funding requirements for additional staffing required to support the growth of ALN provision</p> <p>Appointment of DECLO</p> <p>Workforce plan to support population growth</p>	<p>ALN Act Compliance - baseline data of current services for Special Educational Needs to be mapped in 2019/20</p>	<p>Proxy measure: number of Individual Development Plans in place <i>Baseline:</i> new requirement, therefore no baseline this year</p>	<p>The Cardiff Local Development Plan indicates an additional 400 specialist needs school places will be opened over the next 5 years. Working through the RPB and Cardiff PSB, we will develop rounded service provision for these children and young adults.</p> 
<p>Development of Paediatric Hospital@Home Service</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> • Scope service opportunities • Agree service model • Identify services to deliver in the community <p>2020/2021:</p> <ul style="list-style-type: none"> • Implementation of revised service model <p>Lead Board: Children and Women</p>	<p>Initial funding supported through contribution from charitable funds to support community practitioners</p>	<p>Reduction in number of children admitted purely for nursing care</p>	<p>Reduced length of stay in children's hospital</p>	<p> Sam currently attends hospital multiple times a year for the redressing of his wound. The development of H@H will see this treatment delivered in Sam's home; reducing journeys and making a significant reduction in lost school hours. Ultimately Sam's parents will be trained to deliver the care.</p>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Improve access to Mental Health services for young people</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Expansion of first episode psychosis services for adolescents and young adults between 4 and 25 year olds Strengthen arrangements for delivering trauma informed services Support CAMHS repatriation services <p>2020/2022:</p> <ul style="list-style-type: none"> lead the development of a NICE concordant clinical pathway for people aged 14-25 who are referred to secondary services with first episode psychosis <p>Lead Board: Mental Health</p>	<p>For First Episode Psychosis Investment from WG 370K to increase the capacity and MDT function of the team</p> <p>Strengthen arrangements for delivering trauma informed services and ACE's training</p>	<p>For 2019/20 more than 60% of patients aged 14-25 with first episode psychosis to commence a NICE recommended package of care within two weeks of referral increasing this to 80% by 2020/22.</p>	<p>First Episode Psychosis per 100,000 pop</p> <p>Baseline Clinical Board Performance: Referrals - 27 , Caseloads – 24 Contacts – 15 Staff – 2.4</p> <p>Target based on peer benchmark Mean – 80 Mean – 66 Mean – 34 Mean - 7.2</p>	 <p>Sam was involved in a car accident at age 17 and has been having hallucinations for a number of months.</p> <p>Improving access to first episode psychosis services mean same will get access to group therapy and CBT as well as supported employment services to help him return to his apprenticeship.</p> 
<p>Development of team around the individual for dementia patients</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Extension of community RAID model Appointment of a band 7 nurse with specialist knowledge of dementia. The post will integrate mental health expertise into existing services, providing advice and support, signposting and rapid assessment and intervention Providing education to carers, directly or through signposting to appropriate services and teams, around behaviour management and positive approaches to care for people with dementia <p>2020/2022:</p> <ul style="list-style-type: none"> The directorate will look to expand this to include a further band 7 post from existing establishments and community reinvestment <p>Lead Board: Mental Health</p>	<p>A band 7 nurse funded from 2018/19 transformational funding will provide specialist knowledge of dementia and functional illness to work with the cluster-based 'team around the individual' to bridge the gap between primary care and secondary mental health services</p>	<p>Reduced number of inpatient admissions by 5 -10%, from current 216 per annum, bringing the directorate closer to the peer benchmarked mean total of 188</p>	<p>Reduced number of re-admissions into MHSOP inpatient beds from an average of 11%, thereby making best use of specialist beds</p>	 <p>Cerys has been struggling to support her father who has dementia, her father has had multiple hospital stays. The Rapid Assessment and interface and discharge service are able to support Cerys to get him home quickly. The team around the family then support Cerys with advice and training in how to identify signs of deterioration and seek early support to prevent admission.</p> 
<p>CMHT Review</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Pilot of Clinical Model through co-location of integrated teams and new clinical pathways <p>2020/2021:</p> <ul style="list-style-type: none"> develop a locality based health and well-being service for people with mental health problems in the Vale locality as a pilot <p>Lead Board- Mental Health</p>	<p>Centralisation of team bases and new model of working through co-location at Health and Wellbeing Centres</p>	<p>Conversion rate into specialist services caseloads to be 70:30 acceptance</p> <p>Waiting times to treatments with psychological interventions - < 6 months</p>	<p>Improved measured health and well-being outcomes of statistical significance using 'Core 10'</p>	 <p>The centralisation and co-location of Community Mental Health Teams mean that Wyn can get faster access to support and assessment for his long term mental health condition.</p> 
<p>Open Young Onset Dementia unit</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Open the Young Onset Dementia Health and Wellbeing Centre in St Barruc Unit, Barry Hospital 	<p>Following a successful ICF bid for £472,704, the current St Barruc ward and Morfa Day Unit are being refurbished to facilitate a move of the Young Onset</p>	<p>Reduce the number of inpatient admissions into age-inappropriate environments, from the current average of 12 per annum</p>	<p>Reducing the number of urgent inpatient admissions from the current average of 4 per annum</p>	<p>Cerys has early onset dementia, at present has to travel for support on a large hospital site which is not age appropriate. The new unit will deliver age appropriate services collocated</p>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<ul style="list-style-type: none"> Community team and inpatient service being co-located in an age-appropriate, safe environment 2020/2022: <p>Lead Board- Mental Health</p>	Dementia (YOD) team from UHL to Barry Hospital			 <p>with community support allowing smooth transition between, outpatient, day care and respite services.</p>
<p>Introduce Health Pathways HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions https://www.healthpathwayscommunity.org/About.a.spx This will involve in 2019/20:</p> <ul style="list-style-type: none"> Continuing the phased roll out of HealthPathways Continuous engagement with GPs to increase effective use of HealthPathways <p>2020/2022</p> <ul style="list-style-type: none"> Continued roll out of HealthPathways <p>Lead Board- Medicine and Surgery</p>	We have appointed 3 clinical editors to support the development of HealthPathways	Number of HealthPathways available on for GPs to access	Reduced admissions	Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context. Patients benefit from general practice and other services being able to do more for them in the community, from the greater clarity clinicians can provide about the appropriateness and likelihood of obtaining further specialist services, and about alternative options.
<p>Increase the number of patients who receive dialysis in the community</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Implementation of Suit 19 following refurbishment Increased home dialysis provision Implement Shared decision making tool <p>2020/2022</p> <p>Implement Home Therapies programme</p> <p>Lead Board- Specialist</p>	Contractual change allowing a higher level of acuity of patients receiving dialysis in satellite units	Increase in patients opting for Home Therapy	Fewer patients reliant on hospital based dialysis	 <p>Cerys requires dialysis for her renal disease. At present Cerys has a 40 miles journey from her home in the Vale to receive her dialysis. The expansion of home dialysis will see this service move from hospital to community delivery to home. Reducing journeys, stress and anxiety created by this</p> 
UNSCHEDULED CARE				
<p>Redesign Stroke Pathway and development of Hyper Acute Stroke Unit</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Review of clinical pathway Stroke Transformation 90 Day programme Work with regional partners on the establishment of HASU <p>2020/2022</p> <ul style="list-style-type: none"> Implement regional HASU model <p>Lead Board- Medicine Clinical Board</p>	A project manager is in place supported through the Stroke Implementation Group. Funding for a HASU service will require the development of a regional model and appropriate funding arrangements	<p>Achievement of Quality Improvement Measures:</p> <p>Thrombolysis:</p> <ul style="list-style-type: none"> Access - 100% Time - 90% <p>72 Hour :</p> <ul style="list-style-type: none"> 4 Hour – 95% <p>12 Hours:</p> <ul style="list-style-type: none"> CT Scan – 95% <p>24 Hours:</p> <ul style="list-style-type: none"> 95% <p>72 Hours:</p> <ul style="list-style-type: none"> 95% 	<p>% of Patients directly Admitted to Acute Stroke Unit within 4 hours</p> 	 <p>There is a strong evidence base for improved outcomes after a stroke from rapid intervention by an expert team. Cerys would receive rapid assessment, stabilisation and primary intervention such as Thrombolysis in the stroke unit. Early plans for rehabilitation would also be made with Physiotherapy a core part of the team.</p> 

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Establish Non-Invasive Ventilation Unit at University Hospital Wales</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Provision of a 6 Bed unit Delivering NCEPOD Compliance <p>2020/2022</p>	<p>Staffing levels will be 1:2 with a band 7 in charge to oversee the service</p>	<p>Occupancy rates in HDU and ITU</p> <p>Discharge rates for patients with respiratory failure</p>	<p>Compliance with NCEPOD NIV Recommendations 2017:</p> <ul style="list-style-type: none"> 1:2 nursing staffing ratios, daily specialist consultant review training competencies and protocols protocols and clear escalation policies point of care blood gas testing equipment 	<p>Wyn required tracheal intubation following a deterioration in his COPD necessitating a stay in critical care, the development of a dedicated NIV unit means that Wyn is able to be weaned off the intensive support at a faster rate and in a setting where a greater level of rehabilitation is available</p> 
<p>Implementation of general dental referral system</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Implementation of the general dental referral system within the dental hospital - look to offer e-advice rather than accept for treatment where appropriate Implementation of eRMS to include robust acceptance criteria to be drafted in conjunction with PCIC <p>2020/2022</p>		<p>Turnaround of time of patient referral</p>		
PLANNED CARE				
<p>Improvement in Endoscopy</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Implementation of revised service model Review Endoscopy nursing roles to include a coordinator role and outreach endoscopy nurse to reduce cancellations Theatre utilisation programme Creation of an Endoscopy Dashboard in conjunction with Four Eyes <p>2020/2021:</p> <ul style="list-style-type: none"> Continued improvement <p>Lead Board- Medicine</p>			<p>Diagnostic wait improvement</p> <p>Single Cancer Pathway</p>	<p>Cerys requires an endoscopy and has had two cancellations, one as a result of a lack of understanding of the necessary preparation. The review of nursing will free capacity to support Cerys to understand the preparation required, reducing anxiety and the risk of cancellations. Improvement in efficiency will speed up Cerys waiting time</p> 
<p>Increase in Ultrasound capacity and connectivity to deliver improvements in Gap and Grow, Gestational Diabetes and still Birth Reduction</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Delivery of increase scanning activity to deliver: Compliance with Gap and Grow Completion of actions from national Still Birth Audit Implementation of Gestational Diabetes Guidance 	<p>Financial and Workforce Implications:</p> <ul style="list-style-type: none"> Investment in ultrasound capacity Training development Skills gap 	<p>100% of babies who are identified as small for gestational age are managed appropriately.</p>	<p>Reduction in stillbirth rates by 1%</p> <p>MBRRACE 2016 reported that there were 36 stillbirths for Cardiff and Vale with 7 Neonatal Deaths. We have an extended perinatal mortality rate of 43 . Access to timely ultrasound scanning will ensure that women receive appropriate and timely care to improve detection of vulnerable babies. The UHB has also signed up to the 'Safer Pregnancy Campaign' in an effort to reduce stillbirth in Wales</p>	<p>Cerys may be at risk of gestational diabetes, currently Cerys would not receive a glucose tolerance test as she has a BMI of 31. however NICE guidelines suggest screening for all women with a BMI of ≥ 30, Detection of gestational diabetes will mean that Cerys will need serial ultrasound scans throughout her</p> 

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact																																
2020/2022 <ul style="list-style-type: none"> Further improvement in Gap and Grow Lead Board- Children and Women				pregnancy. Increasing ultra sound capacity will reduce risk of complications and reduce anxiety for Cerys during pregnancy																																
Prehabilitation for Cancer Patients requiring surgery The concept of PREHAB is analogous to marathon training: it is based on the principle that structured and sustained exercise alongside good nutrition, psychological preparation over a period of weeks leads to improved cardiovascular, respiratory, and muscular conditioning This will involve in 2019/20: <ul style="list-style-type: none"> Phased roll out of Prehabilitation model Standardised assessment process, documentation and protocols including alignment with community services- such as smoking cessation Engage patients to achieve healthier lifestyle changes before surgery identify, risk stratify, and optimise the higher risk patients 2020/2022 <ul style="list-style-type: none"> Continued roll out of Prehabilitation model as part of 'Prehab to Rehab model' Lead Board- Surgery	The prehabilitation service will require integration with existing community based teams and services, such as smoking cessation and exercise referral	Reduced day of surgery cancellations- a 20% reduction in cancellation rates in pilot areas <table border="1" data-bbox="1234 373 1822 1020"> <thead> <tr> <th>Surgical Procedure</th> <th>Cardiff and Vale LOS (No per annum)</th> <th>Best in Class LOS No of patients</th> <th>Potential bed day saving</th> </tr> </thead> <tbody> <tr> <td>Excision of rectum</td> <td>8 (82)</td> <td>6</td> <td>164</td> </tr> <tr> <td>Colectomy</td> <td>6 (112)</td> <td>5</td> <td>112</td> </tr> <tr> <td>Bladder Resection</td> <td>11(27)</td> <td>6</td> <td>135</td> </tr> <tr> <td>Gastrectomy</td> <td>11(22)</td> <td>5.5</td> <td>121</td> </tr> <tr> <td>Hysterectomy</td> <td>3(278)</td> <td>2</td> <td>278</td> </tr> <tr> <td>Lobectomy</td> <td>7 (146)</td> <td>4</td> <td>292-438</td> </tr> <tr> <td>Total</td> <td colspan="3">667 patients delivering potentially 1102- 1248 bed day savings i.e closing or redesigning the use of 3-3.4 beds £363,660 – 441,840</td> </tr> </tbody> </table>	Surgical Procedure	Cardiff and Vale LOS (No per annum)	Best in Class LOS No of patients	Potential bed day saving	Excision of rectum	8 (82)	6	164	Colectomy	6 (112)	5	112	Bladder Resection	11(27)	6	135	Gastrectomy	11(22)	5.5	121	Hysterectomy	3(278)	2	278	Lobectomy	7 (146)	4	292-438	Total	667 patients delivering potentially 1102- 1248 bed day savings i.e closing or redesigning the use of 3-3.4 beds £363,660 – 441,840			Improved clinical outcomes and PROM measure	 Wyn requires lung surgery to deal with his stage 3 tumour. Wyn's lack of physical activity mean he is not in the best level of fitness to fully benefit from the outcomes of surgery. Wyn will be supported by an intensive fitness programmes before surgery, improving his outcome and reducing the time he needs to spend in hospital recovering from the procedure. This will be delivered in the community supporting Wyn to grow in confidence and build links with groups in his area
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Pre Assessment This will involve in 2019/20: <ul style="list-style-type: none"> Expand the pre-operative assessment service for cancer patients Embed shared decision making within the model Expand Cardiopulmonary exercise testing (CPET) and establishment of IV iron service Individual risk assessment and risk scoring in place 2020/2022 <ul style="list-style-type: none"> Continued roll out across further cancer sites and expansion to all major surgery Lead Board- Surgery	The service will require posts including: Band 7 CPET Practitioner Consultant anaesthetist 0.4WTE (IV Iron Service) Nurse 1 x WTE HCSW 1 x WTE Physician (Frailty, Diabetes, Respiratory) x1 WTE Cardiology x0.5 WTE Pharmacy band 7	50% reduction in cancellations by Q4 2019/20 10% reduction in readmission of surgical patients	Improved clinical outcomes and PROM measure	 Ahead of planned breast surgery to remove a tumor, Cerys attends a pre-assessment clinic and is found to be anemic. Cerys is given IV iron to boost her haemoglobin level. Anaemia is associated with longer length of stay and increased use of blood components. As a result of the proactive intervention Cerys is likely to spend less time in hospital.																																
ENT Surgery Moved to UHL This will involve in 2019/20: <ul style="list-style-type: none"> Move 80% of ENT day case lists to UHL from UHW introducing high volume, low complexity surgical lists Increase in operations undertaken per list for ENT through scheduling and other efficiencies 2020/2021:		Theatre Utilisation at 85% by Q4 2019/20		 Wyn required surgery to remove a nasal obstruction, previously Wyn would have faced a long wait for surgery and potentially have had his procedure cancelled on the day do to an emergency taking precedent. The greater efficiency and protected space provided at UHL means Wyn will be able to be seen quicker, in a more																																

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<ul style="list-style-type: none"> Aligned to estate strategy further development of Llandough site to accommodate additional high volume low complexity surgery <p>Lead Board- Surgery</p>				relaxed environment and without the risk of cancellation due to an emergency.
<p>Improve access to Critical Care</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Phased approach to opening of additional Beds at UHW 2 in October 2019 and a further 4 in January 2020 Develop a Treat and transfer model and PACU at UHL to enable LTV expansion Collaborate with Welsh Government Long Term Ventilation strategy group to produce a revenue and capital case to support opening a bespoke 10 bed LTV unit on UHL site <p>2020/2022</p> <ul style="list-style-type: none"> Implement Long Term Ventilation Service Development of major trauma capacity <p>Lead Board- Specialist</p>	<p>Critical Care is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support</p>	<p>ICNARC Data</p> <p>Bed-days of care post 24-hour delay</p>  <p>Eligible: Critical care unit survivors discharged to a ward in the same hospital (or direct to home) Numerator: Bed days of care provided for critical care unit survivors more than 24 hours after the reported time fully ready for discharge Denominator: Total number of available bed days in the critical care unit</p>	<p>Risk-adjusted mortality - predicted risk < 20%</p> 	
<p>Work toward the implementation of a Major Trauma Centre</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Complete recruitment to key posts Develop clinical pathways for major trauma patients Define requirements for key specialties to inform the business case Implementation of the database Collection of Proms data <p>2020/2022</p> <p>Lead Board- Specialist</p>	<p>Financial assessment to be undertaken</p> <p>Programme Director and Project Manager appointed through WHSSC funding</p>	<p>Opening of Major Trauma Centre</p>	<ul style="list-style-type: none"> Improved survival rates - evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre (19% improvement in survival in England over 5yrs (<i>Lancet</i>, 2018)) Reduced risk of long-term disability (Victorian State Trauma Service (<i>Ann Surg</i>, 2012)) Reduced requirements for long-term NHS care (Victorian State Trauma Service (<i>Ann Surg</i>, 2012)) 	 <p>At 18 Sam was involved in a hit and run he suffered serious injuries including a punctured lung, a broken pelvis, five broken ribs and a fractured collarbone. The development of a Major Trauma Centre means the specialist skills and equipment needed to treat these multiple injuries are collocated in the Major Trauma Centre at UHW, important the major trauma unit in Hywel Dda means following initial treatment Sam is able to undertake rehabilitation close to his home.</p>
<p>Quality Led Governance</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Development of a single Quality Management System, including implementing enterprise Q-pulse across all clinical board services Introduce quality indicators for diagnostic services Carry out a safety culture assessment Complete and maintain ISO15189 accreditation for medical laboratories 				<p>Developing a strong culture of quality in our diagnostic and laboratory services</p>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact						
<ul style="list-style-type: none"> Harmonisation of accreditation schemes across diagnostic services in partnership with UKAS <p>Lead Board- CD&T</p>										
<p>Expansion of Cardiac Surgery Services</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Expansion of Cardiac Ablation activity in line with WHSSC commissioning Expansion of TAVI in line with WHSSC commissioning Increasing access to Cardiac Imaging Increase rehabilitation service to ensure all offered a structured MDT rehabilitation programme <p>2020/2021</p> <ul style="list-style-type: none"> Development of complex ablation service <p>Lead Board- Specialist</p>	<p>Cardiac Surgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support</p>	<p>RTT</p>	<p>MINAP Audit data</p>							
<p>Implementation of Neurosciences Strategy</p> <p>This will involve in 2019/20:</p> <ul style="list-style-type: none"> Improve performance in elective neurological surgery for patients waiting over 36 weeks Implementation of headache pathway ALAS Wheelchair replacement programme Transfer of neurology service to Cwm Taf <p>2020/2021</p> <ul style="list-style-type: none"> Open Rookwood neurorehabilitation service at UHL <p>Lead Board- Specialist</p>	<p>Neurosurgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support</p>	<ul style="list-style-type: none"> Consistent delivery of 8 week Neurophysiology diagnostic waits Compliance with the Neurosurgery Service Specification published in 2013 26 and 36 week performance <p>Baseline- At 30 June 2018 there were 22 patients waiting over 36 weeks and no patients waiting over 52 weeks</p>	<p>Average Length of Stay (Spell)</p> <table border="1"> <caption>Average Length of Stay (Spell)</caption> <thead> <tr> <th>Admission Type</th> <th>Average Length of Stay (Spell)</th> </tr> </thead> <tbody> <tr> <td>1. Elective</td> <td>~5</td> </tr> <tr> <td>2. Non-elective</td> <td>~12.5</td> </tr> </tbody> </table>	Admission Type	Average Length of Stay (Spell)	1. Elective	~5	2. Non-elective	~12.5	<p>Cerys requires an emergency</p>
Admission Type	Average Length of Stay (Spell)									
1. Elective	~5									
2. Non-elective	~12.5									
CANCER										
<p>Actions to support Cancer:</p> <ul style="list-style-type: none"> Endoscopy Prehabilitation Preoperative Assessment Development of HealthPathways 										
<p>Acute Oncology</p>										

CARING FOR PEOPLE, KEEPING PEOPLE WELL

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



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7.3 Workforce and Organisational Development

7.3.1 Workforce and Organisational Development Framework

The organisation's workforce delivery plan supporting our overall aim of "caring for people, keeping people well" is embedded throughout the IMTP due to the *integrated* nature of the Plan. It is based upon five core objectives demonstrated in the following diagram and aligned to the Prudent Healthcare principles, *A Healthier Wales* and the organisation's ten year strategy, *Shaping Our Future Wellbeing 2015-25*.



The vision is to improve delivery of outcomes year on year moving through levels of achievement

Improving → *Established* → *Advanced* → *Leading Practice*

Opportunities, risks, constraints and benefits have been considered in the development of these outcome deliverables.

7.3.2 Workforce Risk, Planning Assumptions and Priorities

Informing the development of the Workforce and OD Framework and Delivery Plan are risks and assumptions which include the following:

- Increasing need to innovate and develop a future workforce; new ways of working and workforce transformational change
- Increasing need to engage and motivate workforce as demand for service increase
- Increasing need to develop organisational leadership and management skills
- Increasing need to embrace new technology
- Increasing need for accurate workforce information and analysis

- Continuing requirement to reduce workforce cost to underpin financial framework
- Continuing requirement to eliminate and reduce any unnecessary cost e.g., variable pay and agency cost
- Ensure sustainability and recruit to substantive posts to provide continuity and effective clinical care
- Meeting short term capacity requirements, especially in nursing; and need to flex workforce recruitment to support winter pressures and unplanned capacity requirements

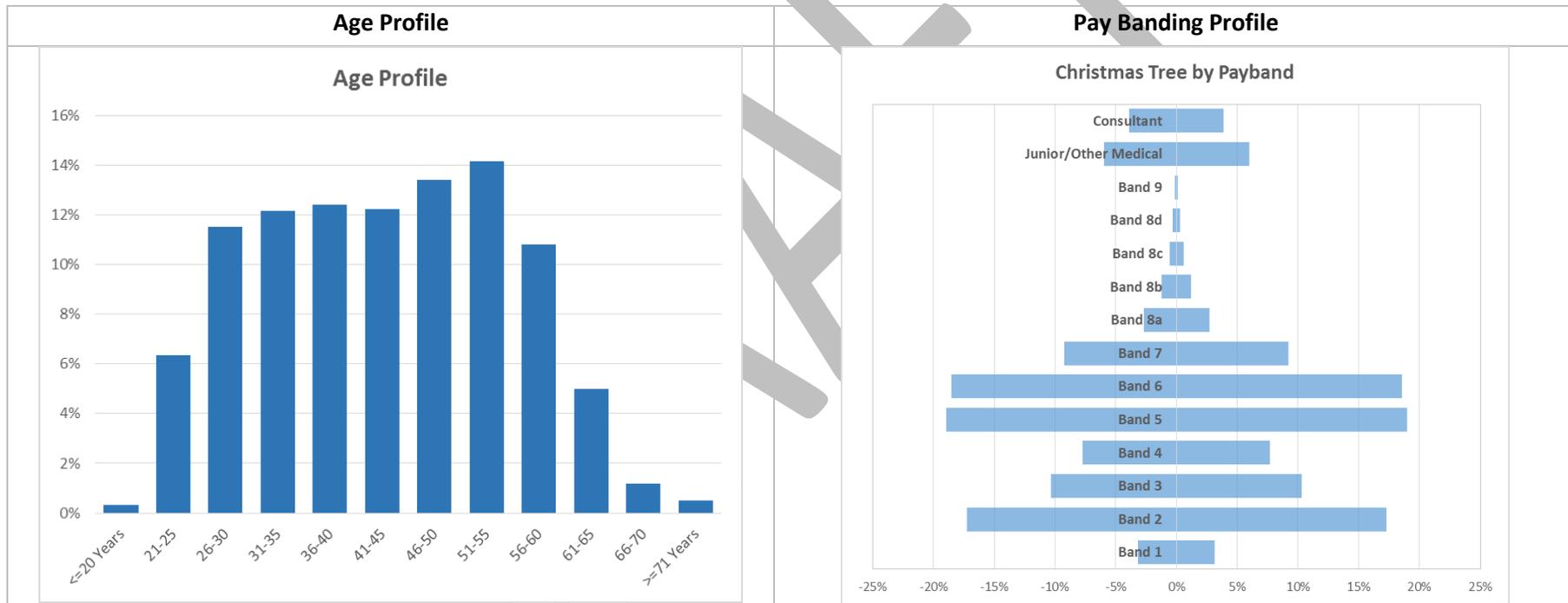
- Workforce impact and drivers associated with reconfiguration of Acute Services identified in the South Wales Programme
- Working more closely and in partnership with primary care, local authority and nursing homes to find creative workforce solutions to ensure patients are cared for out of hospital and closer to home

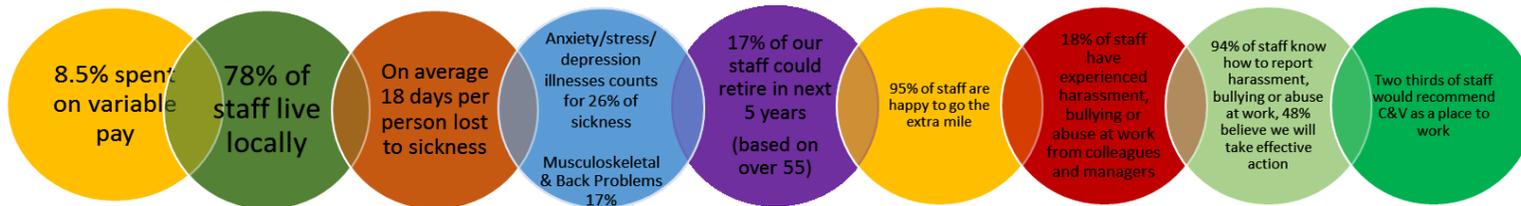
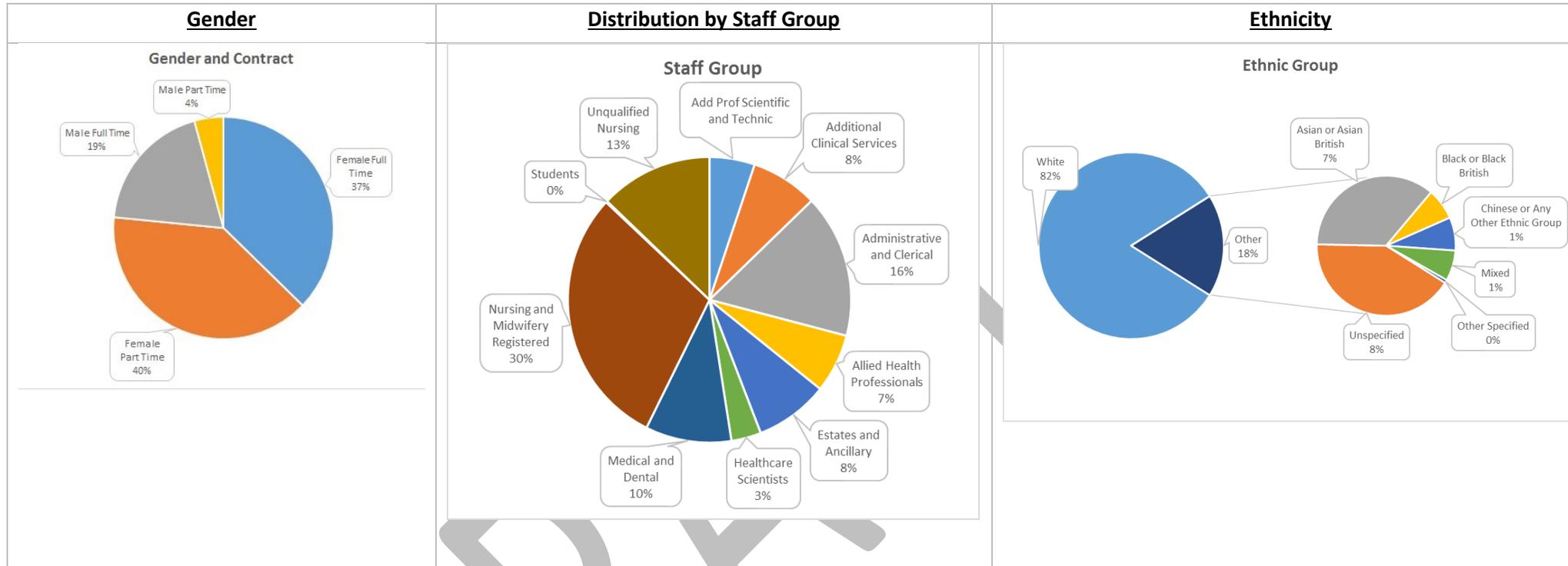
Current Workforce Profile and high level Analysis

As further context, the charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against the service priorities as laid out within this Plan:

- The UHB has an aging workforce similar to the all-Wales position with the largest age categories being aged 46-50 years and 51-55 years (approximately 2000 staff in each of these categories). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. The UHB has made a shift in the skill mix and overall shape of its “Xmas Tree” over recent years as in 2012 the highest percentage of workforce was in band 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.

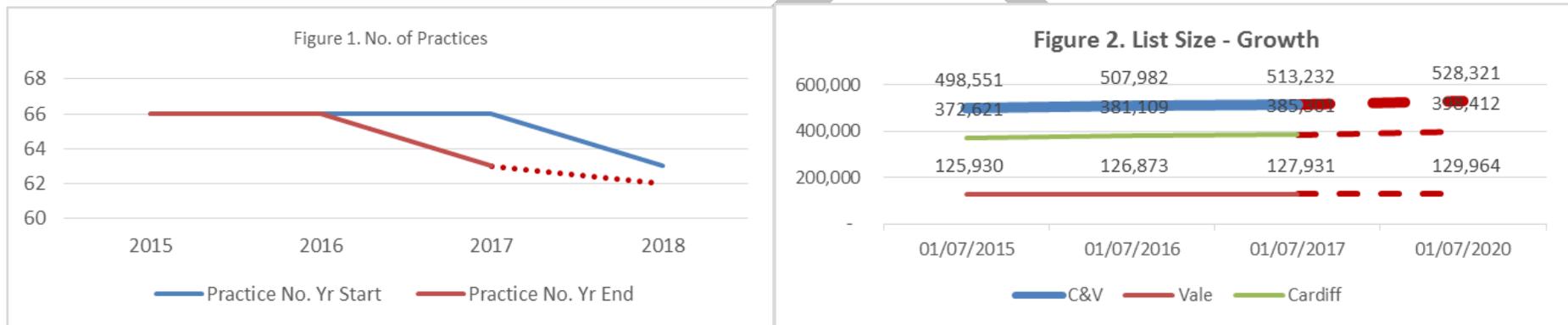
- The majority of the workforce is female (77%) with an almost even split in this group of full-time (37%) and part-time working (39%). Use of our employment policies, such as the Flexible Working policy, is crucial to retaining talent and keeping staff engaged.
- The majority of the workforce is white (82%) with 11% in Black and Minority Ethnic categories and 7% not stated. The Strategic Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery registered staff and unqualified nursing staff make up just over 43% of the total workforce. Given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda as detailed later in the plan.
- The capture of equality data is reported as 63% in September 2018.





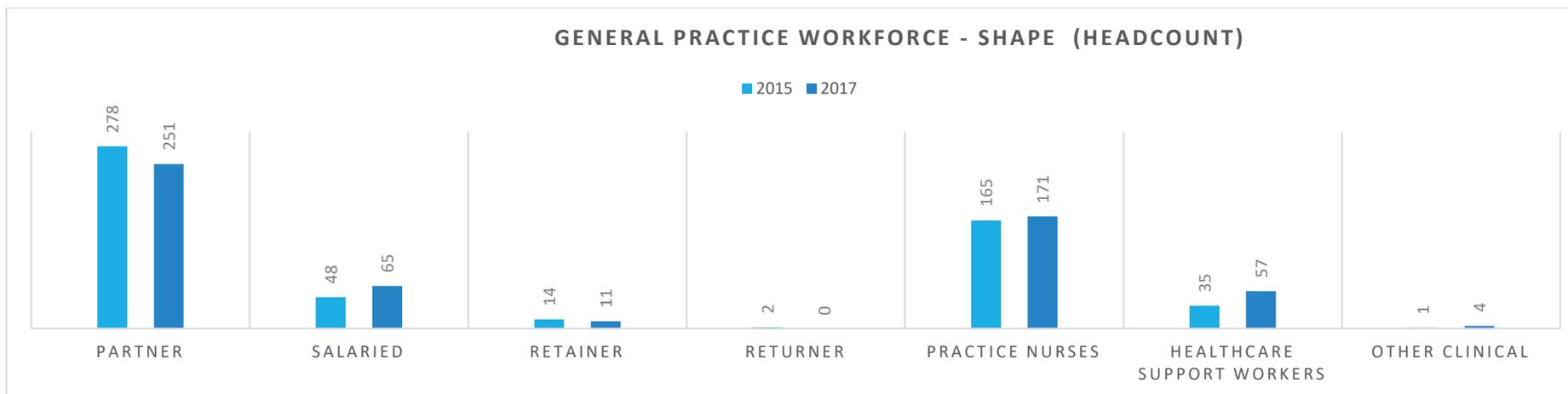
Primary Care Workforce Profile:

Sustainability of Primary Care services remains a key priority for the Health Board. With the knowledge that General Practice is a less attractive career choice due to the increasing workload, increasing demands and the financial challenge and risks associated with the traditional partnership model a 'basket' of support was outlined to identify proactive support/options available to all GP Practices. This includes the Merger Discretionary Payment protocol as a tool to support practices to merge, as an alternative to handing the contract back. 3 Mergers between neighbouring practices/business have taken place to date, with Organisational Development support provided to join up teams and processes both pre and post-merger.



Current profiling confirms that the practice population for Cardiff and Vale will increase in-line with growth expected as part of Local Development Plans and by 2020 the population is likely to increase. The area predicted to be impacted most is within North West Locality, which includes the Cardiff North, Cardiff South West and Cardiff West Cluster areas.

Profiling based on practice development plans, and validated workforce submissions in 2017 provides a baseline to make comparisons on the changing shape of the Medical and Clinical workforce:

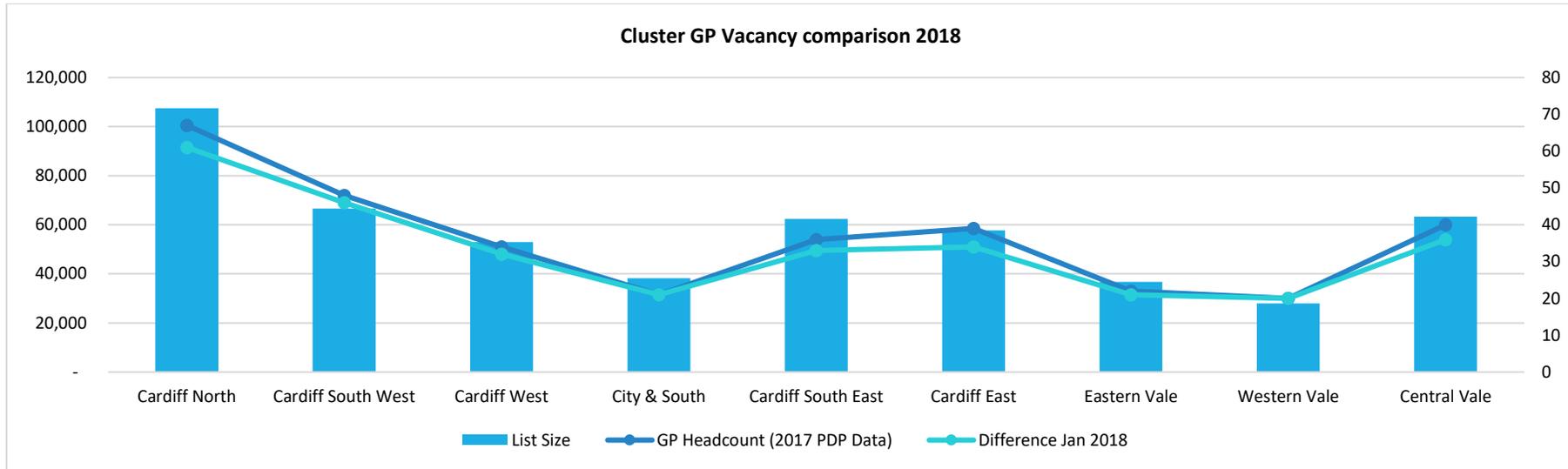


Further analysis demonstrates the change by Locality Area as follows:

Locality Area	Role/ Year	2015				2017			
		2015	2017	Difference	% inc /- dec	2015	2017	Difference	% inc /- dec
Cardiff North West	Partner	124	119	-5	-4.03	78	66	-12	-15.38
	Salaried	20	21	1	5.00	20	26	6	30.00
	Retainer	6	5	-1	-16.67	5	4	-1	-20.00
	Returner	0	0	0		2	0	-2	-100.00
	Practice Nurses	73	70	-3	-4.11	50	50	0	0.00
	Healthcare Support Workers	18	28	10	55.56	10	14	4	40.00
	Other Clinical	1	1	0	0.00	0	0	0	
Cardiff South & East	Partner	76	63	-13	-17.11	76	63	-13	-17.11
	Salaried	8	17	9	112.50	8	17	9	112.50
	Retainer	3	2	-1	-33.33	3	2	-1	-33.33
	Returner	0	0	0		0	0	0	
	Practice Nurses	42	49	7	16.67	42	49	7	16.67
	Healthcare Support Workers	7	10	3	42.86	7	10	3	42.86
	Other Clinical	0	3	3		0	3	3	
Vale	Partner	76	63	-13	-17.11	76	63	-13	-17.11
	Salaried	8	17	9	112.50	8	17	9	112.50
	Retainer	3	2	-1	-33.33	3	2	-1	-33.33
	Returner	0	0	0		0	0	0	
	Practice Nurses	42	49	7	16.67	42	49	7	16.67
	Healthcare Support Workers	7	10	3	42.86	7	10	3	42.86
	Other Clinical	0	3	3		0	3	3	

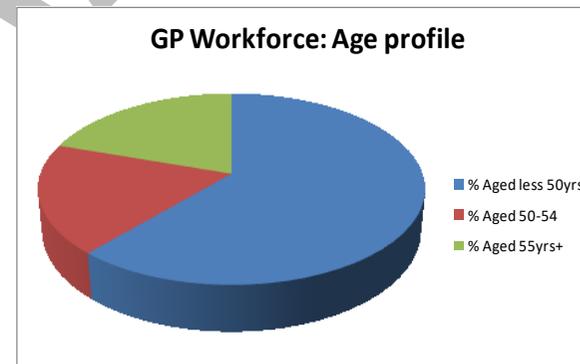
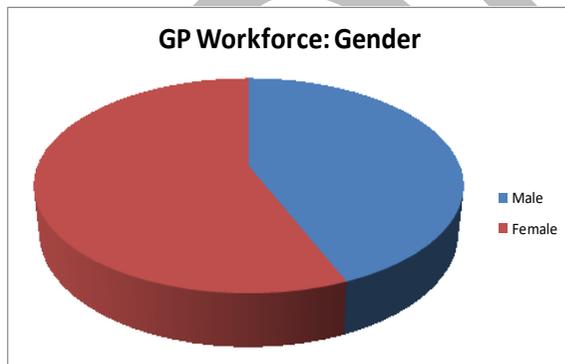
In the absence of a Quality Outcomes Framework for 2018 the annual practice development submission, where workforce data is extracted, is no longer a contractual requirement for practices, therefore we have been unable to extend the analysis beyond 2017 at this time.

In January 2018 the Clinical Board developed a GP recruitment and retention project group, working with members of the LMC, whose primary purpose would be to provide expertise and recommendations to enable and support the flow of GPs into Primary Care practices across Cardiff and Vale. The Project team needed to create a baseline understanding to support evaluation and monitoring of the groups work which included surveying practices and GPs who categorise themselves as Locums to understand the scale of the problem. The vacancy position as at January 2018, compared to 2017 was found to be as follows:



Following a Survey undertaken in June this year, 32% responded. Practices have been consistently reporting the growth in status of the GP Locum role, which appears to be becoming comparatively more attractive than partnership or salaried GPs roles.

Further analysis of the GP workforce identifies that 56% are female and 39% of the total GP workforce is aged 50 years and over (20% aged 55 years+) which is in line with national predictions indicating that the GP workforce is becoming increasingly younger and more female. It's also evident that many GP's are working part time hours.



7.3.3 Key Priorities within the Objectives of the Framework

Below is a summary of the key priorities within the 5 objectives of the Workforce and Organisational Development Framework.

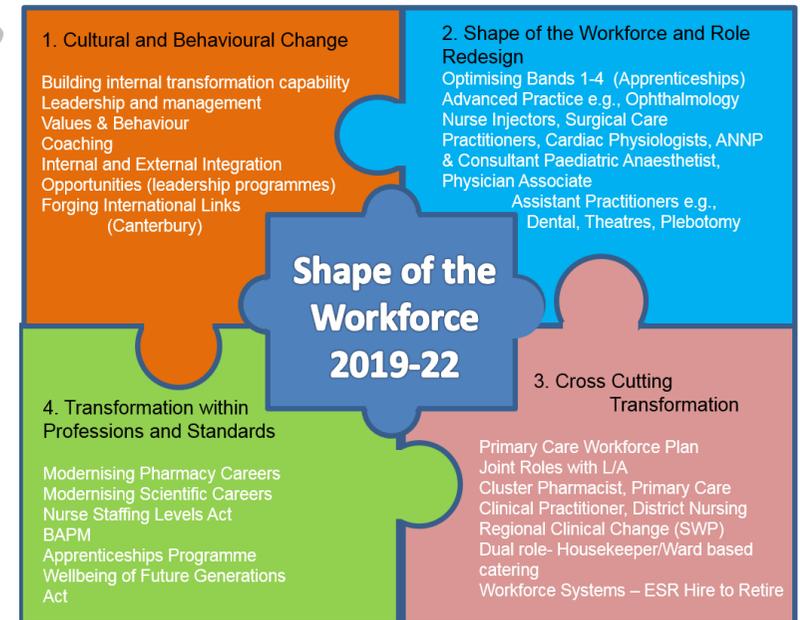
TRANSFORMING WORKFORCE
 Enable quality, productivity & continuous improvement through innovation

Workforce Transformation is necessary to underpin the achievement of the ten-year vision for the UHB **Shaping Our Future Wellbeing**. This year, our new Workforce & OD Director has been working closely with the Chief Executive and Executive Team to develop plans which enable the mobilisation and engagement of the organisation to transform. As outlined in Chapter 6.2 above, there are 10 Transformation Projects within the Transformation Programme. The workforce enablers are Leadership and Management, Values and Behaviours and Digitally Enabled Workforce.

There are **4 themes** to the UHB’s longer term Workforce Transformation Plan:

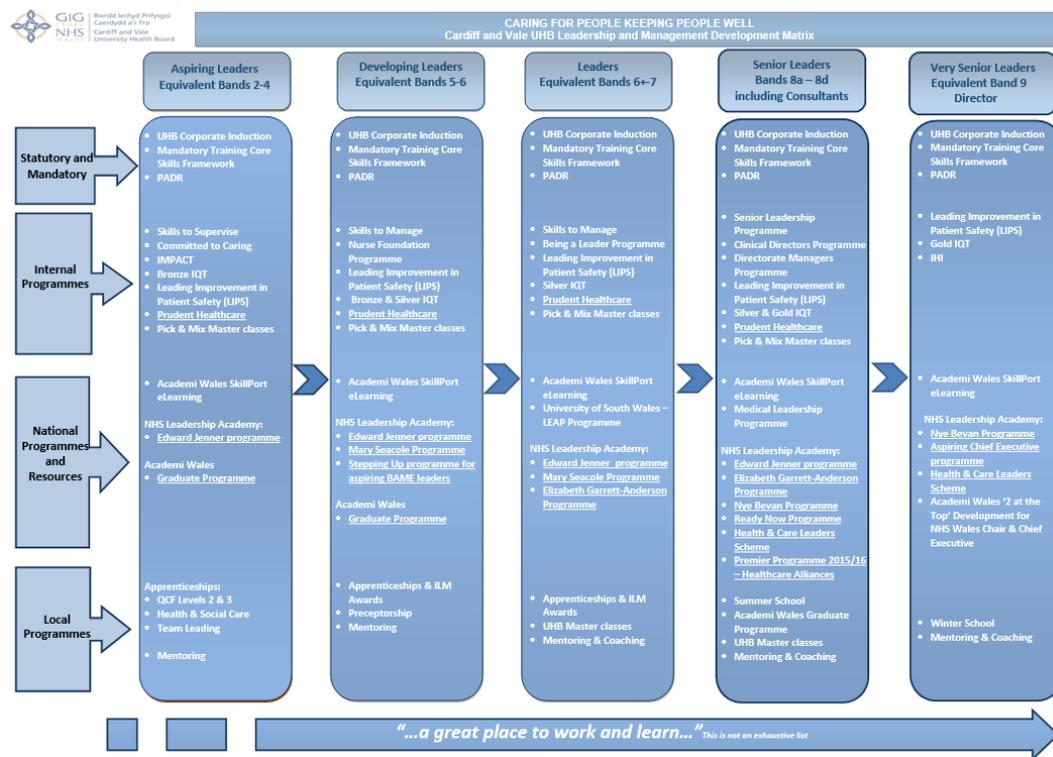
1. Cultural and Behavioural Change - *Build, Buy and Borrow*

We will continue to build **internal transformation capability** in 2019/20 to ensure we can **“do it for ourselves”** and reduce reliance and expenditure on external support; integrate transformation principles into all leadership activity; and leverage internal skill and support. We are drawing upon evidence-based practice from other organisations and our internal expertise to build this capability. The use of OD interventions and principles will be key to successful implementation of change in line with the national and international links with our alliancing partners which include strong relationships with **Canterbury integrated health system, New Zealand**; as we consider the learning they have to offer us from developing their integrated, operating model at both a strategic and operational level. For example, being clear about our change model (how change happens in the UHB), in achieving the new ways of working and cultural alignment within and across organisations. In 2019 we will continue to drive the work through the



transformational enablers of the transformational programme building the development of Lean Champions throughout the UHB which includes developing our leaders to change and transform services.

In 2018 the UHB became a member of the **Quest Group**, which allows collaborative working with 15 other high performing Healthcare Trusts in England. The organisations work together on a triple aim of improving patient safety and quality; to be recognised as the employer of choice; and to improve innovation through greater enabled technology. Whilst the UHB's involvement in Quest is in its very formative stages it is apparent that we can benchmark and learn from others, allowing us to introduce and inherit processes other organisations have already benefitted from.



During 2018 the UHB refreshed and reviewed its **Leadership and Management Education Framework**, as described opposite. This review indicated the framework is doing its job and there are a number of embedded programmes now in play to support leadership development at all levels within the UHB. In 2019/20 we will be introducing a new **Leadership and Development Programme for our Top 70 Leaders** to help them embed the **“Cardiff and Vale way”**, focussing on increasing trust and innovation and being more outward looking and reducing bureaucracy.

2. Shape of the Workforce and Role Redesign

Optimising roles within Bands 1-4

Primary Care have a number of action plans in place during 2019 to continue to maximise the skills of all our workforce. Examples include: continuing to define and train all Health Care Support Workers to embed the HCSW Skills and Career Framework and the development of a Band 4 role to release District Nurse Capacity. Nursing HCSWs now have the opportunity to develop their knowledge and skills to undertake a undergraduate nursing degree whilst employed by the UHB. A flexible earn as you learn approach is now provided by two universities to cater to the adult and mental health branch. CD&T are developing the Health Care Support Worker workforce linked to radiology in order to utilise the skills of this workforce more effectively, centred around the needs of the patient.

Physician Associates

The UHB is proactively developing the introduction of Physician Associate role and engaging with senior clinical leaders to introduce this role. The plan in 2019 is to appoint substantive PA posts in Primary Care and work with WEDS to offer clinical placements.

Advanced Practice

The UHB has a significant number of staff who evidence working at the Advanced Practice (AP) level and Nursing Advanced Practitioner (AP) roles are well established within the majority of clinical boards and new trainee APs are currently being developed in Children and Women, Medicine, PCIC and Specialist Services. Work is being undertaken in Mental Health to support the development of new AP roles, particularly for the community. AP roles are also being developed in Allied Health Professions, for example First Contact Physiotherapists who are being appointed to work in GP practices and provide patient care instead of GPs. An inter-professional Advanced Practice Working Group has been established to provide strategic drive and support for this agenda and to standardise the approach to the development and governance of AP roles across the UHB. It is widely known that the AP workforce: support the provision of expert, holistic patient care; increase capacity, consistency and capability of clinical teams; and transform patient pathways. In meeting all four pillars of the Advanced Practice Framework for Wales APs are also senior clinical leaders making a significant contribution to service improvement, research and the education of the clinical workforce.

3. Cross Cutting Transformation across the UHB

Primary Care Workforce Plan

The UHB has put in place dedicated Primary Care Workforce Planning and OD expertise which provide advice to the 62 GP practices and core Sustainability Team; also working directly with Clusters and practices supporting the delivery of actions aligned to the Primary Care Plan for Wales. The Team have identified a three year Workforce operating model with significant progress having been achieved during 2018 and further detailed action plans in place for 2019:



Cluster Development

All Clusters are encouraged to develop a terms of reference, outlining their vision, purpose, membership and decision making criteria to improve cluster governance. All Clusters who have invested funds in the development of roles/models have been supported to evaluate their investments to date. Using a logic model of evaluation the purpose of the evaluations across Pharmacists and Frailty/Older Peoples nurses has been to establish;

- Scope of role; Lessons learnt; Outcomes and Measures; Engagement and integration; Education and skills; Communication, including feedback, objective/priority settings

In 2019 the evaluation will be used to inform the future development of the roles/services and outcomes in line with a 'Once for Wales' for approach. In addition the lessons learnt from our experiences and investments to date will be used to inform the development of the **Partnership Agreement** between the Health Board and Clusters as part of the MSK/MH roll out. It will also inform our understanding of the **education and training requirements** of the emerging MDT roles working with practices/clusters.

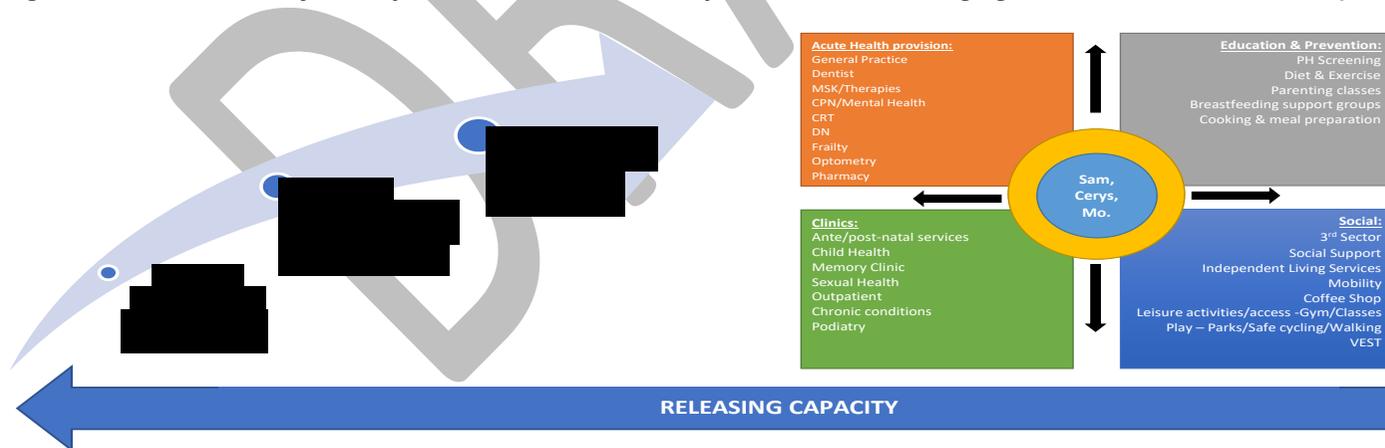
The leadership capacity and capability of Cluster Leads will need to be considered in light of the Cluster Governance 'A good practice guide'. A Cluster Leads workshop was held in October 2018 and further work will be undertaken in 2019 to create an organisational development plan to support the continued development and evolution of their cluster in line with the good practice framework.

The Workforce Planning and OD Manager continues to feed into the Public Health Wales Cluster development group. In addition the Workforce Planning and OD Manager has co-facilitated a South Wales Cluster Leadership Programme '**Leading with Purpose, Passion and Perseverance**' with Academi Wales. The programme is designed to support Cluster Leads to strengthen their leadership contribution to improving care delivery for patient and clients. The programme framework also provides a peer support mechanism through Action Learning, enabling personal and service change and promoting quality care in line with Prudent Principles. To date two Cluster Leads in Cardiff and Vale have experienced this programme, with a celebration of learning and success planned for December 2018; as well as gaining the skills to be able to run the programme locally.

Locality/Cluster Wellbeing Hub Development:

North West Locality have actively engaged all partners in a series of workshops to date, with a further workshop planned for November 2018 as part of the Shaping our Future Wellbeing Strategy. The focus and the priority of the work is the development of the wellbeing Hub within the Cardiff West Cluster area. Workshops have been designed collaboratively with stakeholders using the population health needs assessment to ensure services are designed, modelled and delivered around the patient to identify a range of scenarios/options to inform decision making and planning.

The following diagram illustrates the journey towards sustainability based on the engagement and inclusion of partners to date.



OOH:

Significant progress has been made supporting the sustainability of OOH services across Cardiff and Vale. The multi-disciplinary model has been shared as a case study for inclusion in the Primary Care Compendium of roles/models demonstrating the service successes through the introduction of clinical practitioners, with a nurse or Paramedic registration, as an alternative where GP cover has been continually challenging. Recent demand and capacity modelling has supported the creation of a workforce plan and service model of the future which includes the continued development of the multi-disciplinary team focused on skills.

District Nursing:

The creation of a Novice to Expert pathway for District Nurses has been a welcomed tool to support the education and development needs of the workforce in line with the DN principles, the interim guidance on staffing principles, as a result of Nurse Staffing Levels (Wales) Act 2016. An aging nurse workforce continues to be an issue within our District Nursing service however succession planning and talent development is ongoing to ensure the service continues to meet the SPQ requirements through the identification of staff and funding requirements to expedite the number of staff achieving SPQ over the next 2 years.

The nursing role continues to be physically demanding with increasing patient complexity and whilst work continues to articulate and describe levels of patient acuity, the establishment is likely to remain unchanged at this time, however further modelling of the workforce will be needed once this is available. In addition the service will explore the role of a level 4 Healthcare Support Worker whilst also considering the career development pathways from unregistered to registered workforce in line with developments across Wales as part of ongoing succession plans and career aspirations of staff.

Further aspirations include the journey towards a 'Community Nurse' which would incorporate the nursing provision currently situated in separate services (CRT Nurse, Frailty Nurse & DN Nurse) taking account of the learning from Community Nursing Pilots across Wales. Further workforce planning activities are to include specialist areas of work including Acute Response (ART), Continence and Nurse Assessor Teams.

Department of Sexual Health:

The review of sexual health services in Wales (2017) has prompted the development of a workforce plan for the service. Historically recruitment to specialist nursing roles has been challenging, however an education and competence pathway is required to provide assurance that the Health Board is continuing to train and develop staff to meet the needs of the population and increased capacity for more drop in clinics and bespoke services (principle 1).

Prison Services:

Health Boards in Wales are responsible for the funding of Prison Healthcare services. A review of the workforce employed in provision of prison healthcare has not been undertaken since their transfer to the Health Board in 2013 and it is our intention to

undertake a review in 2019. In the absence of a National Strategy for Prison Healthcare recruitment and retention of staff remains a challenge due to the existence of a flat career structure, with limited opportunities for growth and development. A workforce plan for Prison Healthcare will provide recognition of roles; education, training requirements and competencies; a flexible workforce able to meet the population needs.



A Healthier Wales – Regional Partnership Board Proposal

“Me, My Home, My Community” ambition for Cardiff and the Vale of Glamorgan provides for significant opportunity. Engaging staff and partners will be critical to its success, in addition to the development of integrated workforce plans across our health and social care system.

Diabetic Specialist Nursing Development

The UHB continues to progress its strategies to build the capacity and experience of the nursing specialists in order to delivering better access to diabetic services. The proposals supports the cluster plans on a number of levels, including patient access, chronic conditions management and the provision of a service in the local community.

Regional Collaboration/Clinical Change Programme

Formal Joint Regional Planning and Delivery Committees are in place for the South Central and South East Region (Cwm Taf, Cardiff and Vale and Aneurin Bevan, with representation from ABMU for the Bridgend population) and the South West Region (ABMU and Hywel Dda). The workforce transformation required to support these change programmes is embedded within each of the two streams and no longer sits alone. These include Vascular; ENT; Paediatrics, Obstetrics, Neonatal and Gynaecology (PONG); and Regional Priority programmes covering Orthopaedics, Ophthalmology and Diagnostics.

As part of its role in the **Cardiff and Vale Regional Partnership Board**, the UHB participated in a Workforce Planning Development Session. The purpose of this was to review, in partnership, the strategic workforce context across the health and social care region, noting the working already taking place in each of the 3 areas at a local, regional and national level and considering further strategic priorities and action plans. Coming out of this, last year, the senior leadership teams in Workforce & OD in the UHB and Cardiff Council met informally in order to develop working relationships and share practice across sectors. This will continue to grow in 2019.

Workforce systems - enhanced ESR Hire to Retire – the UHB has completed the rollout of ESR Manager Self-Service and has successfully moved all substantive staff to on-line payslips. Paper-payslips are still issued to weekly paid workers however in 2019 this will be addressed. During 2019/20 our priorities for further developments are:

- Auditing self-service usage
- Continuing the implementation of the national Hire to Retire Plan locally
- Migration to the occupational health bi-directional interface of the Cohort and ESR system
- Improving and simplifying further the learning and education self-service functionality for users
- Continuing to raise awareness of the ESR Portal functionality which enables our staff and management to access ESR remotely on PC's, laptops and smart phones.
- Continuing to provide bespoke training and education to maximise usage and efficiency

4. Transformation within Professions and Standards

Apprenticeships



In 2018 the UHB launched a new **Apprenticeship Programme** to underpin our commitment to the *Well-being of Future Generations Act; a prosperous Wales*. The launch included signing the Cardiff Commitment Pledge. This investment in apprenticeships, internships placements and graduate opportunities remains a key development in our workforce plan for 2019/20. Our intention is to develop 100 entry level apprenticeships in 2019/20 and also continue to upskill our current workforce with opportunities to study apprenticeship courses. The pledge aims to ensure that all young people in Cardiff are provided with the support, choices and opportunities to make a successful transition from compulsory schooling to ongoing education, training and the world of work, and are enabled to reach their full potential.

To support this we are continuing to support the widening access agenda by attending Careers Events and visiting schools across Cardiff and Vale to publicise the Academy and the varied roles and opportunities that are available in the Health Board. Promoting the UHB as a 'great place to work and learn' and to #TRAINWORKLIVE in Wales.

Modernising Pharmacy Careers - this work has been transitioned into the Pharmacy Deanery of Health Education and Improvement Wales. The UHB is embracing the pharmacy workforce changes required to support the vision in Healthier Wales, initially by ensuring that all pre-registration training is delivered across primary community and secondary care, from 2019 intake. Further pharmacy workforce development (from early 2020) will include cross sector career pathways for pharmacists, pharmacy technicians and support staff wherever appropriate, including Foundation and Advanced practice and supportive job planning to reflect the needs of patients, the public and healthcare in Wales.

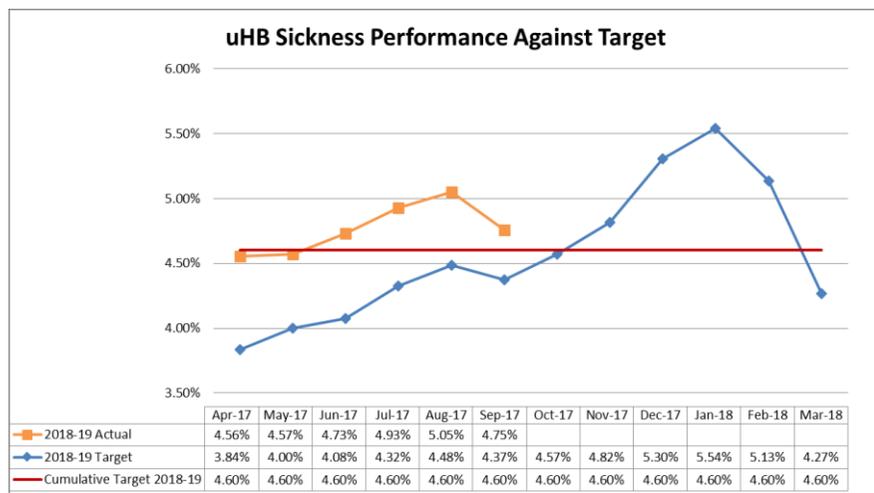
Modernising Scientific Careers (MSC) - the UHB continues to develop and implement service and workforce plans in Cellular Pathology, and Laboratory Genetics. Genetics staff (Clinical Scientists, Bioinformaticians, Technologists) receive further training to meet the increasing demands of the growing Genomic service. It is also progressing analogous integrated workforce planning in Radiology which is outside MSC. This has resulted in new structures and skill mix to support 7 day working and change in service pathways. The UHB will develop plans to respond to the challenges and opportunities for healthcare science and healthcare scientist as described in "Healthcare Science in NHS Wales – Looking Forward". Non-Genetic healthcare professionals (across Wales) to be trained in the delivery of clinical Genomic Medicine services and how they are main streamed into routine clinical practice.

National Standards of Cleanliness, Nutrition and Fluid intake – a structured refresher training and assessment programme is ongoing within Operational Services for staff to undertake NVQ's for cleaning standards and customer skills; IQT, dignity and respect and customer communication.

EFFICIENT WORKFORCE

Achieve target workforce metrics (KPI's)

Delivering against the UHB's **Workforce Metrics**; ensuring the total pay-bill remains within budget; reducing temporary agency and locum expenditure; continued reduction of sickness absence and promotion of staff wellbeing remain key priorities for the UHB in **2019**. The UHB has made significant improvements in many of these areas but our challenge of reducing expensive high premium agency costs remains a focus.



Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual - Sep-18	2018-19 target	2019-20 target	2020-21 target	2021-22 target
1. Sickness Absence Rate	5.07%	5.13%	4.75%	4.60%	4.60%	4.40%	4.40%
1a. YTD Sickness Absence Rate (Fin year)	5.07%	4.77%	4.75%	4.60%			
2. Job Plan Compliance	50.80%	50.15%	50.15%	85.00%			
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.63%	6.63%	6.34%			
4. Pay Bill Over/Underspend	-0.43%	-0.10%	-0.44%	Underspend			
5. Variable Pay Rate	8.06%	8.52%	8.54%	Improve			
6. Actual (Contracted) WTE	12738.43	12718.97	12718.97	12726.00			
7. Fire Safety Mandatory Training Rate	65.32%	66.35%	66.35%	85.00%			
8. PADR Rate	57.19%	57.93%	57.93%	85.00%			

The financial year to date Sickness Absence figure to September 2018 is 4.77%. The cumulative sickness absence rate for the 12-month rolling period to September 2018 is 5.13%. The 12-month cumulative sickness rate for the UHB has been at or around the same rate since April 2018. The strategic action plan for **improving staff health and wellbeing** is described within the Engaged Workforce section.

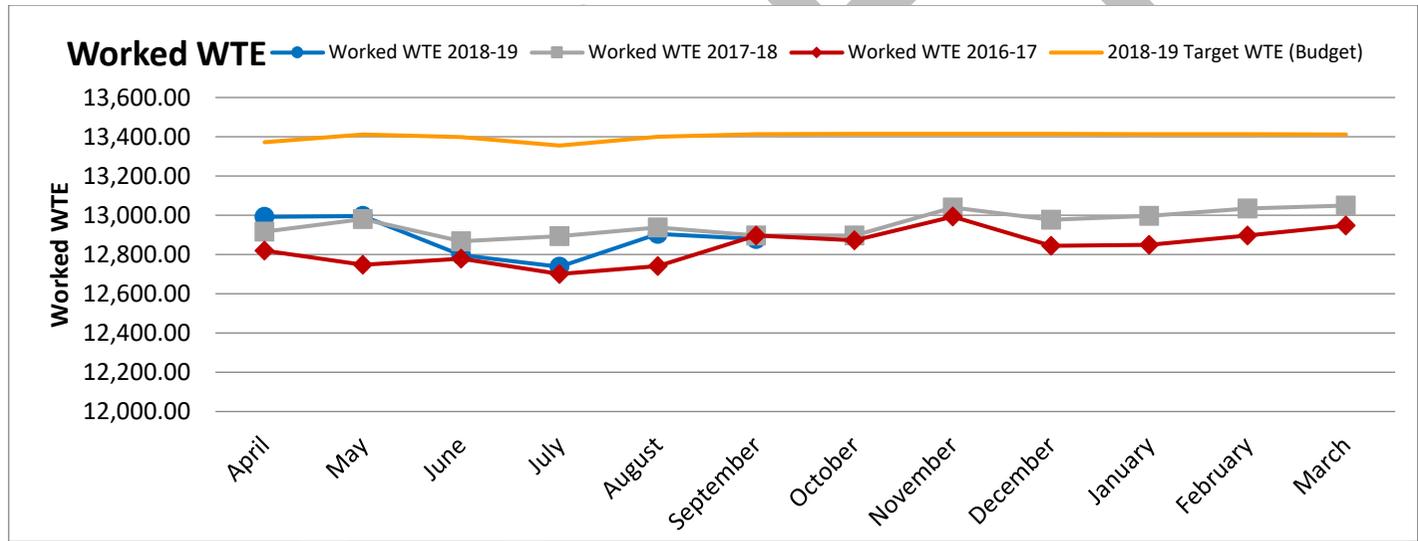
Table: monthly sickness rates 2018/19 compared to 4.60% target

Table: NHS Wales Absence Benchmarking (NHS iView data June 2018)

	Headcount	Contracted FTE	12-Month Cumulative Sickness
ABMU	15,810	13,835	5.90%
Aneurin Bevan			
University LHB	13,095	11,180	5.19%
Betsi Cadwaladr	17,545	15,085	4.86%
Cardiff & Vale	14,465	12,670	5.14%
Cwm Taf	8,175	7,185	5.44%

Hywel Dda	9,510	8,220	5.05%
Powys	2,125	1,725	4.66%
Public Health			
Wales	1,770	1,570	3.92%
Velindre	3,875	3,560	4.00%
Welsh Ambulance Services	3,305	3,085	7.32%
NHS Wales	89,555	78,115	5.24%

Workforce costs have been tightly controlled during 2018/19, seeing a significant reduction in variable pay and expensive agency costs. This is illustrated by a cumulative month 6 budget underspend of £0.289m (0.10%).



The focus in 2019/20 will be to continue to drive these unnecessary costs out to ensure an affordable and sustainable pay-bill. Clinical Boards and corporate functions continue to refine their workforce saving opportunities, controlling vacancies, temporary spend, skill mix, sickness absence costs and alternative ways of working. Reducing UHB wide workforce costs forms part of the UHB's tactical efficiency savings in 2019/20 and is being driven through the Nursing Productivity Group, Medical Productivity Group, Workforce Productivity Group, that feed into the Cross Cutting Steering Board.

Last year Executive Directors undertook a review of corporate administrative and management functions. A 10% cost challenge was achieved. Further reviews are being undertaken in Clinical Boards to consider administration and management structures.

Following the 2018 Pay Deal within NHS Wales, **Band 1** has been closed to new entrants from 1 December 2018. During 2019 work will be undertaken in partnership with our trade unions to review roles and upskill roles from Band 1 to Band 2.

The appraisal process and documentation is being thoroughly reviewed due to **the PADR compliance** remaining static at around 56-60% for many years. The process will be aligned with the talent management process and fundamentally this new approach will enhance the staff experience and improve the career conversation. A task and finish group has been established to develop the material in collaboration with our staff; ready for implementation of the new approach in 2019.

SUSTAINABLE WORKFORCE
Ensure the right people, in the right roles, in the right place, at the right time.

Ensuring **sustainability** of current and future workforce supply, especially in nursing and medical roles, remains a priority for the UHB in 2019 and beyond. Specific actions identified within the plan are: deliver Project 95% and sustain Project Switchover; continue to deliver Medical Training Initiative (MTI) strategy; monitor the implementation of the Welsh Government Agency and Locum Circular, recruit hard to fill vacancies; develop talent management and succession planning for senior management posts.

Project 95% has held a number of very successful recruitment campaigns in 2018 and continues to fill substantive nursing posts. Recent work has been focussed on the development of a **Nurse Retention Plan** to ensure that when we recruit we also retain our nurses. We are also having great success with our nurse adaptation programmes and have a “waiting list” of people who wish to join these. Further cohorts are planned for 2019.

		ACTUAL	FORECAST (month end position)					
	Combined Band 5 and Band 6 including ODP	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHB	Establishment	3564.57	3563.53	3546.09	3546.09	3546.09	3546.09	3546.09
UHB	Forecast Actual	3259.07	3285.74	3305.49	3337.47	3337.65	3328.84	3341.02
UHB	Forecast Vacancy	305.50	277.79	240.60	208.62	208.44	217.26	205.07
UHB	%	91%	92%	93%	94%	94%	94%	94%
UHB	Forecast Starters TOTAL	74.89	63.09	46.41	58.64	26.84	17.84	38.84
UHB	Forecast Leavers	35.14	26.66	26.66	26.66	26.66	26.66	26.66

JOB OF THE WEEK

Band 5 Nurse - various areas
 £22,129 to £28,747 per annum pro rata

Job ref: 001-NMR237-0718
 Contact: Lisa Evans, lisa.evans10@wales.nhs.uk

We have positions in medicine, surgery, acute nursing, theatres, community nursing, the prison service, children's nursing, mental health and many more, so if your preference is intensive care or community nursing or anything in between we have something to offer you. Many of these departments are tertiary services which provide specialist and highly skilled services for the wider population of Wales.

70 Nurses for September
 Saturday 22nd September, 10am - 3pm, Sports and Social Club, UHW.

#TrainWorkLive #CAVJobs

Project Switchover has continued to sustain its position of eradicating 100% off contract agency usage.

Nurse Staffing Levels (Wales) Act 2016 – 25B, C and E commenced in April 2018. Guidance has been implemented to enable us to comply with the Act. The Executive team and Clinical Boards are working together to ensure reporting requirements are understood and implemented.

Medical Locums remains a priority for the UHB in 2019 and control measures in place and monitored through the established Medical Productivity Project Team, led by the UHB Medical Director are being further enhanced as we implement the Welsh Government Agency and Locum Cap Circular. Each Clinical Board has a detailed action plan and Support Panels are held regularly to review these. Implementing the WG Cap shows that many service areas are holding the rates with the specialty areas of most concern being the Emergency Unit, Paediatric Surgery, Psychiatry and Neuroscience.

MTI – in 2019 the UHB is aiming to continue to hire more MTI doctors through the BAPIO initiative.

Hard to fill vacancies - As at end of October 2017, there were 6 hard to fill consultant vacancies and 31 hard-to-fill trainee and higher grade HB medical vacancies. Whilst the UHB had a number of successes in 2018 in filling key roles in Emergency Medicine and Paediatrics, our recruitment strategies continue to be reviewed especially in Medicine, Paediatrics, Psychiatry and Neuroscience. Our plans to address other professions include: newly qualified nurses, Sonographers, Radiologists, qualified mechanical and electrical trades, Perfusionists, Cardiac scrub nurses, Physician Associates and Advanced Nurse Practitioners.

Education & Commissioning (tbc, templates will be completed by 1 week in January, developed in partnership with professional leads)

Brexit – during 2019 we will be supporting our staff who require EU settlement by providing them with as much information and guidance as is available. Briefings have been communicated and sent throughout the organisation in readiness for staff to use the pilot scheme during November and December. Further work will be undertaken to support staff and to improve our reporting of EU nationality on ESR.

CAPABLE WORKFORCE

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

Investing in our workforce to build capability and capacity is central to the UHB's ambition to be a **Great Place to Work and Learn**. Much of this is coordinated through the Learning, Education and Development Department, working collaboratively with Clinical Boards and Executive Departments.

Mandatory Training compliance is monitored and reported monthly to ensure we are moving towards 85% compliance target. During 2018/19 the ESR system was utilised to develop a training needs analysis for all level 1 awareness raising mandatory training. This has replaced the previous blanket approach and now provides a system for staff to identify the modules and refresher periods they are required to undertake, deemed essential for their role. In 2019 the same approach is being adopted for level 2 and 3 mandatory training which, again, will identify the roles that require the relevant training, therefore avoiding duplication and unnecessary time undertaking training not relevant to role.

Performance management and talent development are integral to our appraisal, recruitment and retention plans for 2019/20. We are undertaking a Pilot Programme with invited Managers (clinical and non-clinical) to form a Talent Management Community of Practice over 6 months during 2018/19. An action plan based on national work on talent and succession planning will ensure our local plan draws on best practice and an early indication of how the 9 Box Grid is developing is outlined below. The group will tease out this tool to enable the Career Conversation with individual members of staff. Areas of focus are: recruiting talent; identifying and retaining talent; deploying talent; and succession planning.



Outcomes will include: a values-based recruitment process; a promotional plan for the UHB; an increase in our graduate-management scheme places; a post-graduate scheme; a talent-management tool for use across all Clinical

Boards and Corporate Department; a bespoke programme of development for those identified through the talent management process; and a career-pathway brochure. Benefits will be identified through a reduction in hard-to-fill posts and reduction in expenditure on interim staffing arrangements.

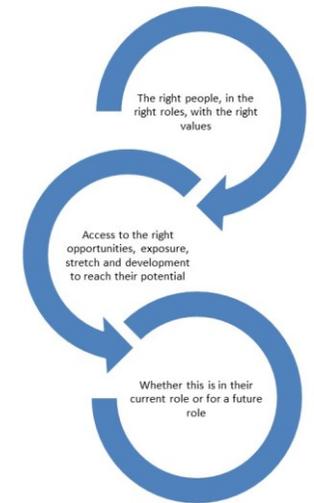
	TRANSITION EMPLOYEE High potential though underperforming, may be in wrong job / manager or new to role <i>(needs support)</i> DEVELOP	FUTURE POTENTIAL High potential, capacity for key roles, strong, valued contributor <i>(recognise and develop)</i> STRETCH / DEVELOP	ROLE MODEL High potential to go further <i>(reward, recognise and promote)</i> STRETCH
	DEVELOPING GENERALIST Potential for some growth, Needs stretching, some under performance <i>(provide coaching)</i> OBSERVE	CORE EMPLOYEE Solid and adaptable <i>(motivate, engage and reward)</i> DEVELOP	GROWTH EMPLOYEE Pivotal and flexible, strong contributor <i>(challenge, reward, grow and motivate)</i> STRETCH / DEVELOP
	DEVELOPMENT ROLE Has reached job potential and is not meeting objectives / behaviours <i>(Support, manage)</i> OBSERVE	FUTURE PROFESSIONAL Reliable performer with potential in current role, specialised, expert <i>(engage, focus, motivate)</i> OBSERVE	TRUSTED PROFESSIONAL Specialised, expert, reached career potential <i>(retain, reward, encourage, mentoring others)</i> DEVELOP

Leadership and Management skills development is a key focus in 2019/20 as we continue to invest in development to build **leadership capability**. In 2018, the leadership development offer in the organisation was reviewed in line with the UHB Strategy and renewed transformation programme. The focus has been to define the skills and behaviours that the organisation wants to see in our leaders, against the NHS Leadership Framework, and background from recent leadership theory. The focus of our leadership development at all levels is on networking, supporting each other and stimulating leaders to solicit new ideas and innovative solutions from each other and their teams and encouraging them to present ideas that are different from their own.

A leadership programme for Clinical Directors is now embedded into the suite of leadership programmes offered, designed partially in response to insights from the Medical Engagement Survey. The leadership pathway for all roles will be mapped and accessibility to programmes increased. We will also participate actively in the development of **public sector partnership leadership programmes** through our involvement in the Public Services Board.

Nurse capability: A 'Nursing and Midwifery Education and Development Framework' is under development to support nurse progression through career pathways. Newly registered nurses are supported through an innovative Nurse Preceptorship Programme (NPP) for their first 12 months post registration. This programme is currently under review and a new programme will be tested in 2019/20. Additional induction pathways are being developed to support the acquisition of competence in other roles e.g. Ward Sisters and Charge Nurses. A robust Adaptation programme for Overseas Nurses has been developed in 2018 and will be more widely implemented and evaluated in 2019/20. The new ESR competency module is now being used to document the achievement of competence for nursing clinical skills and this will continue to be implemented for all clinical skills programmes in 2019/20.

Non-registered nurse capability: The NHS Wales Skills and Career Framework for Healthcare Support Workers was mandated by Welsh Government in 2016 for new starters and for substantive staff in 2018. As a result of the work undertaken to implement the framework clear development pathways are now in place for all non-registered nurses working across all settings in the UHB. Development pathways now help HCSW to access undergraduate nurse training through the traditional route or one of the flexible routes that are now open to HCSW (University of South Wales and Open University). Compliance with the framework is measured annually and 49% compliance achieved in January 2018.



ENGAGED WORKFORCE

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

Improving levels of staff engagement improves performance and outcomes, including: mortality rate; health and wellbeing; absenteeism; patient satisfaction; quality of services; and financial management (NHS Employers, 2013). We have a comprehensive programme of engagement work at both organisational and Clinical Board level.

Our surveys – Medical Engagement, Staff Survey and Values Survey – are one way in which our staff can share their views and they have given us a clear picture of the work we need to do to improve staff engagement. Although our staff are feeling more engaged, improvement is required. The results of the NHS 2018 survey for Cardiff and Vale continue to show positive improvements in most areas since 2016 survey and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below average which include stress at work and harassment, bullying and abuse. The Executive Director of Workforce and OD is chairing a task and finish group with a range of staff throughout the UHB to develop a response.

Theme	Cardiff and Vale University Local Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14
Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	3.83	3.64	3.43	3.82	3.65	3.43

In 2019/20 we will continue to invest in reward and recognition of staff; improve staff involvement in change activity; improve the quality of our appraisals; improve our response to complaints of bullying; and reduce the number of stress-related absences. In 2019/20 we will enhance our understanding of the drivers of engagement, bringing together the 'key diagnostic indicators' of engagement,

such as selection of workforce measures, medical engagement results, and data from our Values programme. We have recently been working with Professor Michael West in the quest to continue to develop the culture in our Health Board for High Quality Care. We will reflect on this work and build it into our action planning for engagement and well-being.

Medical Engagement has been a particular focus in recent years and in 2019/20 we will continue to evaluate our progress in order to develop further the Engagement Charters at team level.

We recognise that staff wellbeing is key to staff feeling engaged. A multi-disciplinary group leads a strategic action plan for **improving staff health and wellbeing**. Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee wellbeing and the Public Health team developed a collaborative plan, which realised improvements across a range of areas. 2017/18

was a year of great success with the UHB achieving both the Gold and Platinum Corporate Health Standards and being recognised as an exemplar organisation. In 2019/20 we will continue to use the learning from these standards to stretch our health and wellbeing activity even further, achieving further reductions in sickness absence through whole-system approaches.

The Quadruple Aim for All



An Employee Engagement Framework and Toolkit was launched in 2017 providing the basis for Engagement Plans across the UHB. Key aspects are: having a strong **organisational values**; effective senior **leadership**; excellent line managers; a strong **employee voice**; and good **partnership working**.

We have involved patients and their families and clinical and non-clinical staff in creating a behavioural framework to bring our Values to life. In doing so we have also refined our Values to ensure they are memorable and relevant. As an organisation we strongly believe that it is vital our leaders exhibit the behaviours and values that we expect from all our staff. In 2018/19 these behaviours were integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Each of our core value comes with a set of behaviours that are measurable and specific. Incorporating core values as part of the performance management process will enable employees to be recognised whenever they behave in alignment with core values. Reviewing people based on values is interrelated with rewarding people for demonstrating the values. All leadership and Management training in Cardiff & Vale now incorporates training on a coaching style and managers are encouraged to coach and support employees on how to demonstrate the core values which eventually lead to recognition and rewards.



Year 3 of the Strategic Equality Delivery Plan.

We have again made the **Stonewall Workplace Equality Index Top 100 Employers** list as one of their gay and trans-friendly employers. We are one of two **top Health and Social Care organisations in Wales** and are in the **top 5 Health and Social Care** organisations in the UK as well as being in the **Top 10 Employers in Wales**. In 2018 we had a strong presence at the annual PRIDE Cymru Parade, led by our Chief Executive and we are currently reviewing our supporting transgender staff procedure and Equality Policy. We have achieved **Disability Confident** Employer status and are looking at how we become a more inclusive organisation and achieve Disability Confident Leader status. As part of this piece of work, which is led by the Engage to Change project, funded by Learning Disability Wales and the Big Lottery Fund's Getting Ahead 2 grant, we are working to support the employment of young people with a learning disability and/or autism throughout the organisation. The UHB has also focused attention on **sensory loss** issues for patients, some of whom are staff. We have developed, in partnership with Action on Hearing Loss, training for staff in basic British Sign Language. In the coming months we are looking to extend this work in partnership with the local British Deaf Association. This coming year we will also be looking at developing a gender pay gap review action plan based on the issues raised by the gender pay gap review report published earlier this year. All this work is part of the transformational and cultural change that the UHB is looking to progress with the end goal of removing systematic barriers and leading to the widening of access

Welsh Language

The Welsh Language Standards, after a very comprehensive and systematic consultation process undertaken by staff, was placed with the UHB at the end of November 2018. The implications of their content and implementation means that there are challenges that the UHB must meet if the standards are to be achieved. Issues such as providing training opportunities to staff and working with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients are examples of the work that we are and will continue to develop in the coming year. The Standards also provide us with opportunities and not just challenges. Through our work in meeting the Standards, we will be able to identify good practice with the More Than Just Words Awards taking place in 2020. This can be used a measurement tool to see how far we have progressed.

7.3.4 Workforce and Organisational Development Delivery Plan 2019 - 22

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
TRANSFORMING WORKFORCE				
<p>The transformational programme has brought together the skills and expertise of the following departments: Organisational Development (OD), Continuous service improvement (CSI) and project management (PMO) to:-</p> <ul style="list-style-type: none"> Identify specific development needs Develop programmes of work Identify external contributors where appropriate and schedule dates throughout 2019/20 	Build internal transformation capability	Create programme of development to build skill and capability of transformation team, and ensure effective use of existing internal expertise. Draw upon expertise of partner organisations where appropriate.	Further training needs analysis, development and evaluation of impact and capability	Further training needs analysis, development and evaluation of impact and capability
<ul style="list-style-type: none"> Implement Actions following Audit of self-service 	Enhance ESR functionality and enable workforce digital solutions	Implement ESR S/S in medical and dental staff group Increase usage of ESR Portal	Review functionality available and C&V usage of this to explore	ESR MSS usage sustained for all functionality in ESR

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> • Ensure annual leave functionality is being used across the UHB • Implement ESR S/S for medical and dental staff group • Continue implementation of national Hire-to-Retire Plan locally • Automate starter and staff changes forms within ESR MSS • Migrate to Occ Health Bi directional interface • Ensure all rosters up to date against agreed staffing levels • Provide further training to managers on Workforce solutions 			opportunities to maximise benefits of ESR and associated systems	
<ul style="list-style-type: none"> • Deliver required outcomes against the themes in the Plan • Continue to support ongoing cluster development/ maturity of, and succession planning for primary care clusters and the sharing of best practice • Continue to engage and work with Public Health Wales Primary Care cluster development team and pacesetter work 	Deliver 'Planned Primary Care Workforce for Wales'	<p>Development of emerging models of working and evidence of impact.</p> <p>Embedded evaluation exercises and PDSA cycles of all new roles/models of working to inform</p>	<p>Deliver the HB actions against the required outcomes</p> <p>Sustainable multi-disciplinary workforce for GMS</p>	Deliver the HB actions against the required outcomes

Key actions to support delivery of a Transformed Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Support and influence the evaluation of cluster projects, maximise the use of advanced and extended skills for possible roll out of initiatives in other areas e.g. cluster pharmacist and diabetes specialist nurse Continuing to build a more robust approach to workforce planning Continue to invest in the development of the wider primary care workforce 		<p>service improvement.</p> <p>All Clusters working towards maturity level 2.</p> <p>100% of Cluster Leads attended/completed a recognised Leadership programme</p>		
<p>Deliver against milestones for:</p> <ul style="list-style-type: none"> Paediatrics, Obstetrics, Neonates ENT Major Trauma Emergency Medicine Vascular and Surgery (as models emerge) UHW/UHL Medical Model UHB Theatres and Critical Care Collaborative/National models: Pathology, Imaging 	Support South Wales Clinical Change Programme - Reconfiguration	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)	Deliver Workforce actions in SW Programme (see actions)

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
EFFICIENT WORKFORCE				

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> • Development & implement a work plan linked to the new Managing Attendance at Work Policy, with monthly meetings to ensure progress is made in a timely manner. • Benchmark against other organisations • Deliver training in partnership with Trade Union representatives. • Continue to build manager capability through effective coaching, holding Attendance Surgeries and developing resources. • 60% seasonal Flu vaccination uptake • Support managers with LTS cases, involving Occupational Health as appropriate • Continue with representation on relevant all Wales groups e.g. Managing Attendance Group • Raise awareness of the new All Wales Managing Attendance at Work Policy 	Improve attendance (reduce sickness absence)	95.4% attendance (4.6% UHB sickness absence)	95.6% attendance (4.4% UHB sickness absence)	95.6% attendance (4.4% UHB sickness absence)
<ul style="list-style-type: none"> • Implementation of hard-to-fill / service critical post resourcing strategies 	Improve Workforce Capacity	<5% vacancies	<5% vacancies	<5% vacancies
<ul style="list-style-type: none"> • Map management vacancies/pending gaps • Publish career pathways brochure • Cost/benefit analysis for a new post graduate scheme • Contribute to all-Wales succession planning and retention groups 	Improve Retention	7-9% turnover	7-9% turnover	7-9% turnover

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Monitor ESR recording and train managers to input via MSS (at source) Review opportunities for E-Job Planning and review pilot in Specialist Services Publish leading practice on productive and team job planning Deliver further job planning training 	Optimise medical workforce sessions	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	85% Job Plans 85% job plans reviewed in 12 month period 100% EWTD compliance	Job Plans systematically linked to Patient Outcomes
<ul style="list-style-type: none"> Embed robust initial assessment/fact finding process to stop cases progressing to formal disciplinary investigation inappropriately. Continue to optimise the fast track disciplinary hearing process for minor misconduct. Implement & embed the new Investigating Officer's information pack, to improve consistency & capability. AHWODs to act as Case Managers to improve the monitoring and timeliness of formal investigations. Pilot using bank Investigating Officers in Clinical Board's with high numbers of formal disciplinary investigations, to reduce duration/create capacity. Appeal hearings to be prioritised and arranged wherever possible within 28 days 	Improve Management of Disciplinary and Grievance cases	Reduction in number of formal investigations from 60 to 50 Fast Track Disciplinary process completed within 21 days (non medical) Complete 50% of investigations in 90 days 70% Appeals heard within 28 days Reduction in ET claims	Reduction in number of formal investigations from 50 to 40 Fast Track Disciplinary process completed within 14 days (non medical) Complete 60% of investigations in 70 days 80% Appeals heard within 28 days Reduction in ET claims	Reduction in number of formal investigations from 40 to 35 Fast Track Disciplinary process completed within 14 days (non medical) Complete 70% investigations in 60 days 85% Appeals heard within 28 days Reduction in ET claims

Key actions to support delivery of an Efficient Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Implement & evaluate the electronic recording of formal hearings, e.g. disciplinary & appeal Implement an electronic file storage system, so that documents can be shared securely. Review Investigating Officers training and deliver in partnership with TU Representatives 		Increase efficiency & reduce cost Increase the capability of Investigating Officers	Increase efficiency & reduce cost Increase the capability of Investigating Officers	Increase efficiency & reduce cost Increase the capability of Investigating Officers

Key actions to support delivery of a Sustainable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
SUSTAINABLE WORKFORCE				
<ul style="list-style-type: none"> Complete a detailed and robust WTE and financial workforce plan, with identified workforce savings against Core, Variable and Agency Workforce Complete WG IMTP workforce templates Define workforce milestones for years 1, 2 and 3 Develop new workforce models and new roles to support plans e.g., Physician Associate, Rehabilitation Assistants 	Meet Future workforce supply needs	Firm Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and with detailed action & delivery plans	Indicative Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes and indicative priorities, actions and workforce challenges and risk	Outline Workforce Plans in place for each CB, aligned to commissioning intentions, cross cutting themes outlining progress towards strategic objectives
<ul style="list-style-type: none"> Deliver 'Project 95%' with CBs (focus on Medicine and Surgery CB) Support 'Nurse Benefits' project 	Improve Nurse Capacity and reduce costs	95% Band 5/6 establishment	95% Band 5/6 establishment	95% Band 5/6 establishment

Key actions to support delivery of a Sustainable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> • Sustain Project Switchover (with Corporate Nursing) • Review locally Student Nurse Streamlining • Implement Nurse Retention Action Plan • Deliver and evaluate the Adaptation Programme • Support HCSW to undertake flexible undergraduate nursing programmes 		100% on contract agency usage sustained	100% on contract agency usage sustained	100% on contract agency usage sustained
<ul style="list-style-type: none"> • Deliver MTI strategy • Develop International Recruitment strategies aligned to hot spot area • Reduce Junior Doctor recruitment gaps • Monitor WG Cap Agency and Locum • Review Managed Service Staff Bank Proposal • Support All Wales Med Efficiency Group • Review options with BMJ to attract international applicants for specialities 	Improve Medical Workforce Capacity and reduce costs	Continue to implement WG Agency and Locum Cap Circular Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Monitor usage in areas that don't comply with cap Reduce long term agency locums (over 1 month) Fill hard to fill vacancies	Reduce long term agency locums (over 1 month) Fill hard to fill vacancies
<ul style="list-style-type: none"> • Participate in Public Services Graduate Scheme • Publish clear development pathways for managers in different roles • Development of additional management programmes to meet demand, such as Clinical Directors' programme; Skills to Manage; Skills to Supervise 	Improve Management Capacity	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services Graduate Scheme	Introduce post-graduate scheme. Reduction in leadership & management vacancies Reduction in management agency costs	Increased number of graduates in place through NHS Graduate Scheme (Cwm Taf lead) and participate in Public Services Graduate Scheme

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
CAPABLE WORKFORCE				
<ul style="list-style-type: none"> • Introduction of new TNA software • Continue to train managers in ESR Portal and data access systems to improve reporting • Focus on increasing compliance through Mandatory Training Steering Group 	Increase & improve Statutory & Mandatory core skills compliance	85% compliance subjects as determined by the individuals training needs analysis (TNA).	85% sustained compliance in core subjects as TNA determines	85% sustained compliance in core subjects and to note new subject areas if mandatory through WG
<ul style="list-style-type: none"> • Develop a new PADR process aligned with the talent management development • Maximise PADR functionality within ESR Portal • Develop PADR stories to increase awareness, on the benefits of PADR 	Improve individual performance management & development in the form of career conversations.	85% PADR compliance for all staff including the medical workforce	>85% PADR compliance for all staff groups	>85% PADR compliance for all staff groups
<ul style="list-style-type: none"> • Implementation of Leadership and Management Framework • The development of new programmes as required by the service and aligned to the UHB strategy • Introduction of a managers tool kit • Develop a talent and succession management pathway for tiers 4 or hard to fill roles within the UHB • Produce a TNA of training requirements • Increase uptake on apprenticeship courses that are fully funded through HEIs. 	Improve leadership & management capability	To embed a Leadership and management pathway for all staff. For all CBs to produce a leadership and management plan in line with the WOD strategy and work in collaboration with LED	Working with partners (through sub-group of Public Services Board) to identify and develop opportunities for partnership leadership programmes.	To have a robust leadership and management framework

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Achievement of all clinical skills competencies will be logged onto ESR using ESR competency module Implementation of escalation process for non-achievement of competence Continue review of all clinical skills programmes 	Improve nurse capability	ESR competency module will be used for 75% of clinical skills training	ESR competency module will be used for 95% of clinical skills training	ESR competency module will be used for 100% of clinical skills training
<ul style="list-style-type: none"> Maintain Agored Cymru Centre Status ESR Coding to be aligned to new Healthcare Assistant Titles Competency module on ESR to be used to log individual compliance with the framework and facilitate a live reporting mechanism. Yearly scoping exercise will be undertaken in December to enable annual reporting to HEIW Use talent management approach to identify HCSW who will progress to undertake undergraduate nursing programmes 	Improve non-registered (HCSW) competence and capability	Increased compliance with L2–L4 education for band 2- 4 clinical HCSW across the UHB in line with the HCSW Career and Development Framework.	100% of HCSW achieving the appropriate academic qualifications in line with of the Skills and Career Framework if continued WEDS funding is provided.	Maintain 100% of Healthcare Support Workers achieving the appropriate academic qualifications in line with of the Skills and Career Framework.
<ul style="list-style-type: none"> Continue to enable leaders to develop a coaching style of leadership through enhanced 	Build coaching capability	UHB coaching framework will have been developed and systems established to monitor coaching	10 additional executive coaches will have been trained	95% of managers across the UHB will have completed the UHB's Coaching

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<p>communication and coaching skills workshops</p> <ul style="list-style-type: none"> • Create effective coach allocation process and monitoring database • Continue integration of coaching skills into new leadership and development activity • Identify additional coaches via partners in All Wales network in Public sectors • Launch the coaching framework 		provision across the UHB.		Skills for Managers programmes.
<ul style="list-style-type: none"> • Identify mentors for managers and create a database so the individuals are easily recognised • Develop and design mentorship programme for non-nurses • Create a matching service for mentors for employees to access • Create a document that support mentorship for non-nurses • Developing the leadership expertise of the mentee in a work context, with the process of mentoring encouraging independence, autonomy and self-development. • Regular update of data base of all the qualified mentors in line with the NMC standards 	Build mentoring capability	Build mentoring capability through training 30 senior manager mentors in CBs.	Build mentoring capability through training a further 20 managers	For mentorship matching service to be embedded into the UHB representing all disciplines

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
Key actions to support delivery of an Engaged Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
ENGAGED WORKFORCE				
<ul style="list-style-type: none"> • Include individual responsibility re health and well-being within job descriptions • Review progress against MECC route map for 2018/18 and deliver actions • Implementation of phase 2 of route map for sustainable wellbeing • Maintain Corporate Health Standards achievements • Align the Health and wellbeing route map to Healthier Wales Strategic Plan 	Enhance Staff Health & Wellbeing	60% seasonal Flu vaccination uptake of front-line health care workers Further development of and delivery against Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan	Achieve seasonal Flu vaccination target for front-line health care workers Implementation of Health and Wellbeing Action Plan
<ul style="list-style-type: none"> • Implementation of Year 3 of the Strategic Equality Delivery Plan • Review Progress against Equality Route Map • Sharing good practice & resources on sensory loss and trans issues • Develop specific training and deliver bespoke training materials • Produce Annual Equality Report • Maintain Stonewall No.1 Health and Social Care ranking in Wales • Continue gender pay review work 	Promote Equality & Diversity Increased visibility of the LGBT agenda Widening access	Deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20	Sustain and deliver the HB actions against the Strategic Equality Plan Fair Care 2016/20. Develop a Strategic Equality Plan Fair Care 2020/24.	Deliver the HB actions against the Strategic Equality Plan Fair Care 2020/24.

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Continue to develop Project Enable for individuals with learning disability 				
<ul style="list-style-type: none"> Implement the Welsh Language Standards Increase number of staff being trained to improve Welsh language skills Work with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients 	Promote Welsh Language	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards	Deliver actions against the single organisational Welsh Language Plan and Welsh Language Standards
<ul style="list-style-type: none"> Administer 2018 all-Wales staff survey Set up T&F to be chaired by the Exec Director of WOD Continued roll-out and communication of Staff Engagement Framework and Toolkit Continued implementation of corporate and Clinical Board plans responding to values survey, national staff survey & Medical Engagement Scale (MES) Monitoring of performance through Exec Performance Reviews Build further capability in engagement methodologies 	Improve Staff Engagement	Improved engagement score and improvements in priority issues identified through previous MES, values and staff surveys.	Improvements in priority issues, measured through local staff Pulse Survey	Improvements in engagement score and priority issues, measured through national staff survey

Key actions to support delivery of a Capable Workforce include				
ACTION	OUTCOME	19/20 MEASURE	20/21	21/22
<ul style="list-style-type: none"> Continued delivery of Values project: communications; patient experience; staff engagement; and workforce processes in line with the talent management development 	Embed optimal behaviours against CVUHB values	Introduce values-based recruitment (VBR) for nursing	Introduce VBR across other staff groups. Integrate values measures in to local Pulse Survey	Improvements in integration of values in to all processes, measured through survey results
<ul style="list-style-type: none"> Provide training for staff regarding applications for awards and publications Annual Recognition Awards Encourage clinical boards and corporate departments to align their categories with the UHB awards 	Support staff reward & recognition	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments	Deliver annual recognition awards, including nominations from all clinical boards and corporate departments