Strategy & Delivery Committee Meeting

Tue 15 March 2022, 09:00 - 12:30

Agenda

1. Standing Items

Michael Imperato

1.1. Welcome & Introductions

Michael Imperato

1.2. Apologies for Absence

Michael Imperato

1.3. Declarations of Interest

Michael Imperato

1.4. Minutes of the previous Committee Meeting - 11th January 2022

Michael Imperato

1.4 Strategy Delivery Public Minutes 110122MD.NF.MI.pdf (11 pages)

1.5. Action Log following the previous meeting - 11th January 2022

Michael Imperato

1.5 - Public Action Log - SD Committee - 150321MD v1.0.pdf (1 pages)

1.6. Chairs action since previous meeting

Michael Imperato

2. Items for Review and Assurance

2.1. Shaping Our Future Wellbeing Strategy - Update

Abigail Harris

2.1.a Strategic Portfolio - Update - March 2022.pdf (3 pages)

2.1.1. Flash Report

Abigail Harris

2.1.a.1 - Strategic Programme Flash Reports.pdf (12 pages)

2.1.2. Deep Dives

2.1.3. Digital Transformation

David Thomas

Verbal Update

2.1.4. Scoping of the Long Term Strategy

Abigail Harris

2.2. Draft IMTP 2022-2025

Abigail Harris

- 2.3 IMTP S&D Cover paper March 2022.pdf (3 pages)
- 2.3a IMTP 2022-2025.pdf (102 pages)

2.3. Board Assurance Framework

Nicola Foreman

- 2.4 BAF culture, planned care, health inequalities.pdf (3 pages)
- 2.4a Leading Sustainable Culture Change.pdf (5 pages)
- 2.4b Inadequate Planned Care Capacity.pdf (2 pages)
- 2.4c Exacerbation of Health Inequalities in C.pdf (6 pages)

3. Items for Approval / Ratification

3.1. Key Operational Performance Indicators

Hannah Evans

- 3.1 Performance and Recovery report - Operational Indicators 15 03 22 Final.pdf (9 pages)

3.2. Key Workforce Performance Indicators

Rachel Gidman

- 3.2 Key Workforce Performance Indicators Cover Report.pdf (5 pages)
- 3.2a WOD KPI Report Jan-22.pdf (2 pages)

3.3. Committee draft Annual Report 2021/22

Nicola Foreman

- 3.3 Annual Report of SD Committee Cover Report.pdf (2 pages)
- 3.3a Annual Report of SD Committee 21-22MD.pdf (8 pages)

4. Items for Information and Noting

4.1. Corporate Risk Register

Nicola Foreman

- 4.1 - Corporate Risk Register.pdf (3 pages)
- 4.1a - Corporate Risk Register S&D entries Jan 2022.pdf (2 pages)

5. Any Other Business

6. Private Agenda Items

6.1. Suspension Report

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

Michael Imperato

7.2. To note the date, time and venue of the next Committee meeting: 17th May 2022 at 09:00 Via MS Teams

8. Declaration

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Minutes of the Public Strategy & Delivery Committee
11th January 2022 at 09.00
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member for Third Sector
Rhian Thomas	RT	Independent Member for Capital & Estates
Gary Baxter	GB	Independent Member for University
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People & Culture
Claire Whiles	CW	Assistant Director of WOD
Hannah Evans	HE	Programme Delivery Director
Iain Hardcastle	IH	Director of Operations for Medicine Clinical Board
Meriel Jenney	MJ	Interim Executive Medical Director
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Gruffydd Pari	GP	Graduate Trainee
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	Independent Member – Trade Union
David Thomas	DT	Director of Digital & Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health

Item No	Agenda Item	Action
SDC 11/01/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everybody to the meeting.	
SDC 11/01/002	**Apologies for Absence** **The Committee resolved that:** The apologies for absence were noted for the Committee.	
SDC 11/01/003	**Declarations of Interest** **The Committee resolved that:** a) The Independent Member for Third Sector declared an interest as a member of the General Medical Council (GMC).	

SDC 11/01/004	**Minutes of the previous Committee meeting – *16th November 2021*** The Executive Director of Strategic Planning (EDSP) provided an update in relation to the Capital Infrastructure Plan on page 3 of the minutes from 16 November 2021. That was, that a constructive discussion had taken place with regards the Lakeside Wing and there was an emerging plan that should address a number of issues and that the same would feature in the draft IMTP. **The Committee resolved that:** a) The Committee agreed the Minutes from 9th November 2021 as a true record.	
SDC 11/01/005	**Action log following the previous meeting – *16th November 2021*** **The Committee resolved that:** a) The Action Log was received and noted.	
SDC 11/01/006	**Chair's actions since previous meeting** **The Committee resolved that:** a) There were no Chair's Actions since the previous Strategy & Delivery meeting.	
SDC 11/01/007	**Service Change Engagement and Consultation** The EDSP presented the Service Change Engagement and Consultation item and she highlighted the following: – • There was a duty on the Health Board to undertake ongoing engagement and consultation in order to help the Health Board to formulate its strategies and /or scope its future service provision. • The purpose of the paper was to provide an update on how the Health Board had worked locally with its Community Health Council. • The Local Framework/Protocol was being updated to reflect new ways of working. The paper set out a detailed program of work that was beir delivered. • Welsh Government (WG) was planning to replace Community Health Councils (CHCs) with a new body called "Citizens Voice" from next year. • Recruitment for a Chair and Non-Executive Directors for the new body was underway. By introducing the new body (i.e. Citizens' Voice) there would be a move away from the current arrangement of having separate CHCs with different Health Boards, although there would be specific teams within Citizens' Voice to work alongside the individual Health Boards.	

	The EDSP further highlighted – • The need to ensure engagement with particular groups, going forward. • Conversations were needed with the wider population. The EDSP added that her team had commissioned some work from a consultation institute with regards to engagement. She also mentioned that she was liaising with Aneurin Bevan Health Board with regards to engagemen consultation they had undertaken for with their new hospitality. **The Committee resolved that:** a) The key mechanisms that were being developed to support engagement and consultation on the Health Board's service redesign and transformatio agenda were noted.	
SDC 11/01/008	**Stroke Performance Indicators** Iain Hardcastle (IH) presented the Stroke Performance Indicators item and gave the following update: - • Stroke performance had been updated in a number of forums. • An action plan has been put together and would increase medical presence at the "front door" and "ring fence" beds. There was a need to "right size" the Stroke workforce. The Independent Member for University (IMU) raised a concern as Stroke performance had been raised at the Quality, Safety and Experience Committee, and was due to go to Board. He asked what the short-term plan was. IH explained the team were meeting daily to discuss Patient needs and ensure patients were moving to a ward. The team were also providing training to nurses. The EDSP questioned how much notice was given from Welsh Ambulance Services Trust (WAST) for patients coming in with suspected strokes? IH explained it would depend upon the type of call. Some patients would arrive with an unknown stroke condition and would be assessed upon arrival. If WAST knew the patient has had a stroke, the Health Board would have notice of the same. The Independent Member for Estates (IME) noted poor performance and deterioration had been seen prior to June. IH explained the data prior to June was coming out of the second wave of COVID and unscheduled care had been challenging throughout the summer. The Executive Medical Director (EMD) wanted to ensure stroke remained a priority for the Committee and noted that stroke services would be highlighted in the IMTP.	

	The Chair noted that the percentages of Stroke patients who had been admitted to an acute Stroke unit within 4 hours had dropped significantly. He asked what was the trajectory and what was the risk of that dropping back again? The Interim Chief Operating Officer (ICOO) responded that she would work out what the Stroke trajectory currently looked like and suggested that it was brought back to the next Committee meeting to discuss. **The Committee resolved that:** a) The current compliance against the Stroke quality improvement measures, contributory factors to the deterioration in performance and agreed improvement actions, were noted.	**CB**
SDC 11/01/009	**Strategic Equality Update** The EDPC gave a verbal update on the Strategic Equality Update and highlighted the following: - • There was an Equality and Welsh Language steering group. Senior leaders in Clinical Boards were attending and the Health Board was championing that as an organisation. • The Minister was pleased with the Kickstart Programme. • The Health Board had a project underway which helped people with learning disabilities. • The Health Board had been engaging with refugees and had been successful in having the adaptation programme. • The Health Board was liaising with people who were at retirement age. Claire Whiles (CW) gave an update on the following: – • The reports which had been completed on the Welsh Language Standards had enabled measures, to monitor progress, to be put in place. • 20 out of 36 of the Standards have been completed, with the remainder in progress. • All evidence had been submitted and the team were awaiting the results and feedback that had been submitted. • The next target was the access ability network for staff who had identified as having a disability. • 76 of 120 Welsh Language Standards had been complied with. • A Welsh Language audit has recently been undertaken and initial feedback received had highlighted reasonable assurance. The EDSP highlighted that the new Equalities and Diversity (EDI) Manager was a Welsh speaker and that he was due to start in March. The Chair suggested that the new EDI manager was **invited to the next Committee in March.**	

	The Committee resolved that: a) The Strategic Equality Update was noted.	**EDP C**
SDC 11/01/010	**Board Assurance Framework** The DCG presented the Board Assurance Framework report. She highlighted that of the 10 key Strategic Risks, 7 aligned with the Strategy and Delivery Committee and 2 of those were for discussion at today's meeting, namely: - • Workforce • Sustainable Primary and Community Care The IMTS noted the gap in controls linked to the discussions on transformation funding. **The Committee resolved that:** a) The risks in relation to Workforce and Sustainable Primary and Community Care were reviewed.	
SDC 11/01/011	**Performance Reports** ○ **Key Operational Performance Indicators** The ICOO presented the Performance Report relating to Key Operational Performance Indicators and noted the following: – • CAMHS compliance was above target. • Significant work had been undertaken in light of Omicron and staff absences. • The original plan outlined was still fit for purpose, although, as a word of caution there could be a dip in the performance indicators in Decembe and/or January. The Unscheduled Care was highlighted in the report and there was an increas in the 4-hour handover which remained a concern. The ICOO explained that non COVID stay was above occupancy, due to the inability to deliver a timely discharge. There had been an increase in admissions and there was a high number of staff isolating. The ICOO highlighted the following: – • The Health Board had enacted the Local Choices Framework and had reduced Planned Care surgery. • A third of the Health Board care homes had COVID outbreaks. That had caused difficulties and the Health Board was continuing to work closely with Local Authority colleagues. • A Transitional Care Ward had been opened. The EDSP acknowledged the amount of work the Operational team had carrie out to ensure that the Clinical areas were sufficiently staffed. Also, the Community Service provision and 2 Transitional areas had been created.	

	The IMU queried whether there was up to date data showing the impact of COVID on the workforce. The EDPC commented that there was specific data on percentages with COVID and in some areas it could be as high as 22%. Hannah Evans (HE) delivered a presentation and highlighted the following – • Work had been undertaken with suppliers and agencies and working o key schemes in Gynaecology and Spinal. • The team were looking to map out different treatments being supporte and were engaging with the Red Cross to support some of the OT Patients and feedback to the Clinicians. • Endoscopy and Radiology had been key priorities. • One of the schemes to be addressed was the long Outpatient waiting lists. • Some improvements should be seen and CT were running at 100% capacity, as was Radiology. The average waiting time was being reduced and there were improvements across CAMHS & Adult Mental Health services. The Recovery College had been really important and they were doing more with the Third Sector and there was additional investment to address CAMHS assessments. The IMU asked if the effects on the long waits were being tracked? There had been a large amount of work in Mental Health services and he asked if the funds were time limited? HE agreed to track the effects on long waits for appointments and look into funding for Mental Health funds. o **Key Workforce Performance Indicators** The EDPC discussed the Key Workforce Performance Indicators and highlighted the following: – • The team was looking at the analytical data. • The was a national shortage of staff members. • The aging population was an issue. • The development of current staff together with the higher-level apprenticeships were being considered. • Discussions were taking place with HEIW, in particular with regards to some of the Clinical professions. The EDPC discussed the data in the paper: – • There was roughly 4% of absent staff and there were questions aroun isolating and that could put areas at potential risk. • WG was seeing 7.4% in December as some wards were losing staff o a daily basis. • There was a Workforce hub and another Workforce group had been initiated. • Her team were looking at a model of 25 beds and what that could look like. • Keeping up team morale was important.	**CB/H E**

	The EDPC noted that there are 55 individuals with long COVID in the Health Board and discussions were taking place with the Unions regarding the staff members. The People & Culture Plan was being launched after the Board meeting in January. Compliance in relation to the mandatory training was improving. The e-job planning was now 76% compliant. The Independent Member for Estates (IME) commented that the paper helped to show the current challenges. She queried whether the 50% rate in relation t flu vaccination was typical or was it due to this year? The EDPC this is below the normal and has not been prioritised alongside the booster programme. The IMU noted commented that with regards to the topic of staff retention, he was happy to join as a Board Champion for older people. The Vice Chair (VC) commented that a member of staff had highlighted his own experience. He had been severely affected during the pandemic and the Health Board had offered him a place on the Kickstart scheme and he was offered the flexible approach he had needed. The Chair raised the topic of Overseas Nurses' recruitment and asked where did the nurses come from? The EDPC noted that the Health Board had always been successful with its recruitment of Overseas Nursing and that a paper regarding the same was being taken to Board. She explained that the Health Board did not recruit from countries which lacked a healthy number in its nursing workforce. The Health Board looked at countries, such as India and the Philippines. **The Committee resolved:** a) The year to date position against Key Organisational Performance Indicators for 2021-22 but in the context of prevailing operating conditions was noted; and b) The contents of the paper regarding the Workforce Key Performance Indicators was noted.	
SDC 11/01/012	**Staff Wellbeing Plan** The Staff Wellbeing Plan was received by the Committee. The EDPC highlighted the importance of the health & well-being of staff and commented that the Occupational Health service was available for staff. CW highlighted the following: – • She wished to assure the Committee with regards to the particular challenges faced by staff. • Her team were aware of issues regarding staff health and well-being to COVID. • An all Wales approach was being adopted.	

	• Her team undertook regular reviews to provide guidance and respond to the emerging environment. • During the pandemic, a lot of work had been undertaken to reinforce and enhance the staff well-being services, with extra counsellors recruited into the well-being team. CW highlighted that the workforce had worked during a time of uncertainty and continuous change and the Health Board should ensure that staff were supported. It was noted that 80% of staff lived in the local area. There were increases in anxiety and stress and there were recruitment shortages. Her team had worked with the Unions and had proposed a recovery plan. Some of the feedback received from staff was a desire to have an improved workplace environment. CW noted there were challenges in the Occupational Health services. CW gave an overview of what had been worked on with the Clinical Board, which included: – • Space for staff to rest and recover – there were initially 7 rooms and now there were 27 rooms across hospital sites and community settings. • Staff were reassured with regards to staff nursery areas. • Plans were in place to improve access to hydration stations and to provide metal water bottles / flasks to all staff members. • There were plans to invest in a number of “train the trainer” opportunities. • Her team were working with the Recovery College and Well-being service to support staff. • Plans were in place to enhance diversity and inclusion. • The demands on Occupational Health and the Well-being services had been extremely high. CW agreed to report back in the Committee in May with an update regarding the staff well-being. The IMTS commented on the well-being of the Occupational Health staff. She queried how could staff retain registration and how did the Health Board retain staff? The EDPC explained some ITU nurses were going to resign and move to a temporary job. It was agreed to give them some time out for 6 months. **The Committee resolved that:** a) the work and initiatives being undertaken to support and improve the health and wellbeing of the Health Board's staff, as outlined in the body of the report, was noted; and	**RG/CW** **RG**

	b) the approach being undertaken to deliver all aspects of the wellbeing interventions was approved with an update to be brought back to the Committee in ~~March~~ May 2022.	
SDC 11/01/013	**IMTP 2022-2023** The EDSP apologised that no paper was shared prior to the meeting. A presentation was shared and the following were noted: – • The Health Board was remaining COVID ready. • The plan was being described in 3 parts. • The Health Board had entered the year with a financial deficit of £25million. • Some new cost pressures had come in to the system. • Feedback from Welsh Government was helpful on when the scenarios were presented last year • There is a range of Finance & Operational delivery scenarios • A Chief Executive Accountability Letter had to be submitted and there would be significant risks set out as the plan was being finalised. The EDSP explained that a further discussion with regards to the draft IMTP was going to the Private session of the next Board meeting. The IMU questioned how was the EDSP working with the new CEO during the period of development of the draft plan? The EDSP was due to discuss the draft plan on Friday with the new CEO. **The Committee resolved that:** a) The IMTP 2022/23 was discussed and noted.	
SDC 11/01/014	**Committee Terms of Reference - 2022/23** The DCG explained that the Committee's Terms of Reference were reviewed every 12 months and the proposed changes were highlighted in red. The Chair suggested that the Terms of Reference could include a responsibility on the Committee to consider consultation and engagement. The DCG agreed to update the draft Terms of Reference to reflect the same prior to the same going to Board for approval in March. **The Committee resolved that:** a) the changes to the Terms of Reference for the Strategy and Delivery Committee were ratified subject to the Director of Corporate Governance making the minor amendments; and b) the changes be recommended to the Board for Approval.	**NF**

SDC 11/01/015	**Committee Annual Work Plan - 2022/23** The DCG commented that the Committee Annual Work Plan reflected the Committee's Terms of Reference to ensure the Committee was doing what it should be doing. **The Committee resolved that:** a) the Work Plan 2022/23 was reviewed; b) the Work Plan 2022/23 was ratified; **c)** the Work Plan 2022/23 was recommended for approval to the Board at its meeting on 31st March 2022.	
SDC 11/01/016	**Flash Reports** The EDSP apologised the flash reports were late being shared. The EDSP noted that Our Future Hospital Programme currently sat with the Infrastructure Investment Board and she anticipated the next stage would be for the matter to go to the Welsh Government Cabinet and a letter to go to the lead official. **The Committee resolved that:** a) the progress and risks described in the Programme Portfolio Flash Reports were noted.	
SDC 11/01/017	**Corporate Risk Register** The DCG noted nothing specific needed to be raised with regards to the Corporate Risk Register. **The Committee resolved that:** a) the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates were noted.	
	AOB **The Committee resolved that:** a) Nothing further was raised under AOB.	
	Items to be deferred to Board / Committee **The Committee resolved that:** a) No items were to be deferred to the Board / Committee.	
	To note the date, time and venue of the next Committee meeting:	

	15th March 2022 at 09:00 Via MS Teams	

Public Action Log

Following Strategy & Delivery Committee
Held on 11th January 2022
(For the meeting on 15th March 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
SDC 11/01/011	**Performance Reports**	To track the effects on long waits for appointments and money for mental health funds.	**11/01/2022**	Caroline Bird (Hannah Evans)	**Complete –** picked up in the Recovery section of the performance report.
SDC 11/01/014	**Committee Terms of Reference - 2022/23**	To update the ToR prior to going to Board for review.	**11/01/2022**	Nicola Foreman	**Complete** – draft Terms of Reference have been updated in line with the Committee Chair's comments and are due to go to Board for formal approval in March.
Actions In Progress					
SDC 11/01/009	**New Diversity and Inclusion Manager**	The newly appointed Diversity and Inclusion Manager to be invited to the next Committee meeting.	**15/03/2022**	Rachel Gidman	**In Progress -**
SDC 11/01/012	**Staff Well Being Plan**	To report back to the Committee in May on the well being plan.	**17/05/2022**	Rachel Gidman (Rachel Whiles)	**In progress** – to add to the agenda for May 2022.
Actions referred to committees of the Board					

Report Title:	Shaping Our Future Wellbeing - Strategic Programmes Flash Reports				Agenda Item no.	2.1	
Meeting:	Strategy & Delivery Committee		Public	x	Meeting Date:	15th March 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Abigail Harris – Executuve Director of Strategic Planning						
Report Author (Title):	Marie Davies – Deputy Director of Strategic Planning						

Main Report
Background and current situation:

The Strategic Portfolio Steering Group (SPSG) oversees the delivery of the 4 key programmes:

- Shaping Our Future Population Health (SFPH)
- Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board)
- Shaping Our Future Clinical Services (SOCS)
- Shaping Our Future Hospitals (SOFH)

In addition to overseeing the delivery of the strategic programmes, the SPSG is also maintaining 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies and identified and managed to ensure alignment across programmes and projects and also to prioritise resources.

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

1. The SPSG reports monthly to the Management Executive (ME) Strategic meeting using a flash reporting tool and the most recent strategic and recovery portfolios' flash reports are appended at appendix A to this paper.

2. Each of the strategic programmes is critical to the delivery of the UHB's strategic objectives and provides direction and co-ordination of a number of connected projects across a range of services and stakeholders.

3. Each of the programmes and composite projects are at different stages of maturity and the pace of project planning development and delivery is therefore variable. The appended flash report provides an updated position for each of the strategic programmes.

4. It should be noted that the approach and investment for each of the projects across the strategic portfolio are being reviewed, assessed and prioritised through the RPB and IMTP planning process.

5. Current status, key progress, planned actions, risks and mitigations for each of the programmes are presented on the appended flash report. In addition an initial dependencies workshop is being held in early March to clarify scope, assumptions and interdependencies between programmes and in particular on the requirements on the critical enabling programmes – workforce, digital and infrastucture. This process will be ongoing and iterative to develop an explicit, active management process of dependencies and risks.

6. As the process and resources for programme and project planning and delivery mature, the milestones for delivery will be develped and linked with the UHB and regiobal outcomes framework to provide assurance. It is anticipated that the reporting and monitoring assurance tool will be develped in Quarter 1 of 2022-23 to monitor delivery against programme and IMTP milestones.

Recommendation:

The Board / Committee are requested to:

1. Note the proposed approach to programme interdependency and risk management (5 above)
2. Note the proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework (6 above)
3. Note the progress and risks described in the Strategic Portfolio Flash Reports.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial No

Workforce: /No

Legal: /No

Reputational: /No

Socio Economic: /No

Equality and Health: /No

Decarbonisation: /No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

APPENDIX A

Combined Programme Flash Reports - March 2022

Strategic Portfolio

1. Shaping Our Future Population Health
2. Shaping Our Future Community Services @Home
3. Shaping Our Future Clinical Services
4. Shaping Our Future Hospital Services

Recovery Portfolio

1. Planned Care
2. Diagnostics
3. Mental Health
4. Unscheduled Care
5. Primary Care

Shaping our Future Population Health (1 / 2)

Exec Summary:

- Majority of Q3 milestones met
- Some work delayed due to ongoing Covid pressures on specialist PH capacity

Headline measures:

- Delivery of key milestones under specific programmes:
  - Systematically tackle health inequalities
  - Healthy weight: Move More, Eat Well
  - Sustainable and Healthy Environment
  - King's Fund recommended programmes
  - Vaccination and immunisation

Overall Programme / Project Report					
Programme/ Project Lead	Dr Tom Porter	**Current Status**	Delays in some targets due to Covid-19	**Next Programme / Project Milestone:**	See targets below
		Previous Status			

Summary project status		Done this quarter (Oct to Dec 21):	Targets for next quarter –Q4 (Jan-Mar 22):
Systematically tackle health inequalities	Green	• Action plan for engagement coordinator role developed and implementation begun • Establishment of network of range of stakeholders identified, and engagement and networking mechanisms commenced. Survey on barriers to bowel screening commenced • Ethnic Minority Subgroup – membership expanded and agreement reached to focus on promoting bowel screening and childhood immunisations	• Further expand stakeholder engagement and networking opportunities • Begin to address barriers to bowel screening identified by the survey • Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup
Healthy weight: Move More, Eat Well	Green	• Cardiff Good Food Strategy 21-24 launched (Dec 2021) • Baseline measures established across pre-school and school settings (Dec 2021) • Group education sessions in place for children and families weight management services (Level 2/3) (Dec 2021) • Move More Cardiff Physical Activity and Sport Strategy governance structures agreed, Leadership Group established and approach endorsed by Cardiff PSB (Nov 2021) • Dietetic maternal obesity service commenced with weekly clinics in place for women with BMI >40 (Dec 2021) • User testing for All Wales Foodwise in Pregnancy App underway with women in Cardiff &Vale (Dec 2021) • Community engagement sessions facilitated with key audience groups for Llantwit food poverty pilot (Dec 2021) • Public sector organisations engaged in development of roadmap for healthy workplace principles	• Implementation plan to improve food and physical activity offer in school settings developed and delivery commenced (Mar 22) • Ethnic minority children's weight management pilot commenced. Living well programme commenced, with a focus on MSK (Mar 22) • Roadmap for healthy workplace principles developed and key actions for PSB partners agreed (Mar 22) • Food Vale Sustainable Food Places Bronze Award application submitted (Mar 22) • 200 HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (annual total) (Mar 22) • Move More Cardiff Physical Activity and Sport Strategy (2022-2027) approved and endorsed by Cardiff Cabinet and Scrutiny Committee (20th Jan 2022) • Strategy launch and communications and engagement activity delivered (March 2022) • Year 1 Implementation Plan for the strategy agreed and progressed (March 2022)
Sustainable and healthy environment	Amber	• Cycleway 1 extension (1.2) to UHW ongoing build • Agreement by Cardiff PSB to delay final deadline for Healthy Travel Charter implementation to Sep 2022 in light of workplace changes due to Covid	• Publication of Level 2 Healthy Travel Charter (Mar 22 – delayed) • Confirm first group of Level 2 Charter organisations (Mar 22 - delayed)

Not started | On Track | At Risk | Off Track | Complete

Shaping our Future Population Health (2 / 2)

Exec Summary:

- Majority of Q3 milestones met
- Some work delayed due to ongoing Covid pressures on specialist PH capacity

Headline measures:

- Delivery of key milestones under specific programmes:
  - Systematically tackle health inequalities
  - Healthy weight: Move More, Eat Well
  - Sustainable and Healthy Environment
  - King's Fund recommended programmes
  - Vaccination and immunisation

Summary project status		Done this quarter (Oct to Dec 21):	Targets for next quarter –Q4 (Jan-Mar 22):

King's Fund recommended programmes	Amber	• King's Fund confirmed they are unable to deliver to agreed deadline due to significant staffing issues
		• Two primary Care Clusters nominated to participate in the All Wales Diabetes Prevention Programme (AWDPP) national evaluation for people with pre-diabetes. In addition to one Primary Care Cluster-funded AWDPP project.
			• King's Fund - Revised project plan agreed, with phased delivery over Q4 (2021/22) and Q1 (2022/23)
			• AWDPP in Primary Care Clusters:
			  • Staff recruited
			  • Delivery to commence March/April 2022

Vaccination and immunisation	Green	• Flu vaccination programme delivered • Covid-19 booster vaccination programme (& expansion) planned and delivered according to national milestones • Future immunisation service high level plan produced (October 2021)	• 80% Completion of Covid-19 Booster Programme for eligible groups aged 18+ • Staff flu programme to exceed 60% uptake • Future Immunisation Service model implementation including revised governance arrangements

Major Programme / Project Risks:	Mitigating Actions:	Decision / Intervention required from Execs:
• MMEW - Availability of future data to track overarching project outcomes • King's Fund – delay in delivery confirmed by King's Fund • Healthy travel – work delayed due to Covid-19 specialist support	• MMEW - Concerns raised with PH observatory /HWHW surveillance T&F group • King's Fund – revised, phased plan will see full delivery by end of Q1 2022/23	• No decisions or interventions required currently

Not started | On Track | At Risk | Off Track | Complete

@Home / Shaping our Future Community Services

Update Date: 18.02.22

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Exec Summary:
Programme scope and component projects and work streams developing rapidly. Strong partner engagement. Plans progressing to shift programmes into delivery phase. Sensitivity around current system pressures being considered.

Headline measures:
To be defined as part of programme scoping and mobilisation

Overall Programme Report

Programme Lead	**Cath Doman**	**Programme Status**		**Moving into delivery phase. Delivery resourcing uncertain at present.**	**Next Major Milestone:**
		Previous Status		**Moving into delivery phase. Delivery resourcing uncertain at present.**	

- Securing WG funding through the Regional Integration Fund
- Defining and mobilising project delivery groups
- Developing detailed project plans and timelines
- Defining the benefits and outcomes metrics for tracking and reporting
- Establishing East and North accelerated cluster sites

Done this week:

- Investment proposal for Regional Integration Funding developed for review and agreement by partners
- Continued work on development of the programme 'prospectus' with interdependency workshop completed
- Engagement – further citizen engagement took place on 11th February with the citizen reference panel
- Benefits mapping – work underway with Lightfoot to be able to utilise the business intelligence across organisations to inform our work. The RPB are also looking at utilising the Regional Outcomes Framework data to help track the impact on corporate drivers for the programme
- Individual projects have continued to progress with their planning work, with ongoing risks around delivery capacity due to impact of the pandemic on the system
- Digital – work underway for the development around the LDR/NDR digital work to support the programme, with development of a 'digital care region' proposal for DPIF funding

Targets for next week:

- Submission to WG of RIF investment proposal for funding for 2022-23
- First outline of the prospectus to be created and workshop to take place around visualising the target operating model with partners
- Engagement – plans being developed to undertake formal engagement on the programme once the prospectus is finalised
- Workforce – consideration on the workforce strategy to be brought to the programme 'engine room' and to be discussed at the next programme board meeting

Major Programme Risk:

- Lose momentum as the programme shifts from scoping to delivery
- Not getting buy-in from service leads incl GPs
- Failure to align with other major programmes (SOCS, Primary care transformation, Recovery) and risk of gaps/duplication
- Digital capability and maturity to support multi-agency integrated care model
- Programme delivery and leadership capacity
- Operational capacity unavailable due to ongoing pressures of COVID-19

Mitigating Action:

- Clearly defined programme scope and deliverables with clear governance
- Development of engagement plan
- Close liaison with PCIC leads and programme directors
- Interdependencies mapping across key programmes
- Digital maturity programme to be established across partnership
- Plans developed to redistribute current assets and bring in additional capacity
- Working closely with colleagues to understand pressures and reviewing delivery timelines

Decision / Intervention required from Execs:

Nothing at present

Not started | On Track | At Risk | Off Track | Complete

Shaping our Future Clinical Services

Update: 16/02/22

Exec Summary:
Next phase engagement and comms planning commenced and portfolio group ToR complete- slippage monies allocated to support the development in Q4
Service line planning underway with 2 exemplars in phase 1 – GT & Lightfoot procured
Programme Manager & support for SOFH & SOFCS - recruitment process commenced due out to advert in next week

Headline measures:
Completion of 2nd phase engagement
Development of effective governance structure & resources confirmed and in place
Delivery of 2 exemplar service lines
Delivery of 12 month programme plan with interdependencies mapped

Overall Programme Report

Programme Leads	Dr Nav Masani & Victoria Le Grys	**Programme Status**	Limited programme resource	**Next Programme Milestone:**	Next phase engagement plan approved Completion of 2 x service lines Prioritisation framework approved for remaining service lines
		Previous Status	Limited programme resource		

Done this month:

- Comms and engagement group now widened to all strategic programmes, slippage money to next phase planning and advice (with SOFH) agreed and proposal developed
- Approach set out for completion of 2 service lines in phase 1 and Clinical Boards/Recovery & Redesign programme engaged
- Lightfoot procured to support with information and expertise for 2 service lines & pathway redesign
- Recruitment process commenced for Programme Manager and support

Targets for next month:

- Planning session with GT & Lightfoot on service lines
- Prioritisation framework to be developed and tested
- Governance structure to be reviewed and committee/board to oversee service line work
- Comms & Engagement next phase plan drafted in line with formal requirements for SOFH

Major Programme Risks:

- Lack of org capacity to deliver required outputs in time
- Lack of clarity around portfolios, scope & interdependencies will cause confusion & loss of engagement with programme.

Mitigating Actions:

Vascular planning phase nearing completion but clinical capacity and organisational capacity is limited
Scoping and interdependencies mapping to take place SOF & Recovery & Ops portfoilios

Decision / Intervention required from Execs:

- Champion programme as a part of the Strategic portfolio
- Support to identify leads and change makers within the organisation

Not started | On Track | At Risk | Off Track | Complete

Programme Name: Shaping Our Future Hospitals

Date: 21/02/22

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

Exec Summary:
Cabinet paper considering PBC and recommending endorsement was pulled on 20/1/22. Potential re-consideration in the summer in a pooled ask for major infrastructure along with Hywel Dda & Betsi.

Headline measures:

Deliver SOC within 12-15 months of commencement

Overall Programme Report					
Programme Lead	Ed Hunt	**Programme Status**	**Ministers have not endorsed the business case as yet**	**Next Major Milestone:**	**April 2022 – Detailed SOC scope set out along with a further articulation of our future clinical model based upon two services.**

Done this week:

- Preparation for a programme board to be held on 2/3/22 where the response to WG will be considered along with updated messages to stakeholders.
- Kick off meeting with GT held for service line and SOC scoping workpackages. The creation of a brochure project continues.
- View on what work that WG could fund to usefully maintain momentum despite a lack of PBC endorsement has been defined and being reviewed.
- Life Sciences workshop #2 held on 18/2/22 with wide participation from CVUHB, Cardiff Uni and LSH.

Targets for next week:

- Create recommendations for SOFH programme board to consider for response to WG regarding lack of PBC endorsement and messages to stakeholders.
- Follow up 'homework' from Life Sciences workshop, collaborating with Clive Morgan, Mark Briggs, Colin Dayan to state a vision for Life Sciences at C&V.
- Create a proposal for review of work that WG could fund that would maintain momentum in the absence of a SOC.
- Continue work on SOC scoping

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
• Lost momentum after PBC not being endorsed	• Understand current landscape and plan response and consequences	• A small group will be gathered to consider the consequences of the un-endorsed business case.

Not started | On Track | At Risk | Off Track | Complete

Monthly Update

Recovery and Redesign

Update #7: February 2022

Exec Summary:

Aim of portfolio – To reduce harm to patients caused through reduction in service levels during covid through increases in activity and capacity, and service and pathway redesign .

- Q2 Delivery metrics met
- Delays to some schemes

Headline measures:

Outpatients 97% (4 wk average) pre-covid levels of activity	**Elective surgery (IP/ DC)** Currently at circa 75% due to LCF	2768 > 8 wks rad (90% US)	Endos @ 120% pre-covid
Finance Mth10 - £12.6m Forecast - £23.1m		Workforce	

Portfolio lead	Hannah Evans	**Current Status**		**Delivery context** **Financial risk**	**Portfolio Milestones**
		Previous Status			Delivery Q4 performance commitments - Mar 22 Finalise Recovery element of IMTP – Feb 22

Summary programme status		**Delivered (not exhaustive) this month:**	**Targets for next Quarter (Qtr 4) :**
Portfolio level	Amber	• Portfolio meeting stood down due to operational escalation – projects continued to meet and Jan report still developed • First draft of 22/23 IMTP including financial discussion at ME on recovery choices	• Portfolio Board 2nd March • Finalize IMTP Recovery Plan • Complete baselining and modelling against newly issued Ministerial Priority measures Phase 1 • Internal Audit planned for Q4
Planned Care	Amber	• Impact of deployment of choices framework and system pressures on planned care (CAVOC & A5) • Cataract Mobile theatres handed over – started operating in Feb 22 • Four Eyes Insight completed diagnostic phase of theatre productivity and efficiency programme • Gynae treatment room scheme on track – solutions for displaced activity secured	• Increase activity in Cataract twin theatres • Delivery 3 key workstreams of Four Eyes Theatres Efficiency plan • Increase in number of Core theatre lists • Start British Red Cross "Waiting Well" programme
Diagnostics	Amber	• Engagement with National Imaging Board on Community Diagnostic plan • Commenced engagement with Regional Endoscopy planning • Reduction of > 8 weeks for CT and MRI from 2600 to 300 through increase in capacity • CT and Endoscopy running at > 100% activity • Started to see impact of ultrasound additional activity – breaches already decreased by 300 in 4 weeks	• Finalise preparation for delivery of endoscopy mobile unit in Q4 • Focused plan for echos including additional hours and outsourcing – commenced end of Jan • Linking in with HEIW around trained cardiac physiologists who are yet to secure posts in Wales
Unscheduled Care	Amber	• SDEC infrastructure work progressing to schedule • Additional USC measures for heightened escalation • Appointment of Physician Associates • Initial evaluation of impact of Virtual Ward model	• Complete capital and service model for surgical SDEC • Development of new direct streaming pathways from ED and RATZ • Extend Medical SDEC (MEACU) to 7/7 operating – nursing recruitment in place
Mental Health	Amber	• Website launched to support Children and Young Peoples mental health and wellbeing • Improvement in waiting times for PMHSS (down to under 28 days from over 50 days) • New PMHSS courses developed and maintained 99% compliance with Part 1b • Eating disorder assessment time down from 4 months to 6 weeks	• Step increase in CAMHS assessments and interventions – outsourcing • Dementia Care Advisors commencing • Expansion of Recovery College • Continuation of use of Healios to provide additional capacity for CAMHS assessments
Primary Care	Amber	• 5 x Interface GPs in place in Rheum, Derm, Gynae, Acute Med, Gastro and Surgery • Eye Care pathway redesign • MDTs in x 2 clusters commenced • Chronic Conditions Healthchecks via Enhanced Service Spec launched 1st December	• Enhanced third sector support for Hospice at Home
Enablers	Amber	• Implementation of communications plan and accelerated development of website	• Site configuration planning and UHW masterplan – link with OPAT

PLANNED CARE

Plans

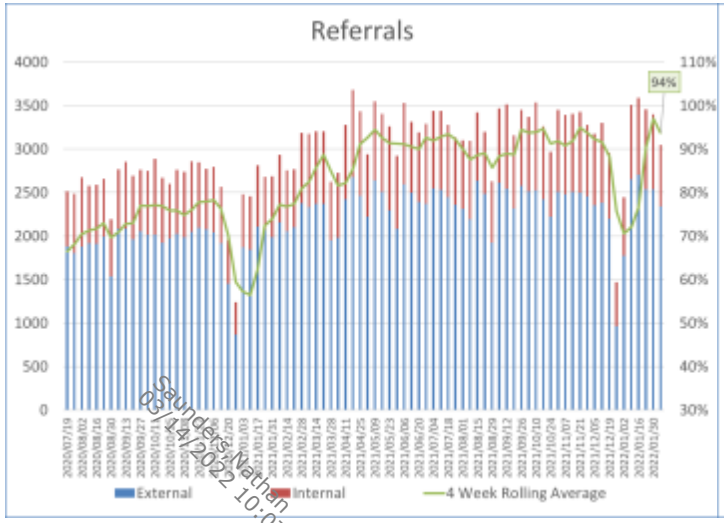
- £13.5m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity
- Redesign pathways to bring care closer to home
- Support patients whilst waiting
- Accelerate and spread transformational models

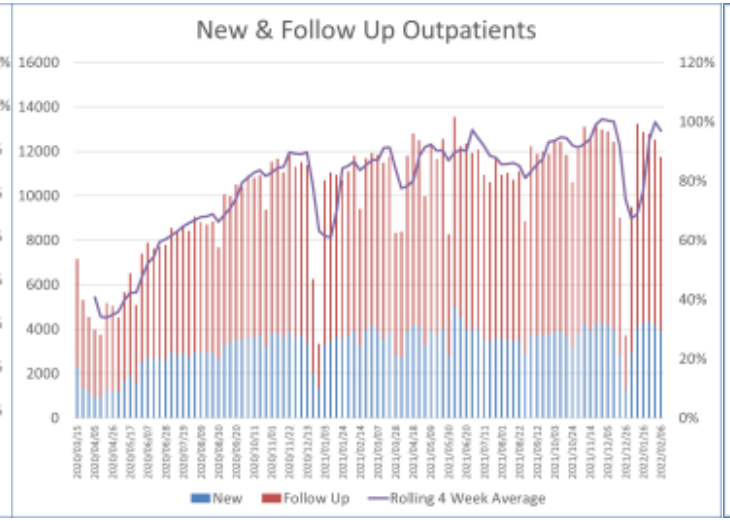
Delivered

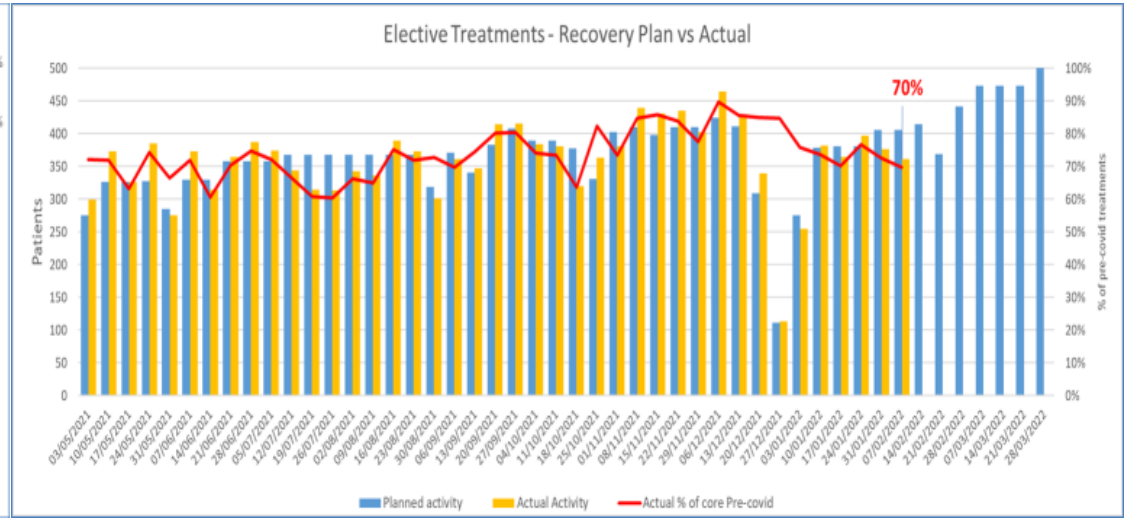
- Growth in core capacity and activity from 70% Q1 to 85% of pre-covid activity as at end November
- Recruited into nursing, theatre, anaesthetic and consultant staff
- PESU model successful reducing cancellations and LOS
- Level 2 and 3 activity and demand "in balance"
- Use of St Jo's and independent sector
- Diagnostic Phase of Theatre Efficiency work

Next

- Reinstate orthopaedic activity UHL and A5 UHW
- Complete Theatre Efficiency work programme
- 2 x ophthalmology theatres - operational February 2022
- Schemes in Gynae and Spinal to provide alternative solutions to theatres
- Additional theatre lists from Q4
- Additional Dental (IMOSS) activity Barry/UHL
- Strengthen support to patients waiting - British Red Cross
- Ambition to reach 100% pre-covid activity by Q1 22/23







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

DIAGNOSTICS

Plans

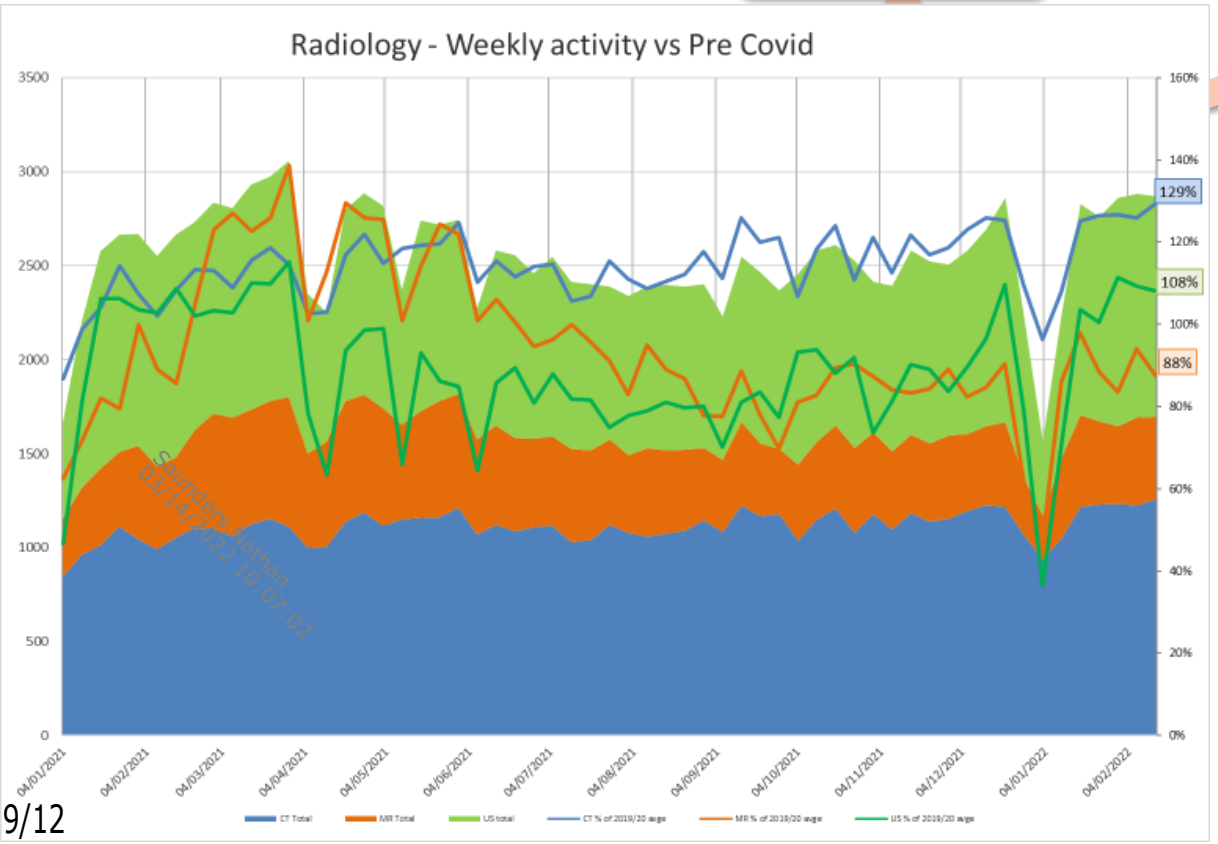
- £5.6m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity, core, insourcing and outsourcing
- Redesign pathways, straight to test, direct access
- Accelerate and spread transformational models

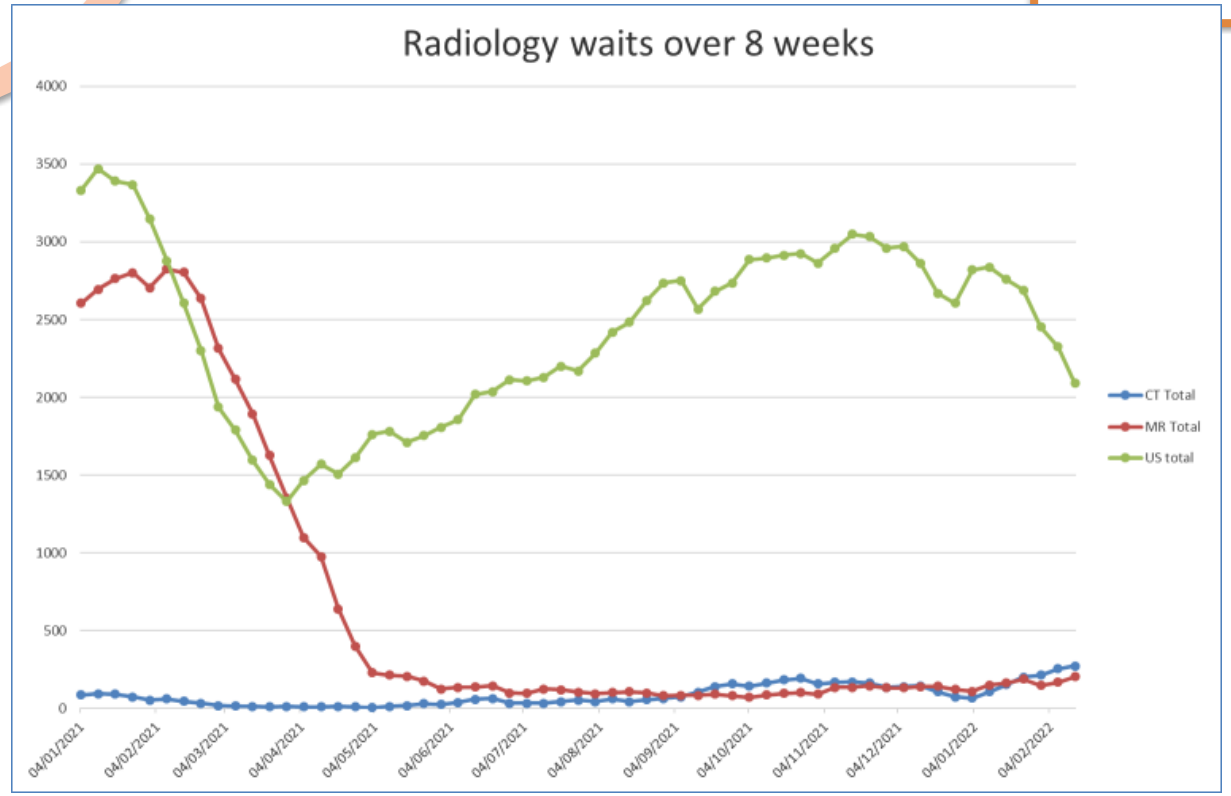
Delivered

- Reduction of > 8 weeks for CT and MRI from 2600 to 300 through increase in capacity
- Increase productivity through air filtration units in endoscopy
- USS > 100%
- Increased workforce to support increased activity in endoscopy
- CT & Endoscopy running at > 100% activity
- Learning session with BCU on Diagnostic Treatment model

Next

- Impact of plan for Ultrasound including locums and insourcing (breaches decreased by 300 in 4 weeks of plan)
- Focused plan for echos including additional hours and outsourcing
- Endoscopy mobile solution in Q4
- Secure WG Support for Community Diagnostic Hub
- Endoscopy Business Care





MENTAL HEALTH

Plans

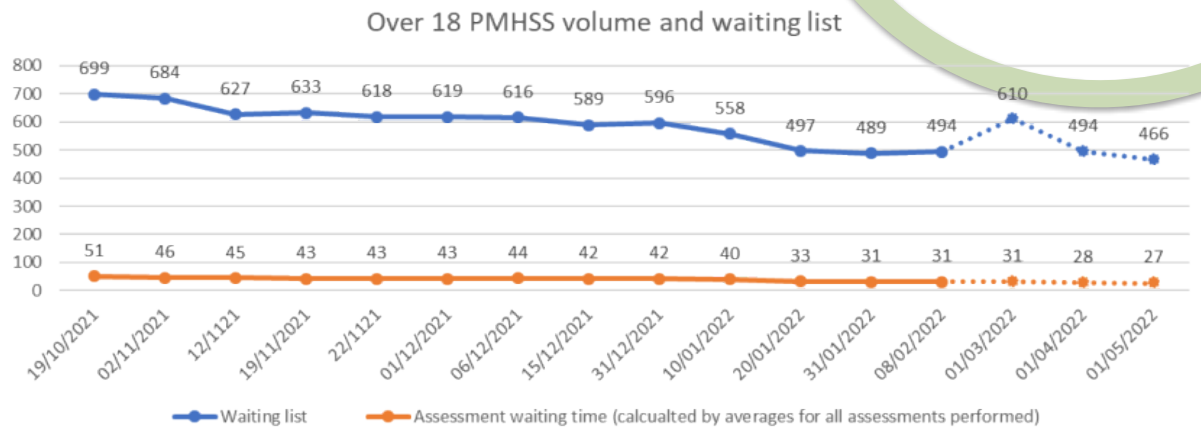
- £1.4m value of schemes
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crisis services

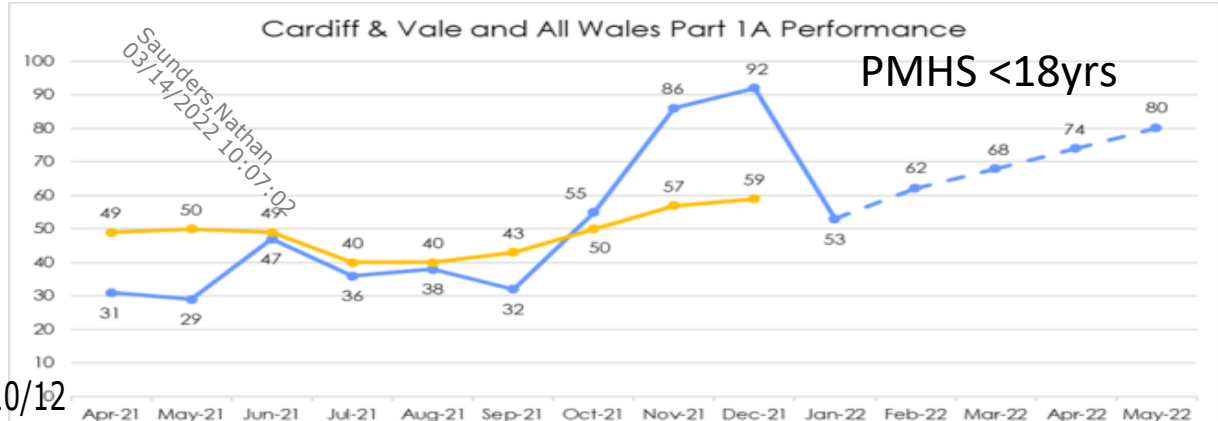
Delivered

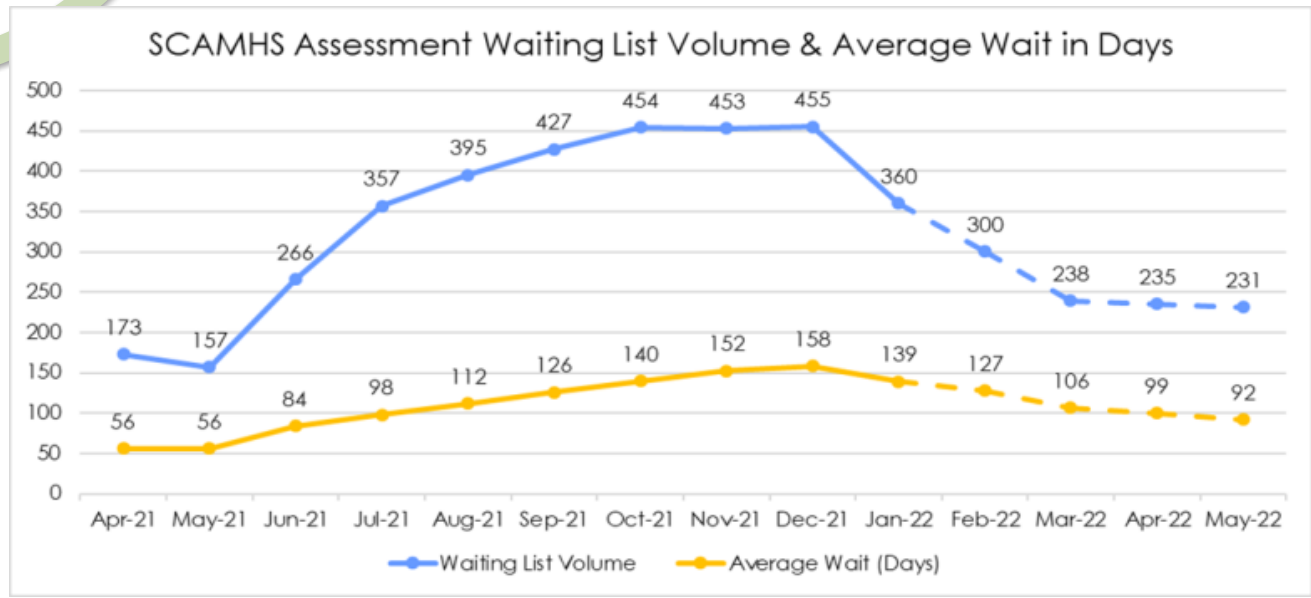
- Clinical SPOA in CAMHS
- Website to support CYP with mental health and wellbeing
- CRHTT referrals 100% compliant with 4 hour target
- Increased Recovery College capacity
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- New PMHSS courses developed and maintain 99% compliance with Part 1b
- Eating disorder assessment time down from 4 months to 6 weeks

Next

- CAMHS Crisis services increasing Q1 22/23 08.00 – 00.00
- Crisis pathway CAMHS – Adult
- Increase in CAMHS assessments and interventions – outsourcing
- Increase in crisis services hours and days of operation in Q4
- Increase third sector capacity to support tier 0







UNSCHEDULED CARE

Plans

- £2.087m value of schemes funded through recovery monies
- Linking all USC schemes and interventions from across entire system and linking with 6 goals
- Removing waste from hospital flow processes
- Improving Discharge and outflow
- Accelerate and spread transformational models

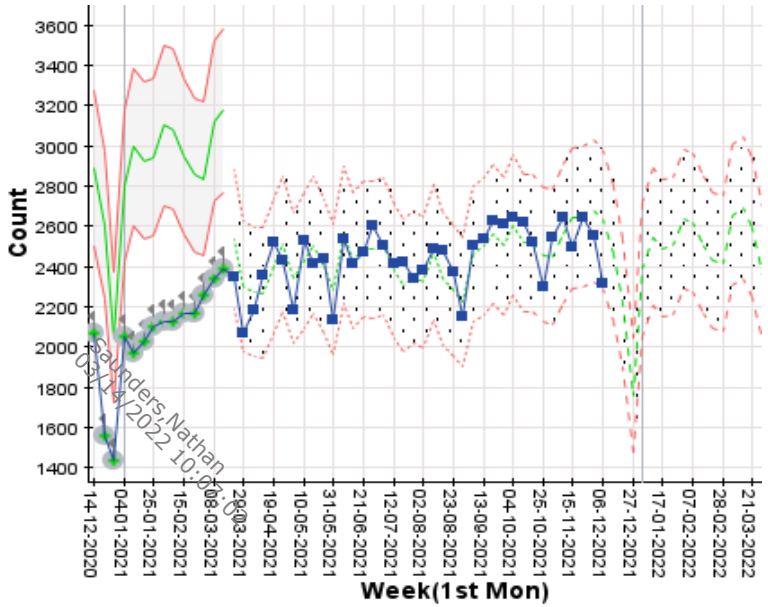
Delivered

- Strengthened site based leadership
- Transitional Care Unit in St David's
- Refocused approach to flow (RBFT) on Admissions ward
- Virtual Ward model implemented
- Appointment to Physician associates
- MCB led Transformation week to showcase and test new models

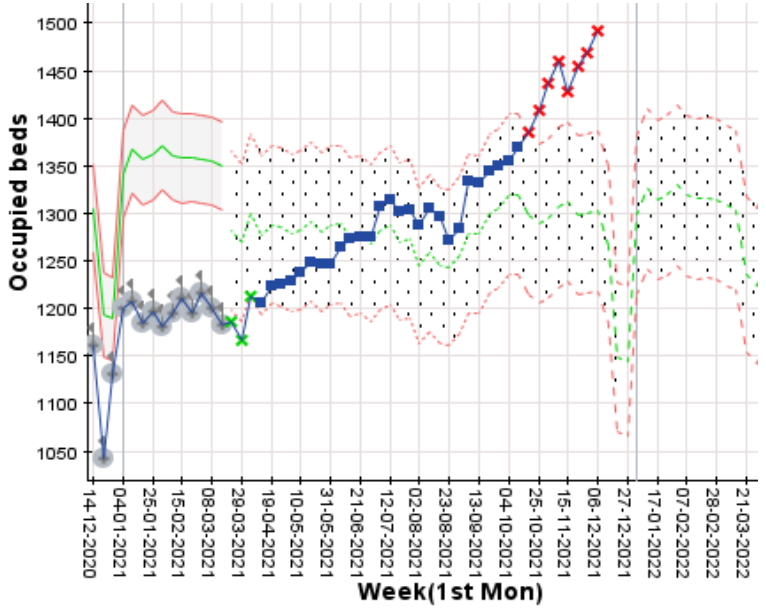
Next

- Complete capital and service model for surgical SDEC
- TCU2 5 Jan 2022
- Admission avoidance enhancements (Falls, PRU, Community Rapid Response)
- Development of new direct streaming pathways from ED and RATZ
- Dedicated ED support for avoiding high risk and frail elderly patient admissions
- Extend Medical SDEC (MEACU) to 7/7 operating - nursing recruitment in place

Admissions



Occupancy



- ✓ ED presentations returned to >90% of pre-Covid levels
- ✓ Admissions are around expected seasonal levels
- ✓ Occupancy increasing and now above expected seasonal levels
- ✓ Performance indicators affected
- ✓ Recovery monies (and slippage monies) being deployed to support system resilience
  - Ambulatory – medical and surgical
  - Virtual wards
  - Admission avoidance services

PRIMARY CARE

Plans

- £2.1m value of schemes
- Improving access to primary care
- Redesign pathways to bring care closer to home
- Accelerate and spread transformational models

Delivered

- 5 x Interface GPs in place Rheum, Derm, Gynae, Acute med, Gastro, Surgery
- Eye Care pathway redesign
- Dental schemes to improve access
- Enhanced MSK in primary care services

Next

- 2 MDT Cluster model roll out – First MDTs in new clusters in Dec
- Population Health cohorting approach with clusters
- Chronic Conditions Healthchecks via Enhanced Service Spec – launch 1 Dec
- Enhanced Third Sector support for hospice at Home

ENABLERS

Plans

- £3m value of schemes
- Additional bed capacity and laboratory services support
- Corporate services and departments mobilised and resourced to support timely implementation

Delivered

- Infrastructure Delivery Group established to support capital plan developed and implementation of schemes
- Workforce hub established and resource with over 100 wte recruitment across all professions to date – fast track process in place, enhanced OH resource
- Support into key digital enablers

Next

- Site configuration planning and UHW masterplan – link with OPAT
- Development of website to keep patients and communities up to date with recovery plans and progress
- Delivery of key capital schemes SDEC, Gynae, Spinal
- Feasibility and development of plans for relocation of Physio OPD and POA services

Report Title:	**22-23 Integrated Medium Term Plan**				Agenda Item no.	2.3
Meeting:	**Strategy and Delivery Committee**		Public	X	Meeting Date:	15.03.22
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**					
Report Author (Title):	**Head of Strategic Planning**					

Main Report
Background and current situation:

Since March 2020 the statutory requirement for the Health Board to develop a full three-year IMTP has been stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans.

2022-23 represents the return to the three-year planning cycle with a required submission of an IMTP to Welsh Government (WG) no later than the 31 March 2022. Accompanying this must be a completed minimum data set (MDS) which is intended to articulate the planned trajectories for delivery in many specialties. The narrative of the plan is intended to describe the key milestones to enable these trajectories to be delivered.

In advance of the submission of the IMTP, an accountable officer letter to the Chief Executive, NHS Wales has been sent confirming the organisation's intention to submit a three year plan. The letter confirmed a number of planning assumptions in order for the plan to be financially balanced.

The UHB Board considered a draft of the IMTP at its Board development session and Board meeting in February.

The timescales pertaining to receiving feedback, acting on feedback and publishing papers for the strategy and delivery committee mean the draft of the document has not changed from what was shared at Board. Any further feedback and observations are once again welcomed.

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

Engagement on the themes and focus of the plan have been fully tested and discussed in both Board Development Sessions and meetings of the Strategy and Delivery Committee.

Since the Board meeting in February the draft plan has also been shared with the Local Partnership Forum (LPF), the Community Health Council (CHC) and informally with Welsh Government Planning colleagues following the UHBs formal 'touchpoint' meeting with Welsh Government.

All organisations are required to have a formal meeting with Government on progress of the plan development.

We currently await any feedback from these forum / organisations on the draft shared.

Ensuring of the UHB has an approved plan is of strategic significance to the UHB. The risk / issue for the UHB not having an approved plan is threefold;

- Unapproved organisations are placed under greater levels of ongoing scrutiny by Government at all levels and interactions with government
- Unapproved organisations are often subsequently at risk of being placed in higher levels of escalation- enhanced monitoring or even special measures.
- Organisations with approved plans are generally better placed in receive any 'in year' monies which may be made available

Recommendation:

The Board / Committee are requested to:

Strategy and Delivery Committee are asked to;

Note the draft of the 22-23 IMTP and provide any feedback and/or observations
Note that Board will be asked to approve the final plan at its meeting on the 31 March 2022

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/**No**

Safety: Yes/**No**

Financial: Yes/**No**

Workforce: Yes/**No**

Legal: Yes/**No**

Reputational: Yes/**No**

Socio Economic: Yes/**No**
Equality and Health: Yes/**No**
Decarbonisation: Yes/**No**

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Executives	21 February 2022

Cardiff and Vale UHB 2022 – 25 Integrated Medium Term Plan

CARING FOR PEOPLE, KEEPING PEOPLE WELL

Version 13

Contents

FORWARD

Thank you for taking the time to read and understand our plan for the coming three years. Cardiff and Vale UHB like the rest of society as experienced a tumultuous two years. Our staff and the services they have provided during this time have faced enormous pressure and we owe them a debt of gratitude.

That gratitude must start with how we plan to move forward over the next three year, so we can repay our staff by making this Health Board an even more exciting and enjoyable place to work. If we create these conditions our patients and local population will see the benefits through the even more outstanding care that they receive and the outcomes which they can expect to experience.

We must not however sugar coat the situation. We face huge challenges which can broadly be set out in four areas:

- Challenges to address the backlog of treatment that has built up because of the pandemic.
- Challenges to address the high level of unmet demand which we believe exists in our communities and will soon present itself to the health system.
- Challenges we face in addressing the health inequalities which covid-19 has so starkly shown us still stubbornly exists within our populations
- Challenges that will come as we all learn to find a way to live with Covid-19.

Because of these challenges we want this plan to be as clear, accessible, transparent and easy to read for everyone. We want our staff and our patients to work with us to deliver the solutions to many of these challenges as we learn the lessons from the pandemic and accelerate the transformation of our services.

Our plan looks to demonstrate the balance we need to manage between Covid-19 response and recovery and the wider system transformation that needs to take place.

It also looks to demonstrate the critical role that many central functions will play in helping us bridge the gap between covid recovery and long term sustainable system transformation. This balancing act is akin to building a bridge and ensuring that it meets seamlessly in the middle – this is how we have structured our plan.

Against the backdrop of the operational challenges the organisation has faced the UHB has also, in the last six months, seen a significant changing of the guard of its senior leadership team. As we publish this new plan for 2022-25 it must be acknowledged the significant effort which these individuals played not only over the last years but also in the early stages of supporting the development of this plan.

We have, or will imminently say goodbye to Prof Stuart Walker Medical Director and Interim Chief Executive, Ruth Walker OBE, Executive Nurse Director and Steve Curry, Director of Operations. With this change is the opportunity to bring new faces into the leadership team, with Professor Meriel Jenney and Caroline Bird stepping into the Executive Medical Director and Chief Operating Officer roles respectively as we enter the new financial year.

In spite of the challenges, we remain excited about the positive future that lies ahead which is articulated on this plan. We all have a role to play in the delivery of this plan and we both look forward to working closely with you to achieve its ambitions.

Needs finalising…….

Charles Janczewski
Chair

Suzanne Rankin
Chief Executive

OUR PLAN ON A PAGE

Under design

HOW TO READ OUR PLAN

This three-year plan describes:

- Our key deliverables in ongoing readiness and response to the challenges of the evolving COVID-19 pandemic whilst balancing service recovery and redesign to respond to the ongoing and backlog of demand for planned and unscheduled care services.
- The strategic context and priorities which frame the UHB's partnership approach to longer term system transformation and how this aligns with the immediate readiness, recovery and redesign plans.
- The enabling programmes that describe how our recovery, redesign and transformation efforts will seamlessly align.

We like others, are planning in times and circumstances which are uncharted in our health and care system. As such have had to recognise and accept this level of uncertainty. At the same time we have been conscious in our thinking that planning as a discipline will also support us navigate the coming three years.

To mitigate the risk of the unknown yet make planning a meaningful exercise we have used a range of assumptions and scenarios. These are outlined below.

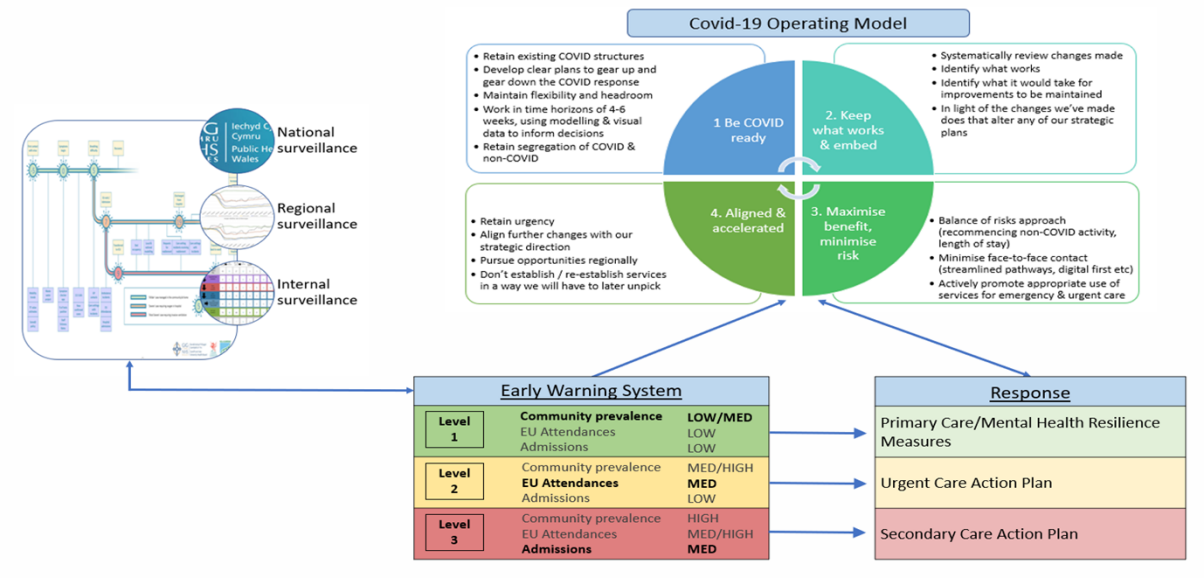
It is important to consider these scenarios and assumptions whilst reading this plan and to recognise that whilst we have based the plan on particular scenarios, we continue retain robust mechanisms for *gearing up and gearing down* operational capacity and configuration based on the prevailing environment. Our use of Health Intelligence both locally and nationally along with our internal governance structures underpin this ability to change gears effectively.

Our planning assumptions and scenarios

COVID-19 Response

The first principle of our approach through the pandemic has been to be "COVID-19 ready". This will remain at the core of our thinking through 2022-23 as we simultaneously continue our drive to make a significant recovery and embark on service redesign. In order to keep us responsive and flexible the UHB has employed a clear operating model, based on our "gearing" principles, and informed by a number of triggers which have helped ensure we remain ahead of the COVID-19 curve. **Figure 1** provides an overview of the current iteration, outlining how we combine operational understanding and modelling. As part of our Covid-19 preparedness, the UHB has developed additional surge bed capacity through the development of the Lakeside Wing at UHW. These beds (up to 400) have already proved invaluable during 2021-22 by allowing us to meet the increase in patients during winter and due to the Omicron COVID-19 variant. Moving forward we will retain part of the Lakeside Wing for flexible surge capacity, should it be required for any future peaks of COVID-19. Within our Critical Care infrastructure, our teams have become adept at deploying additional surge capacity and are ready to enact these tried and tested systems should any future variants of concern lead to a rise in the number of patients requiring intensive care support. Our wider plans for our critical care service can be found in section 3.4 *ensuring interim service sustainability*

Figure 1 COVID-19-19 operating model and operational triggers



Whilst our approach to date has served us well and enabled us to maintain all essential services throughout the pandemic, it is clear that Health and Social Care services will need to continue to refine how they meet the COVID-19 challenge moving forward. The most recent wave has taught us that the future course of the pandemic is unlikely to mirror our past experience. To that end, we have developed a range of high-level COVID-19 planning assumptions which we believe will remain extant this year and are available in **Figure 2**.

Figure 2 UHB Overarching COVID-19 Planning Assumptions

COVID-19 Prevalence	•COVID-19 will remain in the general population and continue to have an impact on the planning and provision of health and social care services for some time
New Variants	•New variants will emerge; the NHS will need to be prepared for the potential for a rapid and significant change in the COVID-19 position (deterioration or improvement)
Prevalence vs. Demand	•There may be an increasing disconnect between community prevalence and associated demand on healthcare services
Vaccination	•There will be a requirement for a vaccination programme
Five Harms from COVID-19	•Minimising and balancing the "Five Harms" from COVID-19 will be central to the planning and provision of health and social care services for some time
Future Waves	•Predicting the timing and scale of future waves is challenging and will be impacted significantly by the emergence of new variants, changes in population immunity (increases and decreases) and the implementation of treatments
Policy	•Welsh Government policy will change in line with the COVID-19 Control Plan, however provided vaccines remain effective, it is unlikely there will be further wholesale lockdowns

Our overarching planning assumptions are simple and reliable by design. Our experience during the last two years leads us to be cautious in predicting how the course of the pandemic may play out in the long term. Notwithstanding this pragmatic approach, we have worked to develop a range of

planning scenarios that frame our thinking for 2022-23. These scenarios, detailed in **Table 1**, all make clear that we will be managing an ongoing response to COVID-19 through the coming year. These are of course at a relatively high level, providing an indication of how differing scenarios could present and reflecting the uncertain planning environment within which we are operating.

Table 1 UHB COVID-19 Planning Scenarios

Cardiff and Vale Covid Scenario Planning 2022-23				
Scenario	Description	Potential Contributory Factors	Potential Consequences	Approach
Covid Eliminated	Covid exists but rarely seen. No impact on primary and secondary care services	• **Vaccines** provide sustained effectiveness against all new variants • **Treatments** highly effective prevention and treatment of severe illness	• **Vaccination programme** – not required • **Workforce** – no impact on workforce. • **Public health** – no additional covid-associated impact	• **Unlikely to be reached over next three years.**
Best Scenario (Covid Low)	Covid associated demand on primary and secondary care services reduces to historically low levels with minimal variation.	• **Vaccines** highly effective against all new variants • **Treatments** highly effective in prevention and treatment of severe illness	• **Vaccination programme** – targeted to high risk groups, may form part of an annual programme • **Workforce** – improved staff welfare, staff return to usual roles, lower levels of staff absence • **Public health** – reduced covid associated illness and reduced socio-economic impact	• **UHB Gearing level** = covid free/low significant • **IP&C** = TBC • **Recovery of non-covid services** = accelerates faster than plan
Central Scenario (Covid Stable)	Covid associated demand on primary and secondary care services, reduces to levels perhaps similar to summer/autumn 2021. Peaks occur but are lower than previous waves.	• **Vaccines** are largely effective against new variants. • **Treatments** are largely effective in prevention and treatment of severe illness	• **Vaccination programme** – requirement for expanded covid-19 immunisation programmes. • **Workforce** – improved levels of staff welfare but with continued impact on fatigue and burnout • **Public health** – gradual reduction in overall covid associated illness, reduced socio-economic impact	• **UHB Gearing level** = significant • **IP&C** = TBC • **Recovery of non-covid services** = in line with plan
Worst Scenario (Covid Urgent)	Covid associated demand on primary and secondary care services increases significantly. Likely to see peaks in line with most significant previous waves.	• **Vaccines** have reduced effectiveness against new variants, particularly in protecting against severe disease • **Treatments** are less effective against new variants	• **Vaccination programme** – requirement for significantly increased capacity. Potential challenges with supply. • **Workforce** – high levels of staff absence, redeployment to maintain essential services, staff fatigue / burnout • **Public health** - increased covid associated illness, and significantly increased socio-economic impact	• **UHB Gearing level** = Substantial • **IP&C** = TBC • **Recovery of non-covid services** = Enactment of choices framework, reduction of non-essential services.

We are aligning our operational and performance ambitions for the coming year around a combination of the Central (Covid Stable) and Best (Covid Low) Scenarios. This reflects our belief that there will be continued operational pressures caused by the presence of Covid-19 at both the start of 2022-23 and potentially at points throughout the rest of the year which may be impacted by the emergence of new variants and changes in population immunity. Our operational efficiency is predicted to still be impacted by the reality of delivering both non-Covid-19 and Covid-19 services within our constrained estate with a fatigued workforce. Any future peaks in covid may well l require proactive operational management, although we do not expect the peaks to reach the level of the most recent Omicron wave.

Within each of these scenarios we know that our ability to respond will be directly related to capacity and resilience available within our workforce. Even within our most optimistic scenario we cannot underestimate the impact of the sustained and significant levels of fatigue and stress that our teams have been under will present. Further detail on the work we have done, and continue to do, in relation to staff wellbeing can be found in the people and culture section (section 3.1) where it is presented alongside our broader organisational development strategy.

Our service change and transformation assumptions

In planning the wider change and transformation of the organisation we have been cognisant of the need to be aware of the wider operating environment, as outlined above.

We have therefore taken our operational planning scenarios alongside key financial assumptions and used these to consider what the options / scenarios are for us in terms of planning our wider service change and transformation agenda. These scenarios are outlined in **table 3.**

Table 3: Transformation Planning Assumptions

worst case scenario	Covid-19 continues to show prolonged high-levels of prevalence in our community meaning many of our staff are absent and/or need to be deployed for business continuity reasons. High cases also continue to exist amongst patients in our hospitals. & We are unable to progress any of our strategic transformation agenda due to the constrained financial situation.
central scenario	Covid-19 exists in our community but presents itself through a period of peaks and troughs meaning some staff may occasionally be absent and/or be deployed. & Whilst in a financially challenged situation we will continue to phase our work and progress at the appropriate pace.
best case scenario	Vaccines provide enduring protection along with other emerging treatments meaning levels of pressure on the NHS is not experienced so acutely again. & The resources required to progress at are available to fully support our change and transformation agendas.

For the purposes of this plan we have looked to adopt the **central scenario** with the opportunity to *gear up and gear down* based on wider positive or negative changes.

THE CONTEXT WITHIN WHICH WE HAVE PLANNED

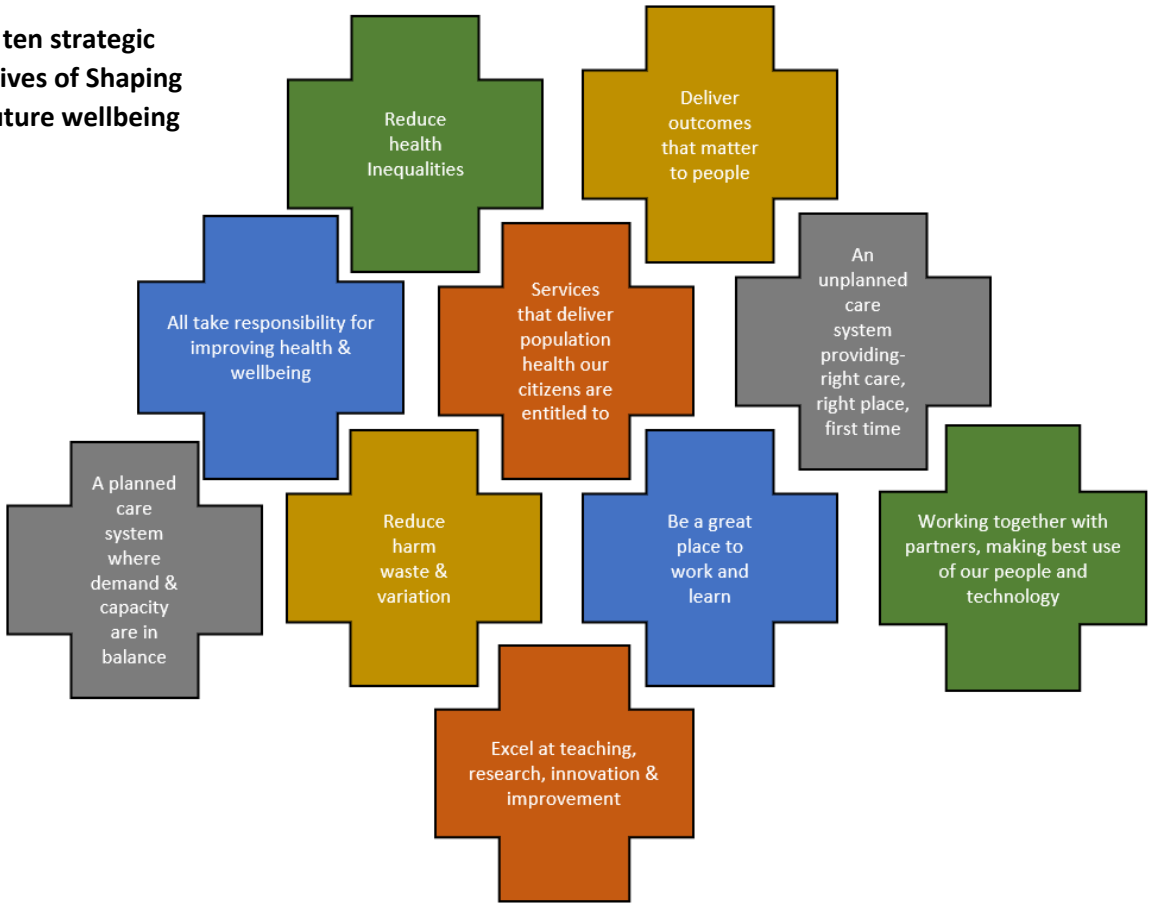
Our long-term strategic direction

The essence of our planning is about improving the lives of the communities we serve and supporting people to have the same chance of leading a healthy life regardless of their background or circumstances.

In this context whilst this is the first IMTP that we have developed since 2019/20 it does not represent a 'new' plan. It builds on our approved IMTP from 2020. It continues to articulate the delivery of our long-term strategy Shaping Our Future Wellbeing and its ten strategic objectives. This IMTP must remain focused on this long-term vision and these objectives *alongside* setting our continued response to the pandemic.

The timespan of this IMTP will take us up to the end of the current life of *Shaping our Future Wellbeing*. During 2022 we will commence wide stakeholder engagement to refresh the strategy- reflecting on what we have achieved over the last seven years. This will include reviewing what remains outstanding, what has changed – particularly in light of the pandemic - and what we may need to re-orientate.

The ten strategic objectives of Shaping our Future wellbeing



We know the next three years are crucial for us. On the back of a pandemic how we plan and deliver our services in the coming period will define the health and wellbeing for a generation. As part of moving back to a three-year approach to planning, and as we enter the final phase of SOFW we have taken the opportunity to fully reconsider what our specific focus and priorities need to be over the next three years. This plan reflects this thinking and is summarised below.

Informing and Informed by Cluster level plans

Our IMTP also includes the local plans for all our primary care clusters.

The significance here is not that we are presenting all these plans together but rather that to deliver this, we have rapidly matured our approach to integrated planning with our clusters. Clusters have been both informing and more directly informed by the long-term strategic direction of the organisation and the setting of the focus and priorities described above.

Full copies of our cluster level plans can be found in annex xxx. However, table xxx below draws out some headlines and provides assurance regarding many of the links between our corporate IMTP and our cluster plans.

Continually maturing this integration of our cluster plans with our corporate level approach to planning will be a key objective for our plans in the coming planning cycles.

Table xxx: Overview of alignment of Cluster plans to UHB priorities for 22-25

UHB Priority / Cluster	workforce and OD development and design	Addressing the top burdens of disease	Our digital Infrastructure	shift towards a system focusing on prevention	Physical Infrastructure	Integration with Community Services	system renewal and redesign	continued Covid-19 response	Collaboration with partners
City & South	Practice Manager Forum development forum	Diabetes MSK Capacity MH Services				Frailty	Urgent Primary care model A focus on health inequalities		
East	Practice Management Support	Population health- focus on smoking & alcohol MH services					urgent Primary care model Accelerated cluster MDT working	Post covid follow up	
North						Frailty	Accelerated cluster MDT working		Advanced paramedic practitioner attached to cluster
South East	Practice Management Support	Diabetes MH Services					A focus on health inequalities- asylum seekers urgent Primary care model		
South West			My Surgery App ViPC Recite Me-Digital Inclusion & Accessibility	Health promotion workshops					
West			AccuRx+				A focus on population health		
Central Vale		MSK Capacity MH Services	My Surgery App Summarizing & Clinical coding Flu Booking Platform				An urgent Primary care model		
Eastern Vale		MSK Capacity MH Services				Frailty	urgent Primary care model		
Western Vale		MSK Capacity MH Services					urgent Primary care model		

Recognition of our challenges and risks

The pandemic is not over and we remain operating within the context of this unprecedented global challenge that is Covid-19.

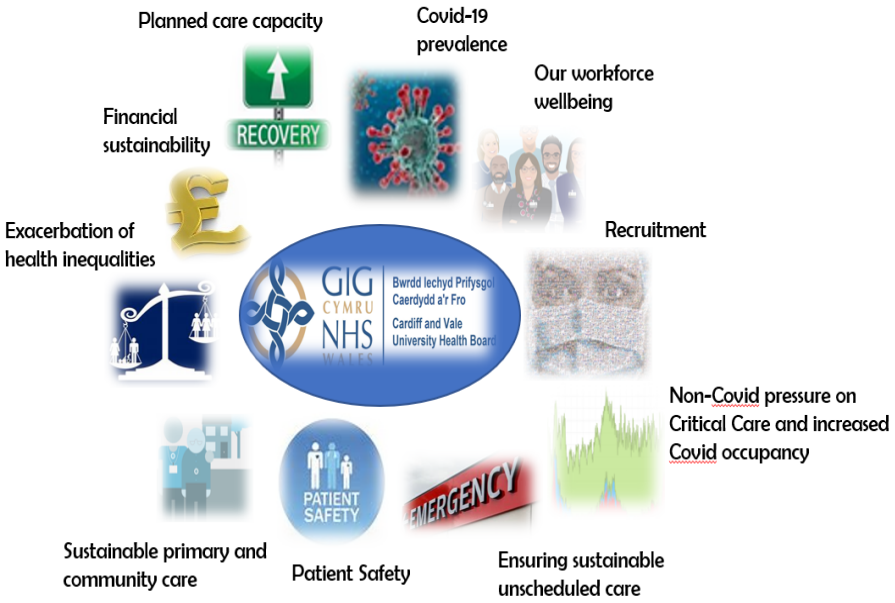
We, along with all other Health Boards have a significant backlog of activity. Despite the extraordinary efforts of our staff to continue running planned care treatment throughout the pandemic much has still been delayed due to constraining IP&C arrangements for example.

We know there is likely to remain significant latent activity within our community which will impact through late presentations meaning some treatment is ultimately even more urgent than it might have been initially.

It is likely waiting list delays could create additional 'new' conditions for patients on these waiting lists which occur because of people having to waiter longer than necessary. Our primary care and community teams are likely to feel this added pressure initially.

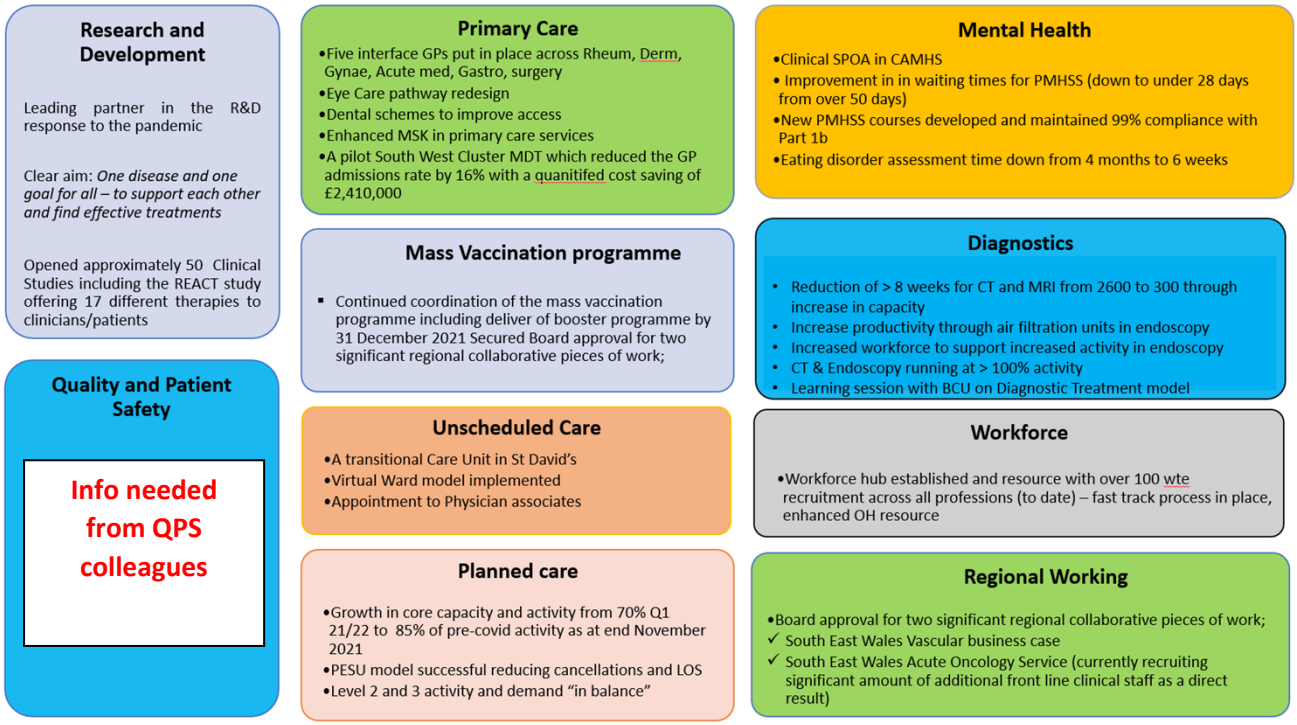
All our data and intelligence confirm what we know - too many people in our local population are also often waiting too long in the community for urgent pre-hospital (Ambulances) care and/or waiting too long in an ambulance to be admitted to our acute site. We know we own this risk and work with WAST to resolve this issue and not merely delegate the risk to them.

Collectively these risks manifest themselves in overarching challenges we face. Our Board Assurance Framework (BAF) reflects these challenges, which are summarised below.



Recognition of our successes

Just as it remains important that we focus on our challenges and risks, it is also important in our planning to recognise our successes- what has gone well and what we must therefore ensure continues.



Wider Health Intelligence

(i) Population Needs Assessment

As we finalised this plan so too was the refreshed Population Needs Assessment (PNA) for Cardiff and the Vale of Glamorgan being finalised. Insert copy here if finalised by IMTP submission date. This is a significant document and we have been acutely aware of its emerging findings as we have developed this plan. It will even more materially influence the dynamic planning of the organisation into 22-23 and beyond and in particular that of our @Home strategic programme of work. Details of which can be found by clicking here.

Headline findings of the PNA can be found in **annex 1**.

(ii) Director of Public Health's Annual Report

Our Director of Public Health report focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly. We have looked to ensure there is robust alignment between the recommendations of this report and the actions being progressed in this plan. The Annual Report can be found by clicking here .

The Policy and Political landscape

We welcomed the letter received from the Minister for Health and Social Services following the Senedd elections of 2021 which set out her key priorities for NHS Wales. These strongly align with organisational direction of travel articulated in this plan.

2022-23 Ministerial Priorities

We have noted the Ministers initial tranche of performance measures and have consequently undertaken an exercise to baseline our current position against these. You can view our baseline position against these measures in **annex 2**

Covid-19-19 Response
*
NHS Recovery
*
Working alongside social care
*
A Healthier Wales
*
NHS finance and managing within resources
*
Mental health and emotional well-being
*
Supporting the health and care workforce
*
Population health, notably through the lens of pandemic experience and health inequity

Completing the Minimum Data Set (MDS) that is required to accompany this plan as been a useful extension to this baseline work. It has enabled us to understand what our reasonable projections are for further improving our performance against many of these measures.

We conclude section one of this plan will a compendium of these projections. For ease you can find it by clicking here.

The narrative provided across this plan is thus intended to provide the assurance that we are taking the necessary actions to deliver the projections we are articulating.

We will also ensure that our performance management and reporting regimes reflect both the NHS Wales Delivery Framework (21/22) and the eagerly awaited national Outcomes Framework for Health and Care, and the Public Health and Social Care Outcome Frameworks which we anticipate will align well with our outcomes frameworks. We will continue to shape the culture within the organisation through our commitment to living our values, where staff are supported to take responsibility and to make the changes needed to improve their services. We are ensuring that the objectives set for individuals and teams show a clear line of sight to the Board's strategic wellbeing objectives.

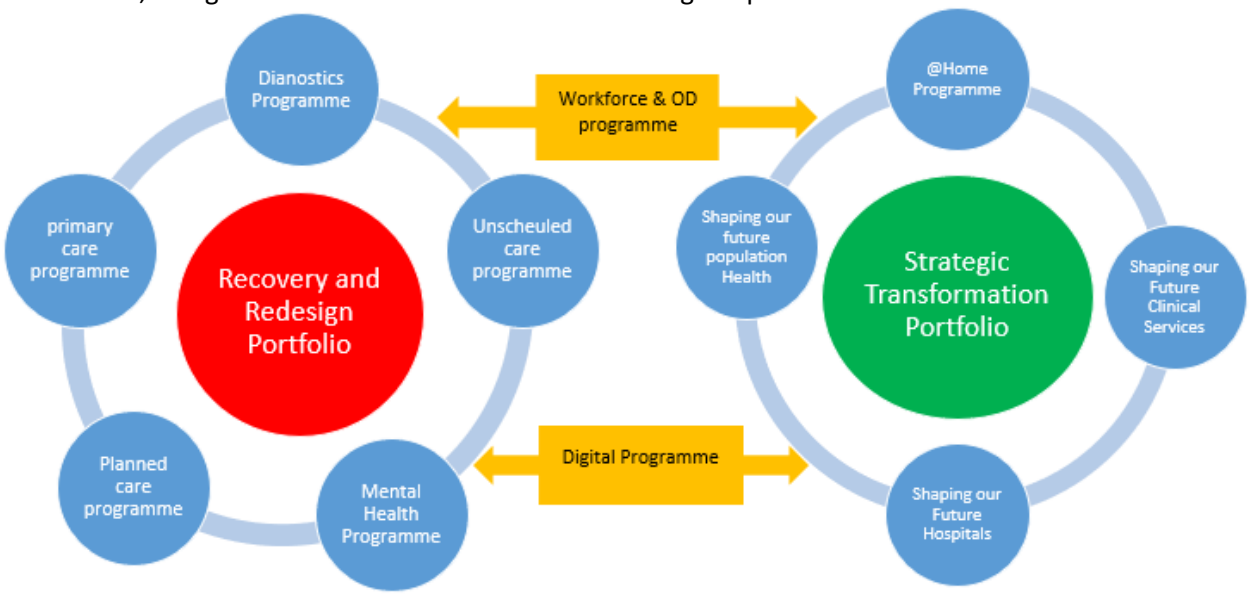
We have also reflected on the refreshed Programme for Government published in December 2021 following the Co-operation Agreement between Labour and Plaid Cymru.

Building on our existing planning arrangements

As described earlier this is not a new plan- what we articulate here is an extension of much of what is already happening but also articulates where we want to take things next. As well as responding to the immediate impacts of Covid-19, we set out how we will increase our focus on disease-prevention, and shift more delivery to integrated locality models of care and support.

We have already established eleven programmes of work, of which nine grouped into two portfolios, with the other two specific cross cutting enabling programmes.

This approach to governance and delivery has given us a clear framework within which to continue our planning and to also sharpen and accelerate our delivery. Much of what we say we are going to deliver in this plan will be managed and scrutinised through these structures, which gives us confidence that we are able to assure both ourselves and stakeholders that we are delivering what we have committed to deliver. During 2021/22 we have strengthened our capability and capacity to support service improvement and deliver a complex portfolio of programmes made up of numerous improvement projects. This gives us a structured, consistent, and disciplined approach to securing the changes needed at pace and scale. Central to this approach is continued facilitation of effective clinical leadership at all levels, and meaningful engagement with our staff, patients, and the communities we service, along with the collaboration with a wide range of partners which is essential to our success.



Recognition of golden threads

This is an integrated plan so we have tried to avoid creating a silo view(s) on important legislation or policy agendas such as (for example) the Wellbeing of Future Generations Act, the socio-economic duty or the foundational economy.

Rather, these are considered 'golden threads' for us and our commitment to them should be evident through the description of how we are choosing to conduct our work throughout this plan.

Equally, we recognise that it would be disingenuous to create a section of the plan pertaining to engagement as though it is a discrete discipline that sits in isolation.

We recognise engagement with the public as being core to what we want, and need to do, if we are to deliver the ambitions described in early pages.

We recognise we must work harder to;

- Engage with the public (plus stakeholders and our own staff) to increase understanding and acceptance of the need for service transformation, and to ensure people can help us to shape our key plans going forward.

We remain committed to actively seeking out diverse views and experiences to shape our thinking and co-design our services, and we will continue to work closely with the South Glamorgan Community Health Council and our public and third sector partners to offer a range of opportunities for dialogue and involvement.

- Help our staff understand why engagement is so important and what value it can add for them and the change they are trying to deliver.

Where we have identified that engagement is needed you will find it accounted for in respective section of this plan. For ease some key pieces of engagement in 2022-2023 will headlined below.

1. **Mental Health**: An ongoing programme of engagement to support the transformation of our mental health services – for both adults and children and young people, building on the recovery model being pioneered in our adult mental health services.

2. **Tertiary Services:** Regional and supra-regional engagement on the future provision of specialised services, including:
    a. Oesophageal and Gastric Cancer Surgery – Phase 1 – Swansea Bay UHB
    b. Oesophageal and Gastric Cancer Surgery – Phase 2 – South and West Wales
    c. Hepato Pancreato Biliary Surgery – South and West Wales
    d. Partnership Framework for Specialised Services

3. **Locality models of care:** Engagement on our developing model of integrated locality models for care and service delivery, and our plans for the next tranche of community facilities needed to support delivery of these new models of care, work which the RPB @home programme is leading.

4. **Shaping Our Future Clinical Services:** The next stage of engagement on our *overarching Shaping Our Future Clinical Services* programme which is informing the next stage of the Our Future Hospitals programme.

5. **Shaping Our Future Hospitals:** Engagement to support a hospital redevelopment SOC as part of the *Shaping Our Future Hospitals* programme

ASSURANCE ON PLAN DELIVERY: *A focus on outcomes and health intelligence*

Earlier in this plan we have made clear where we want to get:

To achieve measurable improvement in the health of the population, reducing the stark inequalities in health that exist in between and within our communities, and through the provision of the best possible quality services accessible in a timely way, optimise outcomes for our patients *(SOFWB)*

In addition, we are also making it clear on how we are going to get there – later in this plan you will see we are setting out the actions we are going to take over the next three years.

Through our dynamic planning arrangements, we will then subsequently be able to assure ourselves (and others) 'in year' that the actions we are taking continue to be the right actions and are giving us the benefit(s) intended, and, if they are not, the opportunity to refine our intentions.

Dynamic planning

This dynamic planning (illustrated below) runs from daily operational management planning through to the long term multi-generational strategic planning.

At each level of this dynamic planning we are, and will continue to, use the health intelligence we have at our disposal to measure the impact of what we are doing and the outcomes for which we are striving.

To the right of the illustration above we will continue to embed and deploy the use of *Signals from Noise (SfN)* across the organisation. This digital data platform provides us with a level of real time data which has never previously been so readily available to us. This will support us to track, at an operational level, the trajectories to which we have committed and the impact our actions are (or are not) having.

Trajectories are vital to the effective implementation of any plan - they force us to continually think about the connection between actions we are taking and their impact on the outcomes.

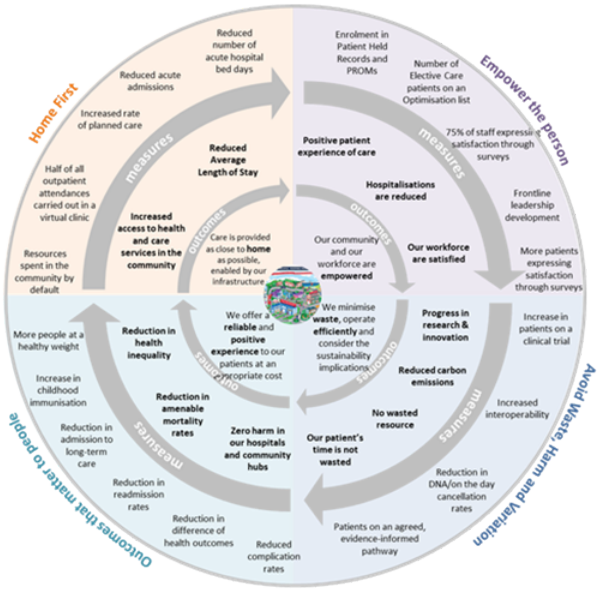
The operational climate experienced during the final stages of development alongside the financial allocation which the Health Board received in December 2021 has made it challenging for us to be as unequivocal as we would like to be regarding the trajectories, we set ourselves. We know there is still more that we need to do and we will continue to work on this.

However, the minimum data set (MDS) submitted with this plan is set in the context of the impact we expect our actions to have and thus starts to provide initial operational trajectories.

Nevertheless, much of the work we are progressing over the life of this plan is strategic and long term in its nature (the left of the above illustration) and will not release immediate and obvious 'change'. For example, a satisfied workforce that views CAVUHB as a great place to work will result in a shift in attitudes and culture that will evolve over time.

We will therefore continue to refine, implement and embed the use of both the Health Board's Outcomes Framework and the RPB's outcome framework (which are not mutually exclusive) to 'sense check' the actions that we have committed to take and track the 'shifting of the dials' on the key metrics that demonstrate are actions are achieving the improved outcomes we intended.

These two outcomes frameworks are shown below.



We know we have more to do to embed these outcome frameworks within the organisation and strengthen how we use them as key sources of intelligence for us. This is work which we will continue to progress early in 22-23.

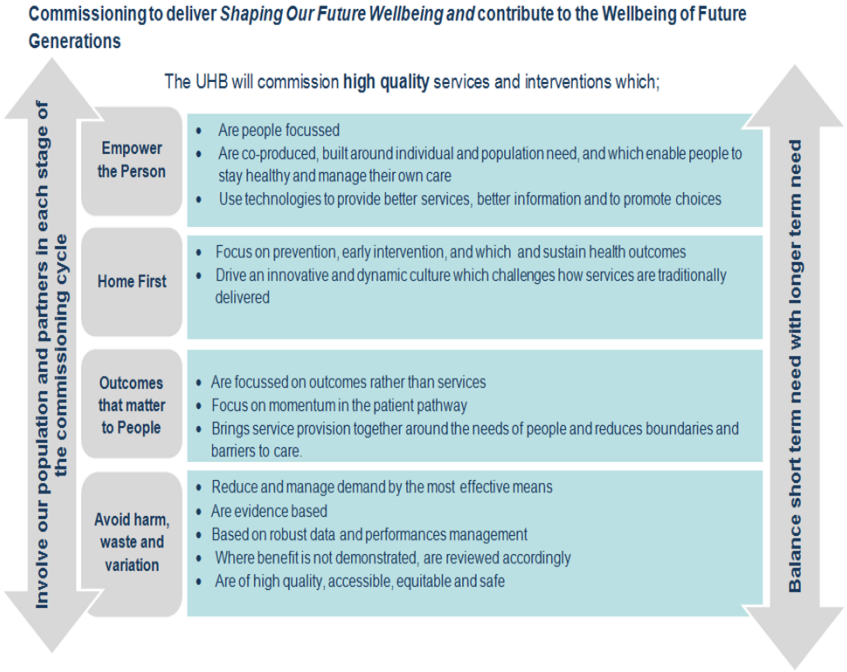
Commissioning

As we look to ensure our reporting and tracking of improvement trajectories and outcomes are even more robust both the internal commissioning processes of the UHB and the wider system commissioning processes to lever in the changes that are needed are increasingly important for us.

Internally our commissioning approach focuses on outcomes, value-based healthcare and a number of key principles (shown in the diagram below).

This will enable us to;

- Base service design, improvement and delivery on whole systems
- Deliver services based on achieving outcomes for our population, whoever they are, and wherever they live
- Better understand costs and resource allocations
- Continuously improve services
- Deliver the benefits of *Shaping our Future Wellbeing* for our current, and our future population.



Subsequently our internal commissioning intentions for 22-23 were confirmed by Board as being:

Wider system commissioning processes and those associated with specialised services (WHSSC) and the Ambulance Service (EASC) are covered in **annex 3.**

OUR PEOPLE AND CULTURE

To meet our populations health and care needs effectively and deliver upon our recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. A copy of the People and Culture plan can be found in annex

Workforce plans are so much more than 'enabling' plans they are the more of our vision and ambitions. This plan therefore starts with our workforce although of course is aligned with ensuring a whole system approach, working at pace to have the biggest and most positive impact that can adapt to rapid service change and seasonal pressures.

We have also ensured alignment to the vere overarching vision for Health and Social Care in Wales set out in A Healthier Wales and the national Workforce Strategy for Health and Social Care.

During the Covid-19 pandemic, we have seen our workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19-19. We will need to ensure our workforce is able to maintain essential services, manage any additional demands, including seasonal pressures and the backlogs created during the pandemic, all while remaining Covid-19-ready. In addition to the challenges brought about by the pandemic and the necessary period of recovery, we, along with the broader NHS in Wales, face social, economic, technological and demographic changes. As a result, the demographics of our workforce also need to change, and we must adjust the way we recruit, retain and support our people.

Annex 4 sets out our detailed approach over the life of this plan against the seven themes of our people and culture plan.

Theme1: Seamless workforce models
Theme 2: Engaged, Motivated and Healthy workforce
Theme 3: Attract Recruit and Retain
Theme 4: Building a Digitally Ready Workforce
Theme 5**:** Excellent Education and Learning
Theme 6: Leadership and Succession
Theme 7: Workforce Supply and Shape

Material progress against these themes will move us to a place where we have greater collaboration, increased agility, innovation and improved productivity within the UHB and across, Health and Social Care. A summary of our ambitions against these themes are shown the end of this section.

Taken together these actions will support us improving even further some of the key metrics for measuring our staff experiences and ensuring Cardiff and Vale remains a great place to work.

- **Increase the number of staff who complete the NHS Staff Survey, our ambition is to increase the response rate by 10% in 22-23 and by a further 10% by the next survey**. This will provide us with more meaningful data both qualitative and quantitive. Our aim would also be to improve the engagement index score in 22-23 and beyond.
- **Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.** In 23-24 our aim will be to continue to reduce the turnover in staff groups that are over 9% to a more sustainable position.

- Whilst focusing on reducing turnover, efforts will also be targeted at improving workforce supply, especially in staff groups where there is a known shortage. Our aim **by 23-24 is for vacancies across the UHB to be 5% or below.**
- **Reduce the bank and agency expenditure** as we improve retention and workforce supply.
- Increase the number of staff employed in integrated health and social care roles by 22-23 and further increase in 23-24.
- **Continue to streamline current recruitment processes, improving the onboarding time** (from verbal offer to written unconditional offer) by 23-24, working within the parameters of the national recruitment systems controlled by NWSSP.
- Improve the health and wellbeing of our workforce and in doing so **reduce absence to a more sustainable position. A reduction to 6% in 22-23 and 5.5% in 23-24**. With an aim to further reduce in 24-25.
- Aim to **reduce the number of staff on long term sick leave suffering with stress, anxiety, depression by 10% in 22-23** and a further 10% in 23-24.
- Increase the diversity of our workforce through inclusive recruitment. For example, increase number of Welsh speakers, increase number of staff who are non-white British, have a disability, LGBTQ+, etc.
- **Increase the number of staff in non-traditional roles,** to reflect the skills required to care for our population, e.g. apprentices, Physician Associates, Assistant Practitioners, Multi-skilled support workers, etc.
- **Continue to raise awareness of the importance of undertaking appraisals with staff and increase compliance to 50% in 22-23 and 85% in 23-24.** Embed effective talent management processes to grow our own talent.
- Increase the number of trained and active coaches within the UHB to support with individual development.
- Implement the pathway in 22-23 for HCSW's to undertake the training and development to progress to Band 4 Assistant Practitioner roles in 23-24.
- Increase the number of HCSW's who undertake the registered nursing programme and gain registration with the NMC.
- **Increase the number of staff who access learning, development and training opportunities by 50% by 23-24**, including e-learning, virtual learning, etc.
- **By 22-23 the aim is to identify 36 members of staff to undertake the Senior Leadership Programme** and identify leadership pathways at every level.
- Build and extend the capability of managers using ESR by increasing the education and training available to them.
- Complete the effective roll out of Health Roster across all nursing areas by March 23 and implement Safe Care. Embed effective rostering principles and practices.
- Improve the workforce data that is available to assist with strategic decision making by 23-24. Real time data available from 23-24

In summary: *Our people and culture milestones*

People and Culture – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK AND MONITOR BENIEFITS**
Seamless workforce models • A common purpose and outcomes • A seamless workforce framework • OD programmes to support workforce engagement, leadership development • Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health • Implement workforce models to support MDT /integrated working • New and advanced/extended role pathways • Harmonised, integrated T&Cs, governance and learning, education & development	• understand the strategic plans based on population health needs assessment and define the workforce requirements – **outline 04/22** • translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025 • develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025 • Develop OD programme with LA partners, MH and Primary Care 2022-2025 • develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health • identify opportunities for advanced/extended and new roles • Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working	• better patient outcomes and experience • Breaking down boundaries • Reduce waste, harm and variation • improved ways of working • Integrated workforce planning, OD engaged and motivated workforce	• Reduced non contracted pay • Enhanced Staff H&WB • integrated/enhanced roles Staff engagement index • Delivery against workforce plans • Integrated T&Cs • Reduction vacancies and turnover Reduced sickness
Engaged, motivated and healthy workforce • Update the engagement framework • Develop a wellbeing strategy & plan • Develop coaching and team development • Focus on communications – training & channels • Promote and embed UHB values & behaviours • Staff Surveys (NHS Wales, MES, Pulse, Wellbeing)	• Produce a framework document, with roadmap, project plan and key deadlines**, 03/22** • Develop a strategic paper and project plan for Health and Wellbeing 2022-23 • Create an academy which incorporates coaching and team development, **03/22** • Provide training in coaching skills for managers**, 12/23** • ILM accredited centre (coaching and leadership and management qualifications), 03/24 • Offer team development initiatives to improve relationships and morale. • provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills • Look at channels of communication and explore strategies to reach all staff and provide education, **09/22** Revisit and promote values & behaviours framework, **09/22**	• Engaged workforce with better patient outcomes • Improved engagement score • Increased participation on training / surveys • Reduced sickness • Improved retention rates	• NHS Wales staff survey / local pulse survey • Medical Engagement Survey • Wellbeing Surveys/HIT reviews • Reduced sickness absence and reasons for sickness • Reduced turnover • Staff benefits

Attract, recruit, retain • Develop branding for the UHB's job advertising and career promotions • Promote NHS careers • whole systems approach for temporary staffing across multiple professions and roles • Identify and attract new sources of recruitment • Review and adapt recruitment processes within NWSSP parameters • Develop and implement an action plan to improve staff retention.	• Work with Media resources to develop a specific brand for promoting UHB's job opportunities, **03/22** • Develop and implement an annual recruitment event calendar, **01/22** • Review TSO and implement improvements identified (03/22). SOP to be in place by **03/23** • Merge staff banks following full implementation of Allocate Health Roster • Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities, 03/22 • Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective , **03/22** • improve exit questionnaire/interview response. Introduce starter questionnaires, **03/22**	• Improved planning (whole system) • Improved reputation • Inclusive recruitment • Improved staff experience Retention of knowledge, skills and experience • Improved patient experience and outcomes	• Improved turnover rates • Reduction in variable and non-contracted pay bill • Time taken to recruit • Number of appointed candidates • Reduction in vacancy rate • Increased diversity in our workforce
A digitally ready workforce • Improved access to core technologies • Enable staff to develop a core set of skills • Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing • Maximise the benefits of agile working for the organisation, service and individual • Keep abreast of enhancements to existing systems and explore new emerging technologies	• Provide all staff with access to core IT systems, 2023 • Ensure all staff have a core set of digital skills through development of digital skills framework, 2024 • Implement universal guidance on the effective use of digital technologies to promote staff wellbeing, 2022 • Pulse survey to identify benefits of and barriers to agile working, 2023 • Ensure all staff are able to access the correct data through ESR, 2023 • Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all **by 2023**.	• Equal access to technologies • Enhanced digital skills • Improved ways of working • Pushing boundaries to innovate	• Staff engagement index • Enhanced staff wellbeing • Number of staff without email addresses • Participation rates in IT training • Number of staff accessing ESR
Excellent education and learning • Prioritise education & development of the workforce • Foster an inclusive culture and equitable approach to education • Develop creative and transformational approaches • Raise awareness of the education infrastructure and opportunities • Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.	• implement overarching education infrastructure, **05/22** • Establish multi-professional Education Group, **10/21** • Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education, 1**0/21** • Develop Learning@Wales platform to deliver innovative digital/blended learning experiences, **04/22** • Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme, **01/22** • Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT) **12/21** • Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures Develop an organisational HCSW development framework **10/21**	• Inclusive culture • Supports workforce redesign and service transformation • Improved recruitment and retention • Enhanced patient safety • Staff wellbeing • Staff engagement	• Evaluation against project plans, pilots, feedback etc. • Evaluation of learning opportunities • Course attendance figures • No. completing overseas nurses Programme • HCSW Career and Skills • ramework compliance data

Leadership and Succession • Provide opportunities for leaders and managers at all levels to enhance their skills • Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective development and alignment of approach • Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness • Identify potential leaders at all levels of the organisation • Embed robust succession planning processes to support recruitment to critical leadership roles	• Define the behaviours, competencies and approach required of excellent leaders and managers at all levels., **01/ 23** • Offer a breadth of accessible development opportunities (internal and external), **01/23** • Identify pathways to leadership and management development opportunities for under-represented groups, **2024** • Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation, **2024** • Develop infrastructure to facilitate and nurture the coaching and mentoring network, **01/22** • Implement a process for staff to request coaching from the network, **01/22** • Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity, **2024.** • Identify critical roles within the organisation and the key skills and qualities required • Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse	• Improved staff engagement • Succession planning • Improved retention • Enhanced staff wellbeing • Better outcomes for patients • Recruiting managers and leaders with compassionate leadership skills	• Turnover • Talent Management and Succession Pathways • No. active coaches and mentors • Reduced sickness levels • Feedback e.g. surveys
Workforce supply and shape • Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity, **Oct 2022** • Development of new and amended roles, **10/22** • Increase supply via the apprenticeships route, **10/22** • Develop roles that cross organisational boundaries, health and social care **Oct 2022** • Continue implementation and effective use of e-rostering systems, **10/22** • Optimise medical workforce sessions aligned to patient outcomes **Oct 2022** • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams **Oct 2022** • Create a less bureaucratic Job Evaluation process, working within AFC parameters, **Oct 2022** Build capacity and capability in workforce planning and development, **Oct 2022**	• Quality of care improved • Meaningful strategic workforce planning enabled • Data and modelling will inform strategic decisions and performance • Increased capability, agility, efficiency and performance	• Levels of engagement • Workforce metrics – retention, vacancy rate, variable and non-contracted pay • Reduction in skills shortage • Improved efficiency in rostering • Successful roll out of health rostering • No. apprentices appointed and made substantive • Improved accessibility and use of workforce analytics

RESPONSE, RECOVERY AND REDESIGN

The COVID-19 pandemic has had a significant and wide-ranging impact on health services and we know that the full impact will not be known for some time. We are continuing to see rises in demand for services across primary and secondary care and as we move in to this new IMTP cycle our planning needs to be realistic, flexible and responsive to the evolving context. We are working hard to address the growing number of people who are waiting for assessment and treatment and this first section of our IMTP focuses on our COVID-19 Response and Recovery plans where we will outline the focus of our organisation over the short to medium term with particular reference to the forthcoming year.

This section is set within the context of the wider operational planning assumptions which we set out earlier in this plan.

Addressing the harms from COVID-19

The Welsh Government "Five Harms Arising from COVID-19" continues to provide a helpful framework from which to detail some of the important elements of work which are ongoing across the UHB, our approach is provided in Table X.

Mass Immunisation

It is of course well understood that one of the most remarkable and course-altering developments during the pandemic was the creation and delivery of COVID-19 vaccines. The roll out of the Mass Immunisation Programme across Cardiff and Vale was a true example of what can be achieved through focused and collaborative partnership working. The success of the programme is attributed to the efforts across partners in Health, Local Authority, Academia, our amazing volunteers and many more. Following the initial phases of the vaccination programme, where over 392,000 first doses and 367,000 second doses have been administered, our teams across primary and secondary care again stepped up during December to ensure all eligible adults were offered a booster vaccine before the end of 2021. Our programme has been delivered through a multi-disciplinary approach with patients receiving vaccines in Mass Vaccination Centres, Primary Care, Community Pharmacists, from Mobile Teams and more. Our booster campaign continues at pace with significant progress being made in the immunisation of eligible children (insert figures).

As we move into the next year, we know that there will be a requirement for a continued COVID-19 vaccination programme and we will focus delivery to JCVI / WG approved cohorts ensuring there is an evergreen offer and no one is left behind. We retain our expertise to be able to implement any future emergency response, mirroring the Omicron Booster programme, should this be required at moving forwards. We are using what we have learnt to develop our approach to immunisation more broadly to serve residents across Cardiff and Vale. Our vision is to effectively protect our local population against vaccine-preventable diseases through safe, innovative, timely, person-centred, and equitable immunisation delivery.

Harm 1: Direct Harm				
Covid-19 Operating Model Site Based Leadership across our two acute hospitals and our primary and community services. The introduction of our Operational Planning and Transformation (OPAT) Centre in UHW has revamped our approach by providing space and time for clinical, operational and corporate colleagues to work together on a daily basis to improve patient flow and service delivery. Modelling forms part of the daily OPAT rhythm, allowing for the escalation and de-escalation of services as necessary to meet the peaks of Covid-19 demand.	***Mass Immunisation Programme*** The roll out of the Mass Immunisation Programme from COVID-19-19 across the UHB is one of the most exceptional examples of planning, team work and mobilisation in our history. Following the success of the first and second phase, the booster programmed has now delivered over 282,000 boosters to date through a multi-disciplinary approach. As we move in to the next year we are prepared for a continued COVID-19-19 vaccination programme and retain our expertise to adapt the programme quickly as required.	**Test, Trace, Protect** Test, Trace and Protect (TPP) has played a key role in helping our population protect themselves and others. The cross-sector programme which includes regional oversight and close working between Local Authority and Health Board teams will continue in to the coming year. Contact tracers will continue to focus on high risk settings and be responsive to any emerging variants of concerns, as seen through the excellent work during the most recent Omicron wave.	**Treatments** Whilst vaccination and testing remain the greatest tools to combat the impact of the virus, since the start of the pandemic there have been a number of new treatments that have been trialled and are now becoming more common place. The UHB is delivering oral antiviral and monoclonal antibody treatments, especially for extremely vulnerable patients.	**Long Covid-19** The UHB established the specialised Covid-19 rehabilitation service in December 2020 to meet the ongoing needs of our patients diagnosed with Long Covid-19. Through support from Primary Care an MDT focused Rehabilitation and Community Care pathway has been established and plans for 2022-23 will be to continue to develop the multidisciplinary model of care required to meet the needs of patients with Long Covid-19.

Harm 2: Indirect Harm			
Essential Acute Services The UHB continues to provide all essential services and has done so throughout the pandemic. Urgent and emergency care, provided through our ambulatory and emergency departments, continues to experience significant pressure due to reduced hospital flow. Cancer and other urgent surgery continue to be delivered through the implementation of our Protected Elective Surgery Units (PESU)	**Essential Primary Care Services** All nine C&V Clusters have developed and implemented plans to maintain GMS services in times of staff shortages and increased Covid-19 demand (LINK now). Despite significant continued pressures, Cluster Plans outline how practices have business continuity arrangements in place to meet any future peaks in Covid-19 which place demands on primary care.	**Recovery Programme** Our recovery programme has been developed across five core service areas and is the main vehicle through which our post-Covid-19 recovery of services is monitored (LINK now). The UHB is committed to returning activity levels beyond those seen pre-Covid-19 although we know that additional activity will not be enough and we must transform our pathways and services in conjunction with our patients to fully recover.	**Long Term Conditions** The impact of the pandemic on long term conditions will be significant with the full scale not yet known. The UHB has enhanced Musculoskeletal, Optometry and Diabetes services in primary and secondary care to meet the increasing needs of these patients. Meeting the needs of patients with long term conditions forms part of the rehabilitation model (LINK when ready) which aligns with the Keeping Me Well Strategy (LINK when ready).

Harm 3: Arising from Population Health Measures		Harm 4: Economic Harm	Harm 5: From Exacerbating Inequalities in Society
Mental Health The impact of the pandemic has been acutely felt within our Mental Health services, with future peaks predicted as the next stage approaches. The establishment of Bereavement and Post-Covid-19 Support Groups is a prime example of the UHBs commitment to tackling the long-term impact of the pandemic. Work also continues with third sector organisations who have supported patients during Covid-19 and over the winter period in community settings.	**Education** Children and young people have often been reported as carrying the biggest burden through periods of enforced social isolation, particularly in relation to lost opportunities for education. Our teams are working closely with partners across education and local authority to support the recovery of services and ensure that any long term impact on children's physical and mental health is addressed in a holistic and joined up way. Further detail on our joint working in this area can be found here (LINK now)	To be confirmed – what support are giving to patients / communities in this regard? Is it appropriate to reference the support we are providing to staff with regard to those who are off sick with long Covid-19?	We know that many of the impacts of the pandemic have been felt most acutely by our communities who were already experiencing higher levels of inequalities. Further detail on the work which is ongoing to transform our population health, particularly with a focus on prevention, wellbeing improved patient outcomes, can be found here (LINK now).

Recovering Services

It's clear that the recovery and redesign challenge ahead remains on a scale never previously faced across the NHS. 2021-22 saw the establishment of our Recovery and Redesign Programme which has helped to deliver many of the important service changes you will read about within our IMTP. During this time, we have been working to roll out new ways of working and develop plans to increase capacity. The three core tenets of our approach to Recovery and Redesign remain being clinically-led, data-driven and risk orientated. Our programme is cognisant of both the scale of the challenge and the speed at which we must move to address it.

Table x Approach to Recovery and Redesign

Principles	Objectives	Methodology
1. Clinically-led 2. Data-driven 3. Risk-orientated	1. Improve access 2. Restore activity 3. Transform pathways 4. Minimise harm 5. Reduce waits	1. System-wide pathways 2. Primary Care focused 3. Partnership working 4. Regional collaboration 5. Programme management 6. Protected capacity

Our Recovery and Redesign Programme consists of five core areas:

- Primary and Community Care
- Mental Health
- Planned Care
- Unscheduled Care
- Diagnostics.

Of course, there is interaction and dependence between each of our programmes. The pressure we have, and continue to experience, in our Unscheduled Care services in particular has a profound impact on our ability to drive improvements and deliver change across all programmes. To meet this challenge, we are employing a joined-up programme management approach, working in conjunction with our Operational Planning and Transformation (OPAT) Centre and Site Based Leadership teams.

All services face challenges as we move in to 2022-23 due to the sustained and significant impact of the pandemic combined with underlying pre-pandemic demand and universal workforce shortages. Whilst all our services are all under stain, the scale of the challenge in each varies due to a multitude of factors. Annex xxx provide an overview of the current picture with regards to some of our Programmes and the associated performance levels.

The following sub sections of this *Respond, Recovery and redesign* section of this plan focus on each of these five programme areas and provides;

- Summary context followed by,
- An overview table on what our focus in this area is going to be, our timescales for delivery, the patient & system and how we will monitor progress

Further background information on each of these programmes will also be available in the appropriate annex that will be signposted to.

Primary, Community and Intermediate Care

Primary Care, alongside integrated community services and social care, is central to all of our plans and we understand the crucial role they deliver as the foundation of our services. Our ambition is to deliver community-based care built on a population wellbeing model that empowers individuals and focuses on providing services within the communities they serve. Our ability to achieve this is informed by our cluster based planning approach, details on the locally developed plans across our nine clusters can be found here in annex xxx.

For further background and context information regarding Primary, community and intermediate care please see annex xxx

For further context and background information regarding Primary, Community and Intermediate Care please see annex xxx

PRIMARY CARE – WHAT IS OUR FOCUS FOR 2022-23 (TO BE AGREED DURING FEBRUARY BASED ON FINANCIAL PICTURE)		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Development of Urgent Primary Care Centres (UPCC) and integration with CAV 24/7 **For 2022-23 we will:** • Embed UPCC in Cluster planning • Alignment with Locality / @ home approach • Increase the capacity and integration of UPCC for CAV 24/7 • Assess options for a Cardiff UPCC	• Provision of unscheduled care services closer to patients' home • Increased options for primary care – supporting GMS sustainability • Reduction of pressure for acute unscheduled care services	• GP referral volumes to UPCC • CAV 24/7 outcomes – incl. a reduction in % of patients referred to secondary care • Call volumes and waiting times in CAV 24/7 • Evaluation for options for the next UPCC
Delivery of NHS 111 system **For 2022-23 we will:** • Deliver the roll out of NHS 111 • Ensure seamless integration of call handling for CAV 24/7 as part of NHS 111 • Undertake a go-live review and evaluation	• Simplify the pathways that exist for patients, carers and professionals in navigating urgent and unscheduled care systems • Provide a uniform approach across Wales • Enables directing patients to correct service first time, reducing inappropriate referrals	• Post go-live evaluations of NHS 111 • Call volumes and referrals – linked to CAV 24/7 reporting • Patient Feedback
GMS and Primary Care Sustainability **For 2022-23 we will:** • Continue to expand our Mental Health and First Point of Contact Physio cluster-based services • Develop and expand new transition roles to as part of the Primary Care Academy Model	• Improve practice and contractor viability • Easier access to services for patients • Broader availability of workforce to support services and improve sustainability.	• Volume of MSK and Mental Health appointments offered across Cardiff and Vale • Number of requests for list closures and contract terminations • Number and range of new roles developed in primary care

Diabetes Services For 2022-23 we will: • Provide rapid access clinics through specialist nurses • Review and improve our pre-diabetes early intervention programme • Provide pro-active pathways for reversal of pre-diabetes	• Earlier diagnosis and treatment of pre-diabetes for patients • Improved population health and reduced demand for primary care services • Reduced referral for specialist secondary care treatments	
Mental Health Services **For 2022/23 we will:** • Ensure sufficient resources and plans are in place to deliver on Learning Disability Services modernisation • Ensure maximum use of Mental Health Cluster Based models • Improve access to mental health services for young people • **Develop dementia services**	• Easier access and reduced waiting times for mental health care • Develop community first models of care that reduce reliance on onward referrals • Improved working between primary care and mental health services	• Increase volumes of patients seen in primary care mental health services • Improved measured health and well-being outcomes ('Core 10) • Reduction of admissions into Mental Health acute services • Reviews of pathways between LD and GMS.
Cluster Development **For 2022/23 we will:** • Complete the roll out of our MDT Accelerate Cluster Model to two additional clusters	• Development of Cluster model and MDT working • Provide options for patients to remain at home and reduce reliance on admission	• Go live plan • GP referrals to secondary care
Long Term Conditions		

Our key delivery ambitions for Primary Care are:

Quarter 1

- Reduction in number of patients waiting for dental services (Q1)
- MSK
- Eye Care Measures
- Complete roll out of NHS 111

Quarter 2

- CAV 24/7 or OOH deliverable

Quarter 3

- Reduction of emergency admissions for over 65s (Q3)

Quarter 4

- Improvement in diabetes performance – 10% improvement on recommendation and 1% improvement on treatments (Q4)
- Smoking cessation / weight loss target
- Palliative care

DRAFT- to be finalised

Mental Health

The prominence of Mental Health in our Recovery and Redesign programme reflects our commitment to service development in this area as we continue to strive to ensure that we meet the aims of the All Wales "Together for Mental Health" strategy. Despite the challenges of the pandemic our teams have delivered new ways of working and as our performance begins to improve we are now increasingly focused on recovering our services with much of our thinking underpinned by multidisciplinary teams, peer informed planning and third sector collaboration.

The development of our Recovery and Wellbeing College is a prime example of our move towards delivering responsive services that are informed by the patient, carer and staff voice. Courses are co-produced by people with lived experience of mental health challenges and guided by the principles Hope, Control and Opportunity in everything we do. The Recovery College has been expanded to increase provision for courses that support our staff, targeting those who are experiencing stress and anxiety subsequent to the pandemic. Through the lifecycle of this IMTP we plan to progress this work further and align requirements with our capital developments in the community.

For further context and background information regarding Mental Health please see annex xxx

MENTAL HEALTH – WHAT IS OUR FOCUS FOR 2022-23 (TO BE AGREED DURING FEBRUARY BASED ON FINANCIAL PICTURE)		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Crisis Care **For 2022-2023 we will:** • Extend Sanctuary provision • Review and expand provision of services for Emergency Department • Continue to meet the recommendations of the crisis concordat	• Making sure that a mental health crisis is treated with the same urgency as a physical health emergency • Ensure dignified and respectful therapeutic interventions • Prevent future crises by making sure people are referred to appropriate services.	• Sanctuary provision • Volume of patients supported in ED • Qualitative evaluation of crisis services • Patient experience
Ease of Access **For 2022-2023 we will:** • Roll out NHS 111 (press 2) • Develop plans for single point of access	• Ensure people with mental health problems can get help 24 hours a day • Provide simplified approach for patients who need to access mental health support which is the same as physical health services • Better use of clinical time and provide patients with the right advice, first time	• Project management and go-live planning for NHS 111 (press 2) • Patient experience / feedback

Eating Disorders **For 2022-2023 we will:** • Align ED pathways from children into adult services • Implementing early, highly specialist intervention with intensive follow up through SHED	• Ensuring a joined-up pathway that supports transition for patients moved from CYP services into adult Improve outcomes with earlier intervention	• ED access times • ED outcomes
Children and Young People **For 2022-2023 we will:** • Develop our crisis teams to provide extend services • Provide additional capacity for Part 1a assessments • Continue our focus on eating disorders	• Holistic and joined up provision of emotional wellbeing and mental health services in <18s • Provision of age appropriate environments for those requiring admission	
Trauma Informed Care **For 2022-2023 we will:** • Align our planning across the UHB for people who have experienced prolonged trauma, single event or complex trauma, PTSD or ACEs (Adverse Childhood Experiences)	• Improves the holistic management of patients • Champions peer engaged and informed working • Provides better connection and working between different parts of the Health and Social Care system • Promotes multidisciplinary working	
Co-production and meaningful engagement **For 2022-23 we will:** • Develop our business case requirements • Roll out Open Dialogue train the trainer first courses • Model of service user and carer representation approach	• Move towards responsive services that are engaged and informed by the patient, carer and staff voice • Ensuring this ethos is embedded in our strategy and delivery at every level of mental health service • Improve planning and delivery of services of patients across Mental Health Engagement across health, local authority and third sector organisations	

Our key delivery ambitions for Mental Health are:

Quarter 1

Quarter 2

Quarter 3

Quarter 4

- NHS 111 (press 2)

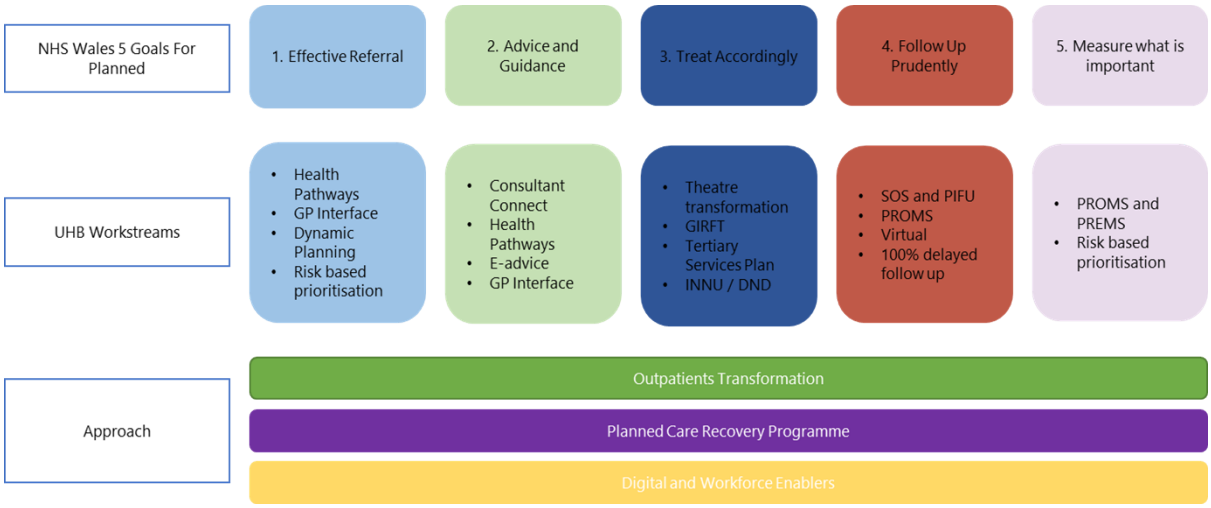
DRAFT- to be finalised

Planned Care

One of the most obvious and large scale non-direct harms from COVID-19-19 has been the rapid and extensive growth in waiting lists across the NHS. Whilst the UHB has worked hard to maintain essential services and minimise reductions in elective care, it is clear that the unprecedented period of lower activity will lead to a significant mismatch between demand and capacity for a prolonged period. It will therefore be necessary to make conscious, consistent and objective decisions about who should receive services, in a risk-orientated and equitable manner focusing on those most in need.

Our approach to Planned Care encompasses each of the five core goals of the NHS Planned Care Programme with an overall aim of delivering service transformation to modernise and streamline pathways to produce long-term solutions (Figure X). We know that pre-pandemic approaches to waiting time management had not consistently provided a sustainable answer with a reliance on short term solutions, such as waiting list initiatives, to meet targets. The scale of the challenge now necessitates that we must not wholesale return to our previous ways of working. Whilst there is an immediate requirement to restore and increase our core capacity, our ambition for planned care is to develop and transform pathways through integrated working between primary and secondary care. We recognise that on this journey we will need to be cognisant of the potential harms and waits faced by patients and take steps to minimise and communicate these.

Figure X: Alignment with 5 Goals for Planned Care (format to be updated in final version)



For further context and background information regarding planned care please see annex xxx

PLANNED CARE – WHAT IS OUR FOCUS FOR 2022-23 (TO BE AGREED DURING FEBRUARY BASED ON FINANCIAL PICTURE)		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Accelerate Regional Working **For 2022-23 we will:** • Centralise South East Wales Vascular services with UHW at the Hub • Progress the planning for regional ophthalmology services • Implement the regional ophthalmology EPR • Support the emerging proposals for regional orthopaedic services • Develop our plans for a regional HASU • Implement plans for a range of regional tertiary services (LINK now)	• Improvement in service delivery through economies of scale • Improved outcomes through specialist and skilled teams delivering services at scale • Future proof workforce models that promote exceptional training and development • Reduced duplication and clearer pathways for patients • Reduce inequalities across regional services	• Detail on monitoring and approach to regional services can be found here (LINK now).
Cancer **For 2022-23 we will:** • Focus on reducing waits for diagnostics and treatment to meet Single Cancer Pathway targets • Continue to roll out of pre-habilitation model to support patients • Assess options for improving our approach for diagnosis with an emphasis on rapid assessment • Acute Oncology Service	• Improve cancer outcomes through earlier diagnosis • Reduced burden of cancer to patients and families including economic and social impacts • Quicker access for primary care clinicians to cancer diagnostics • Improved patient experience	• Cancer performance monitoring • Single Cancer Pathway performance
Outpatient Transformation **For 2022-23 we will:** • Rapidly expand the use of SOS and PIFU pathways as part of a drive to follow up prudently • Validate and communicate with all patients waiting over 52 weeks • Eliminate 104 week waits for new appointments • Reduce the number of patients waiting over 52 weeks for new appointments • Deliver a continued increase in the volume of consultations undertaken virtually • Continue our transformation of referral pathways and guidance	• Stabilisation and reduction in patient waiting times • Development of alternative pathways which reduce demand for secondary care services • Empowerment of primary care through the expansion of Health Pathways • Released capacity for new appointments through a focus on follow up management • Increased convenience and decreased time burden for patients through virtual provision • Improved communication with patients and primary care	• Outpatients transformation steering group – local and national – will take responsibility for monitoring and reporting performance • Patient feedback and engagement with CHC • MDS / performance reports
High volume elective inpatients and day case **For 2022-23 we will:** • Develop our recovery plan for recovery orthopaedic, ophthalmology and other high-volume services impacted by Covid-19 • Provide communicative, support and alternative options for long waiting patients. Ensure PROMS is embedded in our approach	• Stabilisation and reduction in patient waiting times • Improved patient outcomes • Coordination between primary and secondary care to improve pathways. • Improvements in Quality of Life and reduced impact of delayed treatment • Improved theatre utilisation	TBC

Our key delivery ambitions for Planned Care are:

Quarter 1

- Undertake 100% of pre-Covid-19 levels of elective activity
- Validate all 52 weeks wait for outpatients
- Single Cancer Pathway (SCP) –improvement towards 75%

Quarter 2

- Eliminate 52 weeks wait for urgent outpatient
- Add an additional XX SOS / PIFU pathways per quarter
- Single Cancer Pathway – continued improvement towards 75%
- Undertake XX% of pre-Covid-19 levels of elective orthopaedic activity

Quarter 3

- Undertake 110% of pre-Covid-19 levels of elective activity
- SCP – improvement towards 75%

Quarter 4

- Eliminate 104 week waits for outpatients
- Reduce 52 week waits for outpatients to <XXX
- Undertake 120% of pre-Covid-19 levels of elective activity
- SCP – improvement towards 75%

• Undertake a theatre improvement approach to maximise bookings, improve scheduling and reduce variation in operating lists. • Continue to expand our cataract operating through use of our mobile ophthalmology theatres • Decrease LOS and increase outpatient capacity within elective orthopaedic services • Continued utilisation of alternative providers including the independent sector		

DRAFT- to be finalised

Unscheduled Care

Without a functioning unscheduled care system there are significant limitations on our ability to deliver many of the ambitions laid out across our IMTP. The recent pressures seen across Health and Social Care are perhaps most starkly illustrated within unscheduled areas including our emergency departments and inpatient wards. For this reason, the Unscheduled Care Recovery and Redesign Programme is central to the UHB's plans and figure X shows how we have developed our programme to ensure each of the Six Goals for Urgent and Emergency Care have significant focus moving forwards.

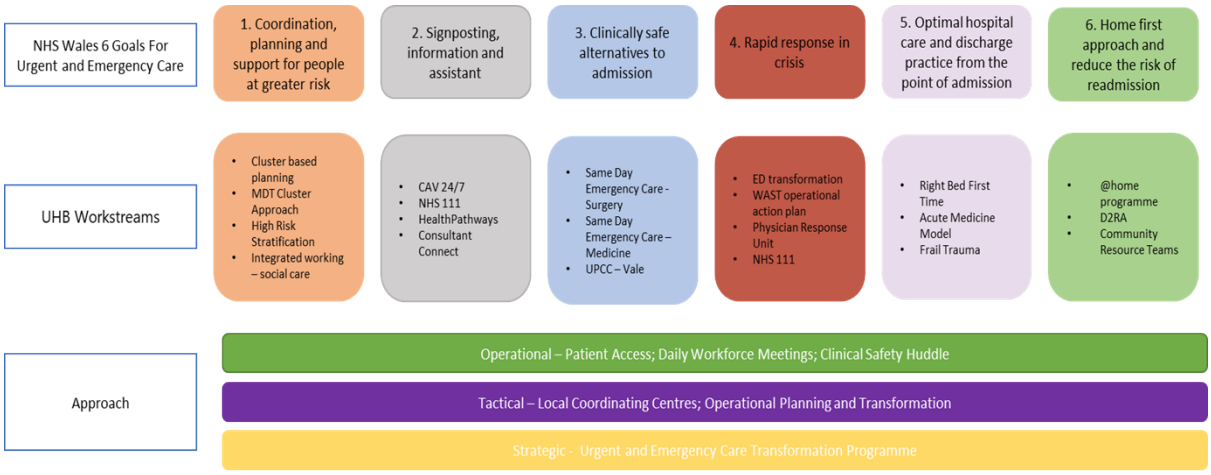
We recognise that WAST are currently struggling to meet their response targets and are experiencing extreme handover delays at many Emergency Departments across Wales. Demand has increased so significantly and current services are being sustained largely only via military support. This creates significant risk.

This is not a risk for WAST to manage, this is a risk for our whole system to manage and address.

We know WAST have identified a requirement for 333 additional staff and we continue to work closely with WAST and the National Collaborative Commissioning Unit (NCCU) to fully understand this ask of commissioners and the degree to which internal efficiency could further address this requirement.

System wide and regional working are of course at the core of the Unscheduled Care Programme and at a system level we will continue to work with all partners to develop plans to improve unscheduled care pathways and patient experience.

Figure X: Alignment with 6 Goals for Urgent and Emergency Care (format to be updated in final version)



For further context and background information regarding unscheduled care please see annex xxx

DRAFT- to be finalised

UNSCHEDULED CARE – WHAT IS OUR FOCUS FOR 2022-23 (TO BE AGREED DURING FEBRUARY BASED ON FINANCIAL PICTURE)		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Same Day Emergency Care **For 2022-23 we will:** • Deliver a dedicated Surgical Same Day Emergency Care Unit at UHW • Expand the provision of MEACU to weekends and increase services during the evening • Develop our programme structure to achieve the national SDEC objectives	• Reduced admissions to hospital • Fit for purchase environment that ensures patients can be assessed and treated without the need for admission • Reduce pressure on primary care for provision of alternative pathways • Integrated working with partners to focus on admission avoidance	• Overall monitoring will be undertaken within the Urgent and Emergency Care Transformation Programme • % of patients going through SDEC • GP admissions >65s
MDT Cluster Model **For 2022-23 we will:** • Roll out the cluster MDT model in two more localities	• Integrated planning and support for high risk patients • Discharge support and advice to prevent re-admission • Care closer to home	• Number of clusters with MDT model in place • GP admissions in >65s
Emergency Department Transformation **For 2022-23 we will:** • Deliver our Rapid Assessment Treatment Zone (RATZ) • Consider proposals for an Acute Medicine Unit • Develop First Point of Contact model and improve approach to streaming • Build on speciality level working – paeds, gynae, ENT, surgery	• Improve access and reduce pressure within our emergency department • Re-define physical estate to meet the ongoing needs of the patients and the department • Provide senior decision makers earlier in the patient pathway • Reduce ambulance handover delays to decrease community risk	•
Right Bed First Time **For 2022-23 we will:** • Develop of systematic approach to improve patient flow through cross boundary working within our inpatient services	• Reduced length of stay for patients – focus on getting decisions right at start of pathway to expedite recovery and discharge • Improved flow to support front door	
Focus on Trauma **For 2022-23 we will:** • Fully implement the first phase of our frail trauma model • Continue to support and meet the demand of Major Trauma services, assess options for 2nd phase expansion • Define long term requirement for trauma model post pandemic across UHL and UHW	• Promote therapy led care with a focus on rehabilitation and early discharge planning • Quicker access to operating theatres to improve patient outcomes • Improve equity of services across the week • Balance the competing needs of trauma and elective capacity in orthopaedics • Ensure provision of an exceptional regional MTC	• Trauma Audit and Research Network • Time to theatre (#NOF) • Length of stay
Stroke **For 2022-23 we will:**	•	•

Our key delivery ambitions for Unscheduled Care are:

Quarter 1

- Reduce 12 hour waits to XXX
- Reduce 21 day length of stay to XXX
- Increase SDEC to XXX.
- Reduce ambulance handover delays

Quarter 2

- Reduce 12 hour waits to XXX

Quarter 3

- Reduce 12 hour waits to XXX

Quarter 4

- Eliminate 12 hour wait

Diagnostics

Diagnostics retains a key place at the centre of many of the UHB's Recovery and Redesign Programmes and its importance is further reiterated through a dedicated portfolio of work which aims to make timely access to diagnostics and imaging a key component to our integrated pathways.

Our aim is to reduce the volume and length of waits for our patients with a focus on achieving the 8-week waiting time for all modalities. Currently this is particularly challenged in areas such as Ultrasound and Echo Cardiogram where referrals have grown significantly despite activity exceeding pre-pandemic levels. Additional capacity is being providing using traditional methods such as waiting list activities and use of the additional capacity however we know that in order to revolutionise and expedite our imaging capabilities we must maximise community-based options which can provide straight to test capacity for our primary care teams. We are committed to working with local, regional and Welsh Government colleagues to explore these and implement these models.

Another exciting development that we are engaging on during the coming period will be the move to a new Laboratory System through the Laboratory Information Network Cymru (LINC) Programme. The first phase of this IMTP cycle will see us design and test in collaboration with laboratory colleagues across Wales with the aim of combining various systems into one comprehensive, fit for purpose solution, ensuring continuity and consistency of all pathology laboratory services.

Timely access to endoscopy procedures and surveillance is a priority for the UHB not least because of the essential provision they provide in investigating suspected cancers, providing follow-up to those with prior diagnosis and delivering interventional treatment. When this is combined with the important role endoscopy plays for serious non-cancerous conditions, such as inflammatory bowel disease, it is clear why the UHB has, and will continue, to focus so much time and effort on developing these services. In the short term the provision of a Mobile Endoscopy Unit, procured in conjunction with colleagues in Cwm Taf Morgannwg Health Board, will provide opportunity for increased capacity and will allow us to focus on reducing waiting times for this modality. Planned to open in April 2022, once fully operational we expect XXX patients per month to benefit.

In the longer term, and through close working with the National Endoscopy Programme, we are delighted to be developing two additional permanent theatres that, along with the associated additional workforce, will help us provide sustainability and reduce our reliance on both internal and external additional capacity. Our journey to JAG accreditation continues at pace and forms a core part of our diagnostic strategy.

DIAGNOSTICS – WHAT IS OUR FOCUS FOR 2022-23 (TO BE AGREED DURING FEBRUARY BASED ON FINANCIAL PICTURE)		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Endoscopy **For 2022-23 we will:** • Deliver our mobile endoscopy unit on the UHL site • Progress our plans for two additional endoscopy theatres • Engage on the developing regional solutions and models work and implement any recommendations • Prepare for JAG accreditation • Maintain focus on pathway redesign, including FIT and Colon Capsule endoscopy (subject to funding) Evaluate the Trans nasal pilot (TNE)	• Reduced time to diagnosis for cancer and non-cancer patients • Improved patient outcomes through earlier diagnosis • TNE service can be provided in a clinic room, thus releasing theatre capacity and an improved patient experience	• Tracking of endoscopy productivity, efficiency and activity • JAG accreditation and use pre-assessments • Reporting into NEP in line with agreed arrangement which will support benchmarking
Community Diagnostics Hubs **For 2022-23 we will:** • Develop our ambition for a Community Diagnostics Hub, working with the National Imaging Board to test model and secure support to proceed	• Provide straight to test access for primary care • Release capacity for cancer diagnostics • Reduce outpatient demand in secondary care • Provide care closer to home for patients	• TBC
Imaging Capacity and Performance **For 2022-23 we will:** • Eliminate 8 week waits across MR and CT • Reduce 8-week delays in Echo and Ultrasound • Focus on delivering straight to test approach	• Quicker diagnosis on cancer and non-cancer pathways • Reduced waiting lists	• % of activity compared to pre-Covid-19 • Waiting times • Cancer performance
Laboratory Information Network Cymru (LINC) Programme **For 2022-23 we will:** • Work with the program to design and test the proposed programme	• Improved reporting of results • Reduction of repeat tests • Uniformity across Wales leading to better communication and patient management • improved clinical safety through electronic test requesting	• Through LINC Programme

Our key delivery ambitions for Diagnostics are:

Quarter 1

- Eliminate 8 week waits for all modalities excl. US and echo.
- Endoscopy activity to exceed 125% of pre-Covid-19 levels

Quarter 2

- Endoscopy target

Quarter 3

- Eliminate 8 weeks waits for XXX

Quarter 4

-

DRAFT- to be finalised

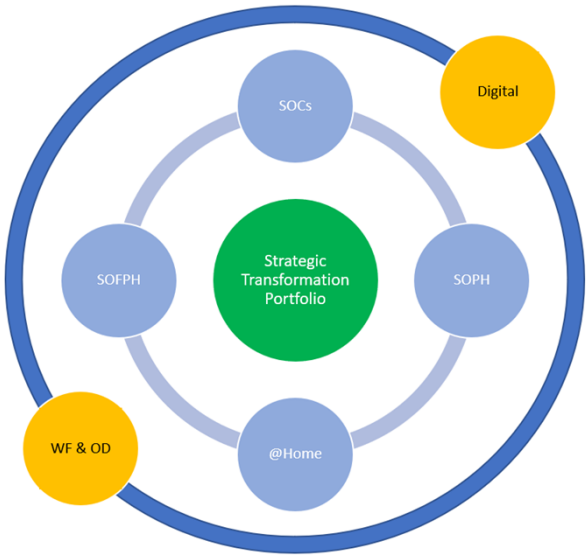
UNDER DEVELOPMENT

STRATEGIC TRANSFORMATION

We are part of a highly complex health and social care system and as such, as we move forward on our transformation agenda we must recognise that we are just one part of the solution to the challenges and opportunities which the system faces. This is the guiding principle for the strategic transformation agenda described in this plan.

Simplistically strategic transformation in the UHB continues to be driven through four change programmes which collectively form the strategic transformation portfolio.

- @Home
- Shaping our Future Clinical Services (SOCs)
- Shaping our Future Hospitals (SOFH)
- Shaping our Future Population Health (SOFPH)



It remains vital however to recognise that these programmes are different pieces of the same jigsaw. None are linear programmes of work which exist in isolation of one another. They require co-ordination and close working- the success of one is dependent on the ongoing success of another if the wider ambitions of the UHB strategy are to be realised. Equally many of these programmes coexist with existing collaborations with partner local authorities, our regional partnership board and partner health organisations.

The @Home programme in particular is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care. The programme sits within the Ageing Well Partnership structure, although we know that the populations impacted by this programme will include all age groups eventually, our initial focus is how we support the care and support needs of older people in particular through this model.

It is for this reason we have resisted the temptation to develop sub-sections for each of our programmes. This would be disingenuous to the complex outcomes which we are looking to realise. Instead, within annex xxx we look to articulate the key themes of; transformed partnership working, transformed clinical services, transformed building infrastructure and transformed population health and wellbeing.

In the table below we have drawn out our key ambitions and priorities across these areas.

In addition, specific programme level documentation can be requested should a granularity of detail and/or assurance be needed on any of the specific programmes.

@Home – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
Progress key Primary Care infrastructure projects	**22/23 Qtr4** • Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)	• Increasing time for people to live their lives • Improved environment that enables people's choices • Increased living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced length of stay in hospital • Reduced number of hospital outpatient appointments
Intermediate Care	**22/23 Qtr4>** • Development of a 24/7 crisis response service • Alignment of services and development of a 'rightsized' IC service provision	• Improved living well in their own home and community • Reduced wasted system resource	• Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model	• Reduced wasted system resource • More empowered workforce	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Right staffing levels
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters	• Reduced wasted system resource • Improved living well in their own home and community • More empowered workforce	• Reduced numbers of repeat GP appointments • Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care

Single Point of Access	**22/23 Qtr 4** • Development of both the Cardiff and VoG provision for accessing community services	• People get a safe response when in urgent need • Reduced wasted system resource • Improved living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced numbers of unplanned admissions
Shaping our Future Population Health - *A Summary*			
Vaccination and immunisation	**23/24 Qtr 1** • New Governance structures for future immunisation service model in place • A sustainable Phase 4 Covid-19 Booster Delivery plan with associated estate requirement developed • Newly formed Immunisation Coordinator team supporting locality-based working **23/24 Qtr 2** • Deliver our future service immunisation service model: • Stakeholder Experience Review completed and actions developed • Workforce plan developed • Data and digital coordination work commenced • Work programme developed to improve childhood immunisation uptake and delivery commenced **23/24 Qtr 3**: Flu campaign launched across priority groups with co-delivery with Covid-19 vaccination where possible **23/24 Qtr 4**: Increases in immunisation uptake across age and ethnic minority populations	• Maximising uptake of vaccination to protect our local population against vaccine-preventable diseases • Reduction in incidence and prevalence of vaccine-preventable diseases • Equitable uptake of vaccination across communities • Safe, timely and accessible delivery of vaccinations	• Population vaccination levels
Systematically tackle inequalities	**23/24 Qtr 1** • Begin delivery of the approach to bowel screening promotion agreed with Ethnic Minority Subgroup. • Building on DPH Report (2020) recommendations, priorities for amplifying prevention with partner organisations agreed, along with actions and timelines for delivery • Begin work to define impact of Covid 19 on patterns of alcohol consumption in the population and impact on health services, to better understand the local situation	• Reduction in health inequalities • Admission avoidance • Decreased LOS	

	• Develop a social prescribing model to support the wellbeing of young people engaged with the Youth Offending Service • Completed PSB and RPB needs assessments signed off • Suicide and Self Harm Strategy – Ongoing monitoring of frequently used sites, and intervention where required **By 23/24 Qtr 2** • Agree and deliver an approach to enhancing promotion of Childhood Immunisation with Ethnic Minority Subgroup • Partnership approach to addressing inequity and embedding prevention agreed • Partnership inequity indicators agreed • Complete work to define impact of Covid 19 on patterns of alcohol consumption in the C&V population and identify action to respond to the findings • Engage with young people in the Youth Offending Service to map interests to form part of social prescribing model **By 23/24 Qtr 3** • Evidence of progress against Engagement Coordinator milestones • Evidence of delivery of agreed partnership action to amplify • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours **By 23/24 Qtr 4** • Engagement Coordinator milestones delivered with evidence of improved outcomes • Evidence of completed delivery of agreed partnership action to amplify prevention • Monitoring of agreed indicators in place • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours • Evidence of successful implementation of social prescribing model within Youth Offending Service • Complete rollout and embed support for trauma informed, and safety and stabilisation training and practice across all substance misuse services in C&V • Complete a review of pathways and capacity to facilitate identification , treatment, and onward referral of people who are		

	injecting substances and are accessing inpatient and emergency unit services. • Suicide and Self Harm Strategy, by Q4: • Implement 111 press 2 for mental health crisis • National Training Framework to deliver best practice in primary care, and compassionate support in Eme		
Healthy weight: Move More, Eat Well	**23/24 Qtr 1** • Implementation plan to improve food and physical activity offer in school settings commenced (June 22) • Action against the roadmap for healthy workplace principles taken forward by PSB organisations (June 22) • Food Vale Sustainable Food Places Bronze Award achieved (June 22) • Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced (June 22) • Cardiff Physical Activity and Sport Strategy (2022-2027) launched and monitoring framework established (June 22) • Edible Cardiff to host second annual festival of food growing (June 22) • Facilitate a healthier food advertising event for local partners to identify key actions to restrict junk food advertising (June 22) **23/24 Qtr 2** • Action to restrict junk food advertising across Cardiff and Vale progressed (Sept 22) • Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People) (Sept 22) • At least 40 schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun) (Sept 22) • Veg Advocates in Cardiff running own projects to increase veg consumption (Sept 22) **23/24 Qtr 3** • Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22) • Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22) • Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)	Through system level change, people that live and work in Cardiff and Vale are supported and enabled to move more and eat well positively impacting on their food choices, physical activity levels and ability to achieve a healthy weight.	• % of adults who are a healthy weight • % of 4/5 year olds who are a healthy weight • % of adults that report eating 5 portions of fruit and vegetables a day • % of adults that report being physical active for at least 150 minutes a week

	23/24 Qtr 4 • Funding secured for at least next two years of Food Cardiff's Good Food strategy delivery (Mar 23) • 200 new HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (Mar 23) • Evaluation of year 1 Cardiff Physical Activity and Sport Strategy undertaken and actions for year 2 developed and agreed by partners (Mar 23)		
Sustainable and healthy environment	**23/24 Qtr 1** • Publication of Level 2 Charter (delayed from 21/22 due to Covid) • Restart regular liaison with Cardiff and Vale LA transport teams (delayed from 21/22 due to Covid), to provide health lens on transport developments, and link with wider public sector • Updated healthy travel comms toolkit published • Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites **23/24 Qtr 2** • Completion of Cardiff Healthy Travel Charter commitments, with celebration event • Confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations, including UHB) • Updated healthy travel implementation toolkit published • Successful second Healthy Travel Wales day run • Engagement in consultation on Integrated Sustainability Appraisal as part of Cardiff and Vale RLDP process **23/24 Qtr 3** • Completion of Vale Healthy Travel Charter commitments • Respond to consultation on Preferred Strategy for Cardiff RLDP • Respond to consultation on strategic growth options for Vale RLDP **23/24 Qtr 4:** Launch of Higher Education Healthy Travel Charter	• Improved physical health (diabetes, obesity, cardiovascular, trauma) • Improved mental health/wellbeing (dementia, loneliness, social isolation)	• Cleaner air (↓ NO2) • Reduced carbon emissions • Reduced health inequalities
King's Fund recommended programmes	**23/24 Qtr 1** • Support King's Fund to complete local stakeholder engagement (delayed from 21/22 due to Covid) • Receive King's Fund report and consider implications for local implementation (June 22)	• Improved population health outcomes • Improved equity of access • Reduced demand	

	• Develop initial stages of a population segmentation and population health management approach with clusters in Cardiff and Vale (number of clusters to be agreed); and further milestones to be developed **23/24 Qtr 2:** Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them (July 2022) **23/24 Qtr 3&4:** Delivery of actions identified by King's Fund Report		
Shaping our Future Clinical Services - *A Summary*			
Developed service lines - Bringing policy, best practice, research, data & information, innovation and subject matter experts together	**By 23/24 Qtr 2** • Undertaken 14 service lines and testing of high-level pathways with learning and review points built into the programme plan.		• Development of service lines initially monitored via strategic transformation portfolio against agreed timelines.
Shaping our Future Hospitals - *A Summary*			
Feasibility study of an academic health science hub	**By 22/23 Qtr 4** Development of science, industry, investor, developer and governance cases to establish the feasibility and scope of how academic health sciences can contribute to patient outcomes and the S Wales economy. **Subject to funding.**	• Early indication of whether and how C&V can positively contribute to academia and industry to the benefit of our population.	Development of a feasibility study offering a go/no-go recommendation for a programme of work to develop a vision.
Progression of the SOPH business case	**By 23/24 Qtr 3** Developed a Strategic outline business case (SOC) for SOFH.	Indications of: • Improved clinical outcomes • Improved health of the population • Improved patient experience • Improved NHS productivity • Increased staff wellbeing and satisfaction • Wider societal benefits • Improved sustainability (see PBC for full benefits articulation)	Development of a high quality business case that meets a pre-agreed specification with Welsh Government colleagues.

Wider System Transformation

Research and Development

In the summer of 2021 we launched the Joint Research Office with Cardiff University which is being taken forward under the leadership of a single joint clinical director. Together we will increase the scale – both numbers of patients participating, and the range of research that we are able to facilitate. This will see us attracting more commercial partners and increasing our participation in national and international studies, as we have done during the pandemic, to assist with the advancement of knowledge, which then advances health care and health outcomes. Our aspiration is that every patient that could benefit from involvement in research is afforded the opportunity to do so.

Our Clinical Innovation Partnership continues to go from strength to strength under the leadership of our Associate Medical Director for Clinical Innovation. The results of the MDT approach we pioneered in 2019 has seen a number of clinicians supported to translate their ideas into new products or approaches. Our AMD for clinical innovation has been instrumental in developing the All-Wales approach to expanding robotic surgery in Wales, keeping us at the forefront of novel and developing technologies. We will proceed as an early adopter of the Partnership arrangement during 2022/23.

Innovation

Establishing the right mindset, culture and operational support processes around innovation is crucial to enabling the identification, development and implementation of novel, impactful and innovative solutions within any organisation. Consequently, in 2021, a new team was established within CAVUHB with a remit to act as the single-point of access that can provide bespoke advice and guidance on the steps and process to progress ideas and innovations for both internal and external individuals, groups and organisations. This was complemented by the creation of the Dragon's Heart Institute as a place to bring together several CAVUHB initiatives in the areas of innovation, improvement, implementation and leadership development with a new contact portal regarding innovation opportunities. In 2021, the team was successful in securing over £1m funding support. For example, from Welsh Government and the Cardiff Capital region to help establish resources that will enable the co-production of innovative solutions with industry, to real-world healthcare-based challenges in community and hospital settings, through simulated, 'virtual reality' immersive environments and as well the specific area of endoscopy services and that will be delivered in 2022/23. In 2022 and beyond, CAVUHB will continue to identify and bid for significant additional funding to support and enhance prioritised initiatives. CAVUHB has also built momentum behind sustainable and green health initiatives , as exemplified by significant contributions to the Green Health Wales network and the establishment of the Sferic Scholars programme – a ground-breaking initiative in creating a Sustainability Fellowship for Engagement, Research, Innovation and Coordination.

You can find out more about our Dragons Heart Institute and the All Wales Intensive Learning Academy and the Sferic Scholars programme in annex xxx

Based upon feedback from both CAVUHB colleagues and external stakeholders, in 2022, the innovation team will build off the success of the extant innovation Multidisciplinary Team (iMDT) and work to develop a simple, clear and transparent process and flow to assess, prioritise and manage prioritise ideas from concept to early-stage implementation, pulling in best practice internationally, and that will be further refined in subsequent years to meet specific CAVUHB needs. Around this, additional support will be made available to address the complexity of delivering innovative projects within a Health Board context. For example, to help guide on options to facilitate and manage

activities, secure necessary delivery resources and create collaborative interactions to maximise the potential for success. Additionally, training and education on innovation approaches and associated management tools will be offered to create a cadre of engaged and activated innovating individuals and teams within the health board. This will build off the success of the pioneering Clinical Innovation Fellows who have already demonstrated value to identify opportunity and develop solutions in 2021; an initiative that will be maintained in future years.

Increasingly, in order for innovative solutions to be identified, adopted and deployed within CAVUHB it will be necessary to work with external organisations, be these other NHS organisations, HEIs, industry or the public and third sector – reaching across organisations and borders. The CAVUHB Innovation Team will adopt boundaryless behaviours to grow and strengthen existing collaborations and partnerships, such as with sister NHS Wales organisations, Welsh and UK Government offices, the Regional Partnership Board, Bevan Commission, Life Sciences Hub Wales and Cardiff University. However, there will be an increased focus on creating a stronger partnership network with other Welsh and international Higher Education Institutes, commercial organisations and representing membership organisations, the third sector, UK and international innovation funding bodies and councils, e.g. UK Research and Innovation, in order to expedite effective delivery of innovative solutions at a local, regional, supra-regional, national and international level. New ways of working will be explored, including that of organisational porosity and encouragement of two-way rotations, secondments and sabbaticals within and outside of the health board. In addition, new and major activities and partnerships will increasingly contribute more to the substantial civic role that CAVUHB has in the Cardiff and Vale region.

All of the above will be supported through an effective communications strategy that will be used to both promote knowledge mobilisation and celebrate outputs, successes and impacts and facilitate the identification and establishment of new networks.

Genomics

The All Wales Medical Genomics Service (AWMGS) has continued to build on its strengths and the benefits arising from being a key partner in Genomics Partnership Wales. They have had a number of further high-profile successes this year including the roll out of a 500 gene cancer panel by the All Wales Genomics Laboratory Service (AWGL). The CYSGODI 500 gene cancer panel service has deployed the most extensive use of this novel technology in the UK. A number of AWMGS individuals and services have received awards including the prestigious AHA UK national award for innovation in healthcare science.

Our Genomics agenda for the life of this remains highly ambitious:

- The increased adoption of liquid biopsy (circulating tumour DNA) testing for early detection or relapse of a wide range of cancers.
- In expansion of newly developed services, the AWGL will be increase the utilisation of Whole Genome Sequencing for Rare Disease, and increase the number of pharmacogenetics targets tested across wider areas of healthcare, greatly reducing the number of avoidable adverse drug reactions.
- The AWGL will develop a diagnostic pathway towards cancer genome profiling at diagnosis for NHS patients in Wales and continue to develop even more extensive innovative sequencing technologies to maximise identification of targeted molecular advanced therapies (tumour agnostic therapies, immunotherapies, personalised gene therapies etc.)
- The AWMGS is also exploring opportunities for an expanded new born screening services with Public Health Wales.

- Building on existing strengths in extending antenatal care testing (e.g. Non-Invasive Prenatal Testing (NIPT)) the AWMGS will develop a foetal anomaly whole exome sequencing (FAGP) service.
- AWMGS are developing both a clinical service for neuropsychiatric genetics in collaboration with Psychiatric Medicine, as well as piloting diagnostic testing for this group of patients.
- The AWMGS will develop disease prevention programmes based on polygenic risk scores where it is appropriate for clinical care and which will provide a measure of disease risk due to an individual's genetic make up
- The AWMGS will optimise data science approaches to analysis and interpretation of complex genomic data through the use of machine learning and artificial intelligence to aid diagnosis, monitoring and management of genetic conditions
- The AWMGS continue to develop and invest in their RD&I strategy and will develop long read sequencing capability with an ambition to be an early adopter of this technology as a clinical diagnostic tool. They will also explore the use of transcriptomics and metabolomics in clinical practice.
- The AWMGS is actively developing plans to occupy their new shared Estates with the Pathogen Genomics Unit (PenGU) and the Wales Gene Park and will also develop plans with BCU to improve North Wales estates.
- The AWMGS is committed to the development of a precision medicine node in partnership with the ARCH programme in South West Wales
- The Clinical Genetics service is introducing several initiatives to improve the patient outcomes and experience, including reducing waiting times and increased adoption of technology e.g. virtual appointments where appropriate, and electronic family history questionnaires, as well as increased service user engagement.
- The AWMGS in partnership with DHCW will develop an electronic patient record (ePR) which integrates with national patient record architecture (i.e. Welsh Clinical Portal) to facilitate end to end digital patient management, record keeping, seamless clinical information sharing, audit and research. The AWMGS will develop a robust digital data storage strategy which optimises the potential of the 'cloud' and other novel and emergent digital technologies
- The AWMGS is committed to the digitisation of all appropriate patient records
- The AWMGS will continue to strengthen our bioinformatics capacity and capability for the transition of raw genomic data into healthcare benefit and commercial opportunities.
- The AWMGS service will continue to develop comprehensive mainstreaming strategies to support non-genetics specialist to embed genomics more fully into patient pathways in other specialities e.g. cardiology, oncology, neurology, paediatrics, pharmacy, psychiatry, diabetes, respiratory
- The AWMGS will reduce diagnostic turnaround times and will explore options for better aligning existing working patterns to diagnostic processes including extended and 7 day working patterns to ensure equitable service provision to all patients and service users across Wales.

Please also see the Purposeful Partnerships section of this plan here which remains closely aligned to this wider transformation piece.

BRIDGING THE GAP BETWEEN RECOVERY AND TRANSFORMATION

How we will ensure the changes we are making today and over the next 1-2 years (align and compliment the work which will affect the changes in 2-3+ years will be highly contingent on a range of enabling activities not only across our Digital but also how we respond to the climate emergency, how work effectively with our wider partners and how we ensure our financial planning is based on value-based health care principles.

The following sub-sections of this plan outline how these enabling activities are *bridging the gap* between recovery / redesign and strategic transformation.

3.1 Our Finance plan

Under development

3.2 Digital Transformation

What Digital needs to do

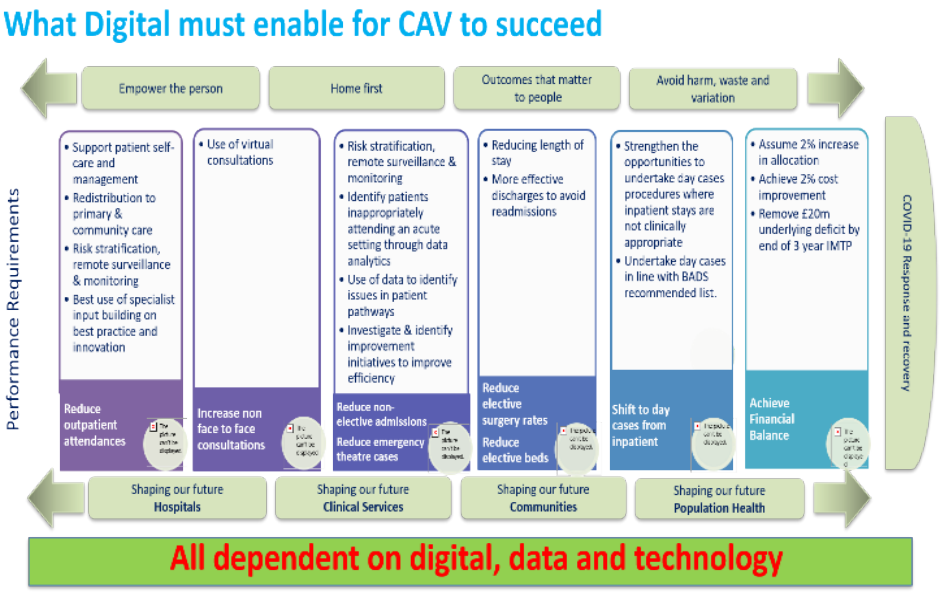
Shaping our Future Wellbeing strategy is dependent upon digital, data and technology to deliver the needs and wants of its communities and the people of Wales.

We have two aims for digital in this plan – delivering **digital capability** and building **digital maturity**.

Recognising the criticality of digital as an enabler for the UHB to meet its aspirations, our Board approved a Digital Strategy for the organisation in September 2020.

The strategy is found:

https://cavuhb.nhs.wales/files/publications/cardiff-and-vale-uhb-digital-strategy/

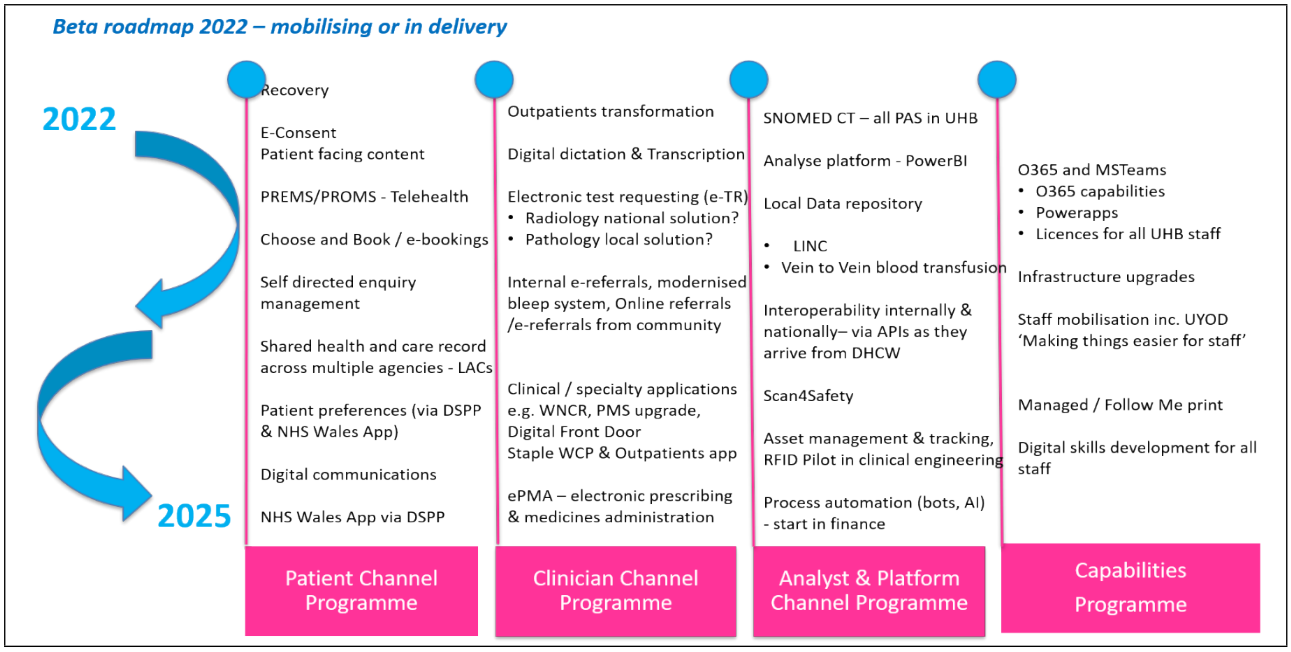


The importance of sharing data with our partners, particularly in relation to social care, has already been highlighted and we will continue to work with partners to further integrate our digital strategies to enable staff from across organisations to have access, safely, to the right information needed to support integrated service delivery. A recent example of this is the Looked After Children shared care record we have recently developed in our Local Data Repository in partnership with Cardiff and The Vale Local Authorities.

As a primary, community, secondary and as the tertiary centre for Wales, CAV must have modern digital capabilities so that patients, clinicians and colleagues have the right information available to them in any setting at any time.
From the bedside to a patients home to the device in your pocket.

We are part way through delivering against a high-level roadmap designed to lay the foundations for creating the Learning Health and Care System to which we aspire in the Digital Strategy. This roadmap continues to evolve in response to national and local requirements for responses to our patients and citizens. The roadmap is dynamically refreshed to reflect changes in priorities as the UHB switches gears.

Its initial emphasis is to deliver **capability.**



The Digital and Health Intelligence team is integral to the UHBs ability to respond to the pandemic. Despite the inevitable shift in priorities, progress is being made in delivering on our digital strategy albeit not at the pace we would have liked. Even with these exceptional demands we are now well positioned to accelerate our digital agenda. Taking a strengths-based approach, in 2022 we are very focussed on the mobilisation and / or delivery of the capabilities described in the roadmap and moving to an emphasis on developing digital **maturity.**

Digital maturity will accelerate by way of hybrid EPR functionality. Taking a strengths-based approach, we have undertaken solutions architecture work and conducted some soft market testing in support of this. A business case will be produced in 2022 as we look to secure funding.

Next steps

We know that our resource baseline needs an uplift- c£2.4m will secure our ability to deliver many of our digital capabilities in the roadmap efficiently, effectively and at the pace we need in order to support achieving our ambitions. Interoperability locally as well as nationally is also a key determinant of how successful we can be in achieving our aspirations. The digital maturity business case will add to this cost though the benefits of both just in time saved to care are extremely high.

We know that this scale of investment is challenging, and a phased approach will likely be the only pragmatic approach. In light of this we have outlined a series of digital activities / milestones / timescales for the life of this plan. This is shown in the summary milestones section below, colour coded to reflect that we must explore how to fund implementation.

DRAFT- to be finalised

FUNDED & PRIORITY 1
UNFUNDED PRIORITY 1- *Solutions continue to be sought at time of plan submission*
UNFUNDED PRIORITY 2- *Solutions continue to be sought at time of plan submission*
OUTSIDE OF CAV CONTROL

In Summary: Our Digital milestones

Digital and HI – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
Electronic patient record	**22-23 Qtr 1** • Refresh solution architecture work • Soft market testing		
UHW2	TBD		
Digital front door	**22-23 Qtr 1** • Virtual ward / home location in EAMD • Medicine and surgery WCWS functionality ported across to EUWS **22-23 Qtr 2** • eneration upgrade, • overhaul of UI, • ergonomics and availability • Se whiteboards further developed for internal referrals from Front • Door to internal specialties **22-23 Qtr 3**: NOMED CT work scoped and planned		
E-consent	**22-23 Qtr 1**: Decision on piloting E-consent **22-23 Qtr 2**: 1st areas go live (If approved) **22-23 Qtr 3**: Pilot evaluation **22-23 Qtr 4**: Decision on next steps		
Patient facing content	**22-23 Qtr 1:** Patient facing content published for targeted areas - c130 leaflets **22-23 Qtr 2:** EIDO leaflets published as patient facing content - subject to permissions **22-23 Qtr 3:** Service areas develop for themselves on an ongoing basis		

Digital communications – choose and book	**22-23 Qtr 1:** Digital comms ITT specification finalised inc. hybrid mail, patient portal, digital post, choose & book for patients **22-23 Qtr 2:** Procurement & contract award **22-23 Qtr 3:** Mobilisation & integrations **22-23 Qtr 4**: Implementation starts **23-24 Qtr 1:** Capabilities in delivery, benefits realisation tracking		
DSPP	**22-23 Qtr 1:** NHS Wales App (from DSPP) **22-23 Qtr 2>:** Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc		
PROMs	**22-23 Qtr 1:** PROMs platform & integrations and 1st service areas live **22-23 Qtr 2:** Implementation through clinical areas continues**22-23 Qtr 3 – 23-24 Qtr 1:** Estimated alignment with national PROMs ViH programme and target architecture		
Shared health and care records	**22-23 Qtr 1**: Next Use Cases agreed for 22/23; Continued build out of LDR; Evaluation of LACS LDR pilot **22-23 Qtr 2:** Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries **22-23 Qtr 3:** common demographics store for the uHB with a stretch target being common 'flagging' (alerts, risks, allergies); BC approvals and funding agreements in place **22-23 Qtr 4:** Mobilise		
Self-directed enquiry management	**22-23 Qtr 4:** Subject to funding - use RPA to signpost incoming CMS queries		
Outpatient transformation	**22-23 Qtr 1:** • SoS & PIFU spread and scale • SOS and PIFU technical approach to be extended across MH and community; • referrals internally and from primary and community care **22-23 Qtr 2:** Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commence **22-23 Qtr 4:** Outpatients application on PMS redesign tested and		

	into Production		
Community, Mental Health and PCIC services	**22-23 Qtr 1:** Complete the onboarding of outpatient Physiotherapy, Speech and Language, Dietetics, COVID Rehab, Long COVID, and associated CD&T services into clinical record keeping (via PARIS) **22-23 Qtr 2:** Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially) **22-23 Qtr3:** Clinical Letters to CCP and WCP – is a significant deliverable, giving visibility to 'acute' and 'primary care/GPs' of activity **22-23 Qtr4:** Rollout of WAP e-referral management within PARIS services **23-24 Qtr 1:** Generation upgrade of PARIS to 7.1, overhaul of UI, ergonomics and availability of SNOMED **23-24 Qtr 2:** Commence migration to SNOMED recording		
Digital dictation and transcription	**22-23 Qtr 1:** Lite versions implemented /available UHB wide **22-23 Qtr 2:** Integration with PMS **22-23 Qtr 3**: Re-procurement		
TR radiology & GPeTR	**22-23 Qtr 1**: PeTR into production & eTR modalities in local acute solution review checkpoint **22-23 Qtr 3:** Review WCP etr for secondary care if suitable/appropriate **22-23 Qtr 4**: eTR pathology - understand DHCW roadmap / look at local interim options **23-24 Qtr2:** eTR for blood, radiology pathology complete		
Clinical / speciality applications	**22-23 Qtr 1** • ePMA procurement (off back of DHCW framework); • Outpatients module stapled into WCP; • SNOMED CT live in PMS & PARIS **22-23 Qtr 2:** WNCR implementation? WiFi phones and pager text capability **22-23 Qtr 3:** Internal referrals work extended to all appropriate specialties **22-23 Qtr 4:** Internal referrals work extended to all appropriate specialties and ongoing implementations of clinical applications		

Interoperability	**22-23 Qtr 1** Integrations with PROMs, digital dictation etc **22-23 Qtr 3:** NDR, LDR and shared record work **22-23 Qtr 4:** PMS & PARIS interoperability in test **23-24 Qtr 1:** PMS & PARIS interoperability in test		
Scan4Safety	**22-23 Qtr 1** Project initiation and one theatre already baselined **22-23 Qtr 2 onwards** Implementation in line with plan agreed Q4 2021/22		
Vein2Vein transfusion (all Wales	**22-23 Qtr 1** Hardware in place **22-23 Qtr 2:** Hardware commissioned **22-23 Qtr 3:** Discovery work concludes and report for WG produced **22-23 Qtr 4:** BC approval and funding bid		
Signals from Noise and power BI	**22-23 Qtr** 1 Evaluation of platforms **22-23 Qtr 2** Decision and discussion at channel board **22-23 Qtr 3** Secure funding and resource to support decisions **22-23 Qtr 4** Build **23-24 Qtr 1** Iteration		
Use your own device	**22-23 Qtr 2** BISapps migrated to AppProxy; sunset Blackberry **22-23 Qtr 3** AWD virtual desktop built and in test **22-23 Qtr 4** Deployment - virtual desktop		
Managed print / follow me print	**22-23 Qtr 3** ITT specification finalised **22-23 Qtr 4** Procurement & contract award **23-24 Qtr 1** Printer estate audit **23-24 Qtr 2** Mobilisation & integrations **23-24 Qtr 3** Implementation starts **23-24 Qtr 4** Capabilities in delivery, benefits realisation tracking		

3.3 Our Other agents for change

Quality, Safety and Patient Experience (QSE)

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

We have developed our five-year QSE framework with our frontline staff, patients, carers, relatives and external regulators. Our focus on quality, safety and the patient experience extends across all settings where healthcare is provided. This includes our responsibility as a commissioner of services from a wide range of providers to have the necessary assurances in place where care is being provide by others for our population.

We have eight key enablers in our revised QSE Framework for the next five years: These are:

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

The diagram at the end of this section provides an overview of the headline milestones which the QSE team are focusing on through 22-23 in order to make tangible progress in embedding the framework. We have been closely involved in the development of the national NHS Quality and Safety Framework which was published in September '21, and it aligns well with our own framework.

Sustainability

In recognising that climate change is the single biggest issue facing humanity, a target of a net zero public sector by 2030 has been set by Welsh Government.

We are committed to improving the organisation's impact on the environment and ramping up significantly our actions to achieve this. Across the organisation – from front line teams to our Board members, we have people who are passionate about this agenda and recognise the huge responsibility we have as an organisation (along with other large NHS bodies) with a large carbon footprint to take urgent action in response to the climate emergency.

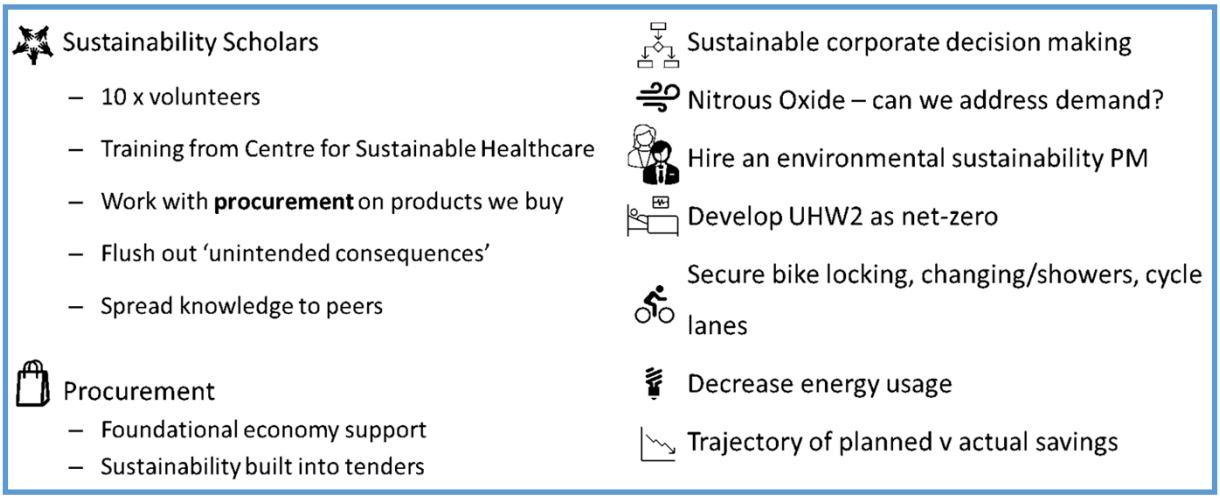
We have good foundations to build on. We have a strong track record of reducing our carbon footprint and at the beginning of 2020 the Board formally declared a climate emergency. That same year we created our first Sustainability Action Plan which focused on the eight dimensions of Energy; Waste & Food; Water; Procurement; People; Built environment, Green Infrastructure Biodiversity; Transport and Clinical Services.

Although our first Sustainability Action Plan worked well for us, it was always seen as just the beginning. We realise that doing the same again will not move the dial on our environmental impact, so we looked at what improvements we can make across the Health Board and the barriers that need to be addressed in order to accelerate improvements to our environmental impact. Our staff were instrumental in the establishment of Green Health Wales and we have joined the Centre for Sustainable Healthcare to ensure that we form part of a network of NHS organisations taken targeted decarbonisation actions.

We learnt some key things as part of this process;

- The products we use every day in the Health Board create carbon emissions. Whilst some of the products that we use are designed to be disposed of after use, further opportunities exist to substitute these products for ones that can be used and sterilised over and over.
- Some change needs to come from the top, where the Health Board is making decisions with sustainability as a key criterion and is actively being seen to promote and deliver sustainable outcomes.
- Although sustainability is important, our colleagues may need help to envision what part they can play.
- We are stronger working in collaboration and we are working closely with other NHS bodies as part of Green Health Wales, and also with our PSB partners.

Through the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan we are talking to
As we look towards 2025 when NHS Wales expects to have reduced its carbon emissions by 16% we have consequently refreshed our sustainability action plan. Our refreshed plan inherits the actions defined in the NHS Wales Decarbonisation Plan but goes further. Some highlights include;



Sustainability is not a 'silo' ambition discrete from all our other priorities referenced in this plan. As such we have ensured that our approach towards sustainable healthcare and 'net zero' ambitions are also built into our major strategic programmes thinking. We recognise, for example, that the ambitions within our *shaping our future hospitals programme* has in itself the potential to be a large carbon creator / emitter thus sustainability needs to be a core objective of this programme.

Through the execution of our Action Pan and placing sustainability as a principle of how we work across the length and breadth of the organisation we are confident we will take a step change in our maturity and started to have reduce our carbon emissions.

The diagram at the end of this section provides an overview of the headline sustainability milestones which we are focusing on through the life of this plan. See you can see a full copy of our sustainability action plan including the in-depth activities and milestones we are working towards by clicking here.

Ensuring interim service sustainability

Critical Care

We expanded our Critical Care footprint and workforce to best meet demand from the outset of the pandemic. It was, and is, recognised that as a regional tertiary centre critical care activity is very much demand-driven. The environment within critical care, with only a small number of isolation rooms and facilities that do not meet current HBN standards has always created a number of challenges for our team to manage operationally- this has been exasperated over the last two years.

We have learnt so much during the pandemic and we are now entirely clear that a key component of our reconstruction efforts need to be the permanent expansion of our 'core' number of critical care beds. In doing so though we are cognisant of our ambitions for a "UHW2" and of course the challenged position regarding the availability of major capital investment. As such we must find that balance of providing a high quality and safe environment for our patients and staff for an interim number of years before hopefully securing investment in an entirely new critical care unit.

We have started early, clinically lead, scoping work to begin articulating what a permanent expansion of critical care looks like on our current site and this has identified six priority areas for action (below). Work across these areas will continue through year one of this plan.

1. Better critical care capacity in Wales
2. Better infrastructure
3. Better incentives and process to support the critical care network
4. Better education
5. Better service support
6. More follow up capacity

BMT – *Adam*

Learning Disabilities

Over the life of this plan we will continue to work with our partners to progress delivery of the Joint Commissioning Strategy for Adults with Learning Disabilities, 2019-2024. The strategy commits us to deliver activities, and commission services, that will help people to achieve the outcomes that people said were important to them. Further detail can be found here.

Our partners include both Cardiff and Vale of Glamorgan Councils and Swansea Bay University Health Board (SBUHB) who are commissioned by ourselves to provide Specialist community health services for adults with a learning disability, as well as some intake & assessment and Inpatient beds.

We will also continue to support our Primary Care Clusters to expand upon improvements made to the annual health check process, and pathways to the specialist health teams.

We will look to recruit Learning Disability Liaison Nurses to support staff on the wards at the University Hospital of Wales to make reasonable adjustments for patients in their care.

Trauma

Beyond Frail Trauma there is no understating the significant impact that COVID-19 has had on the wider Trauma service for example the relocation of fracture clinics, the continued growth our Major Trauma Centre and knock-on impact for our orthopaedic services which have often been reduced to meet the additional demands. The UHB is committed to addressing the impact on the wider Trauma service as part of our recovery programme. This includes our ongoing commitment to develop the next phase of our Major Trauma Centre at UHW and an overall objective of delivering a fit for purpose Trauma service that provides excellent and timely care across UHW and UHL, minimises patient length of stay and is led by a suitably skilled and supported MDT workforce.

Stroke services

We recognise that there are opportunities which we need to exploit and realise to improve outcomes for our patients who experience a stroke.

We appreciate that as an organisation we have made commitments to addressing improvements across our stroke services in previous plans and have therefore been careful to set an appropriate level of expectation in this plan on the progress we wish to make.

Whilst there is work which we need to progress 'in house' there is a vital collaboration which is also needed with Cwm Taf Morgannwg (CTMUHB) to ensure access to stroke services is equitable for both populations. The critical mass required for the development of a HASU means that this collaboration is vital.

Progress which we will look to make in the early part of this plans life will be to -

Fully understand our own current performance challenges – Understand the immediate actions that need to be taken to improve current performance.

Identify Immediate local planning priorities - Clarity regarding local pathway, how we can make the most of current resources, how we deploy specific staff/rearrange job plans and understand what it would take to resource the pathway to meet need 24/7

Agree strategic regional planning priorities with CTMUHB - Describe whole service model, describe regional stroke pathway (across HASU and spoke and rehab services), undertake Demand/capacity analysis

Thrombectomy

We see thrombectomy as a vital and complimentary service to that of a HASU although clearly both do not have to be immediately present- one can exist prior to the other.

It is for this reason that during 2021/22 we have also working closely with WHSCC to develop a business case for the establishment of a regional thrombectomy at our UHW site. Subject to this business case being supported by WHSCC early in 2022 we will look to implement this service within the reminder of year. This will mean that a number of south Wales patients who are eligible for this procedure patients who are currently conveyed to Bristol for this life transforming procedure would in the future be seen closer to home.

Maternity Services – ***Under Development***

Orthopaedics – ***Under Development***

Cancer Performance – ***Under Development***

Regional working where clinically appropriate

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care. Collectively we all remain focused on what is most important- equity of care across all our populations. Both in terms of the services they can access, the timeliness of access and also the outcomes which they can expect. The population of Wales should not see the name of the organisation but rather the continuity and consistency of care regardless of geography.

The pandemic has further strengthened cross organisation relationships, rallying to provide mutual aid, sharing good practice and providing much needed support for staff, has been a collective effort. As we recover planned services we will need to continue to work with neighbouring Health Boards and Trusts to meet the needs of our collective populations.

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

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

There are currently a number of specific areas of focus for the life of this plan 2021/22 although this remains under consideration and will likely evolve:

Vascular Services

In 2021 the regional programme for Vascular has successfully developed and formally engaged on plans for launching the SEW Vascular Network culminating in an approved business case by all four Health Boards in south-east Wales in July 2021. The programme now moves into its implementation phase during which a number of readiness assessments will be undertaken. This will take place in February 2022 for all network components through a process overseen by Medial Directors and Chief Operating Officers across the three provider Health Boards, with the aim of making a recommendation to launch of the service in April 22, as is currently the plan.

Ophthalmology

The regional ophthalmology programme is being led by Aneurin Bevan University Health Board and a Programme Manager and a Regional Ophthalmology Programme Board – chaired by the Executive Director of Planning, Digital and IT – has been established to oversee the work streams and ensure delivery of objectives and benefits. There is universal agreement that regional collaboration has a valuable role to play within ophthalmology to optimise our collective plans for short term service recovery and longer term sustainability.

Following recent clinical workshops, a number of areas have been identified as priorities for regional planning and progression. These include:-

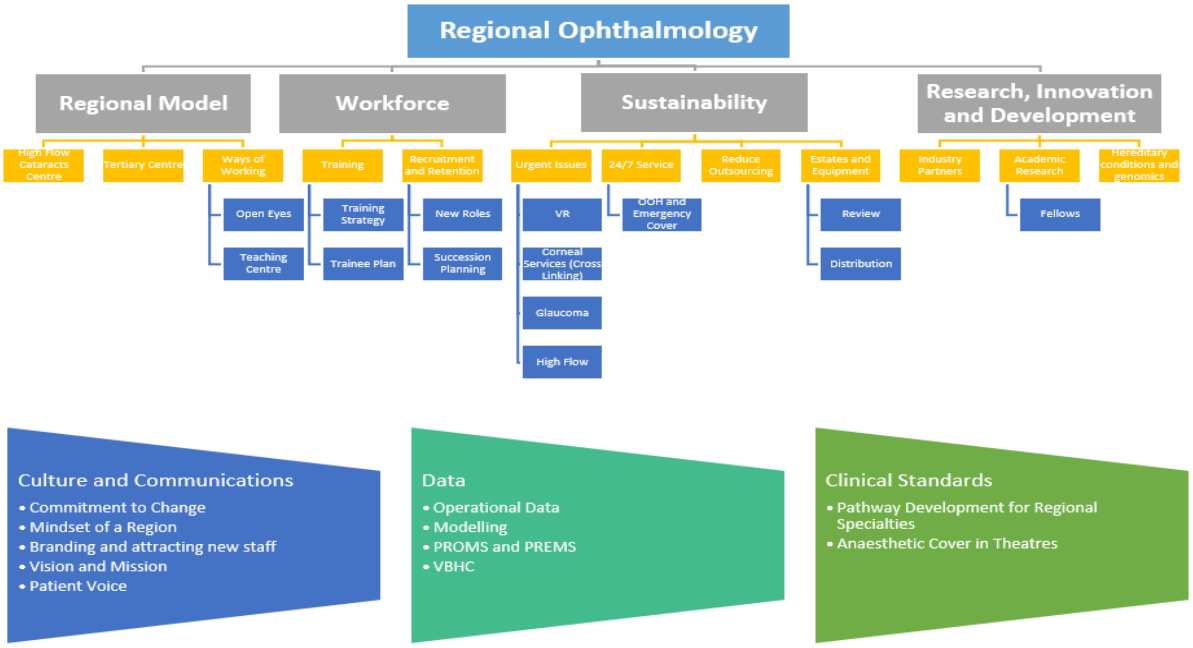
- Ensuring sustainability of key sub-specialties e.g. vitreoretinal services

- Development of a high flow cataracts centre
- Agreement of a comprehensive regional training plan
- Developing the vision, principles and scope of a future regional eye care centre, where specialist tertiary eye care could be focussed

Work streams have been established for these areas, and will form the core agenda of the Regional Board over the coming year and beyond. Key milestones and timelines for the year will be confirmed as details are finalised.

An additional major development within ophthalmology in 2022/23 will be the operational implementation of a comprehensive electronic patient record. An extended period of quality assurance and system testing has taken place to ensure optimal efficiency and effectiveness, with rollout ongoing through the year.

The overall scope of the regional ophthalmology programme is shown below:-



Endoscopy

We continue to collaborate closely with Cwm Taf Morgannwg UHB regarding the use of a mobile endoscopy unit- as described earlier in the diagnostics component of the Recovery section of this plan.

Tertiary service collaboration

The Regional and Specialised Services Programme is a collaboration between ourselves and Swansea Bay UHB and looks to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

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

I. Specialised Services Partnership Strategy

II. CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
III. SBUHB Tertiary Services Strategy
IV. Regional and Specialised Services Work Programme

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

You can find further background information of these components in annex xxx.

The specifics of the current Regional and Specialised Services Work Programme includes the following projects;

Oesophago-Gastric Cancer Surgery – The focus of the project is to ensure that the population of SBUHB have timely access to a safe, effective and sustainable OG cancer surgery service. Over the course of 2022/23, the project will finalise and implement the clinical model for SBUHB, and commence work to developing the clinical model for the other service spokes in South and West Wales.

Hepato-Pancreato-Biliary Surgery – Over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.

Spinal Surgery – The Spinal Services Operational Delivery Network (ODN) is scheduled to launch in April 2022, as providers, both organisations will actively support the network with its work programme to addressing key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.

Paediatric Orthopaedics – Work on the development of the service specifications for non-specialised and specialised paediatric orthopaedic surgery is well advanced, and scheduled to be completed in March 2022. In 2022/23 both organisations will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.

Specialist Endocrinology (Adult) – In 2021/22 the programme engaged with services in CVUHB and SBUHB. Work is ongoing to develop an integrated endocrine surgery service, which will improve

resilience of service provision across South and West Wales. A proposal has been submitted to the NHS Wales Health Collaborative Executive Group to develop an All Wales Service Specification for Specialist Endocrinology (Adult), to inform the future commissioning of this specialised service.

Cancer Services

The development of cancer services across both the wider South East Wales region and Cardiff & the Vale specifically are driven through two mechanisms: the South East Cancer Collaborative Leadership Group (CCLG) and the CAV/VNHST Executive partnership board respectively. Both have, and continue to, make excellent progress across a number of key agenda.

Acute Oncology Services (AOS)

Under the auspicious of the Cancer Care Leadership Group (CCLG) - a regional Executive lead forum of Health Boards and Velindre NHS Trust (VNHST) which is chaired by our Chief Executive, an ambitious programme of cancer service development is being taken forward. Last year our Board endorsed a regional business case for an enhanced Acute Oncology Services (AOS) across South East Wales. This enabled us to immediately realise the first phase of investment to make some key clinical appointments.

Through 22-23 we now move further into the implementation which will be overseen by a regional implementation board that is chaired by the Director of Planning in ABHB. This board will provide oversight across the region, ensuring that the benefits for each organisation and their populations are realised in lien the commitments given in the business case.

Development of a Cancer Research Hub at University Hospital of Wales (UHW)

Excellent progress has been made in the development of a Cancer Research Hub at (UHW). This work has been clinically led with representation from ourselves, VUNHST and Cardiff University (CU) that has resulted in the development of a Clinical Output Specification and workforce plan for a Cardiff Cancer Research Hub. The proposal sets out a future service model for cancer research in Cardiff, a plan for the phased implementation of the model (immediate to 18 months, 18 months to 5 years and 5-10 years) and the infrastructure and staff investment that will be required to ensure that the tripartite ambition to establish the Hub is realised.

The document confirms that the main aims of the Cancer Research Hub will be to:

- Increasing patient access to research, including Early Phase and Advanced Therapies for solid cancer and haematological malignancies – for patients from across South Wales.
- Strengthening the translational pipeline, enabling scientists to bring new discoveries through to the clinic and encouraging new scientific discovery.
- Developing a focus for cancer research excellence in Wales, enhancing our collective reputation and attracting future funding, partners and staff.
- Enabling training, education and innovation and inspiring the next generation of cancer researcher in Wales.

In 22/23 we will now look to fully consider and scrutinise the proposal which has been developed and in parallel develop a detailed implementation plan.

We recognise that the clinical specification would require both capital and revenue investment and will be subject to individual business cases and conversations with Welsh Government colleagues.

Development of Velindre @ hubs

There has been a significant focus over the last year on three streams of work regarding the 'Velindre @ UHW' work programme. As we move into 22-23 we in collaboration with VUNHST will also jointly consider the optimal configuration for haematoncology services including the location for SACT delivery in future. **Milestones to be agreed to VCC**

Robotics

This IMTP will see us continue to develop Robotic Assisted Surgery (RAS) as part of a bold strategy to improve outcomes for our patients. It is part of a wide range of health redesign principles in Wales that look to utilise the finite health resource we have as effectively and efficiently as possible.

There is an established All Wales programme is to rapidly implement a national approach to robotics – The Robotics Assisted Surgery Programme (NRP). This is the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology which sees us work closely with three other Health Boards- ABUHB, BCUHB and SBUHB.

In conjunction with diagnostic hubs, health pathways and systems to establish early diagnosis of disease the RAS programme will deliver cutting edge technology in our tertiary hospitals. The Royal College of Surgeons' Future of Surgery Commission has identified RAS as one of the key technologies that will deliver the greatest impact for our patients. It allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. It is usually associated with minimally invasive surgery – procedures performed through small (keyhole) incisions.

Our Board agreed the CAVUHB component of the business case in its December 2021 Board meeting and this now allows us to progress our component of the case ensuring that we utilise the Welsh Government funding available to implement and commission RAS in UHW. More details on our local implementation plan over the life of this IMTP are available upon request.

A Regional Pathology service for South East Wales

As described in our purposeful partnerships section here and our work with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park. A key pillar of this is the ambition to realise a South East Wales Regional Pathology Service that aligns to the strategic direction laid out in the National Pathology Statement of Intent (2019) and brings the region into line with the 'A Regional Collaboration for Health' (ARCH) programme in South West Wales and the delivery of a single BCU pathology service in North Wales.

Pending identification of appropriate programme management resource over the coming year we will move into phase two of our planning work and on a partnership basis look to ensure the formation of a multi-agency programme board to develop a business case for a SE Wales regional pathology facility.

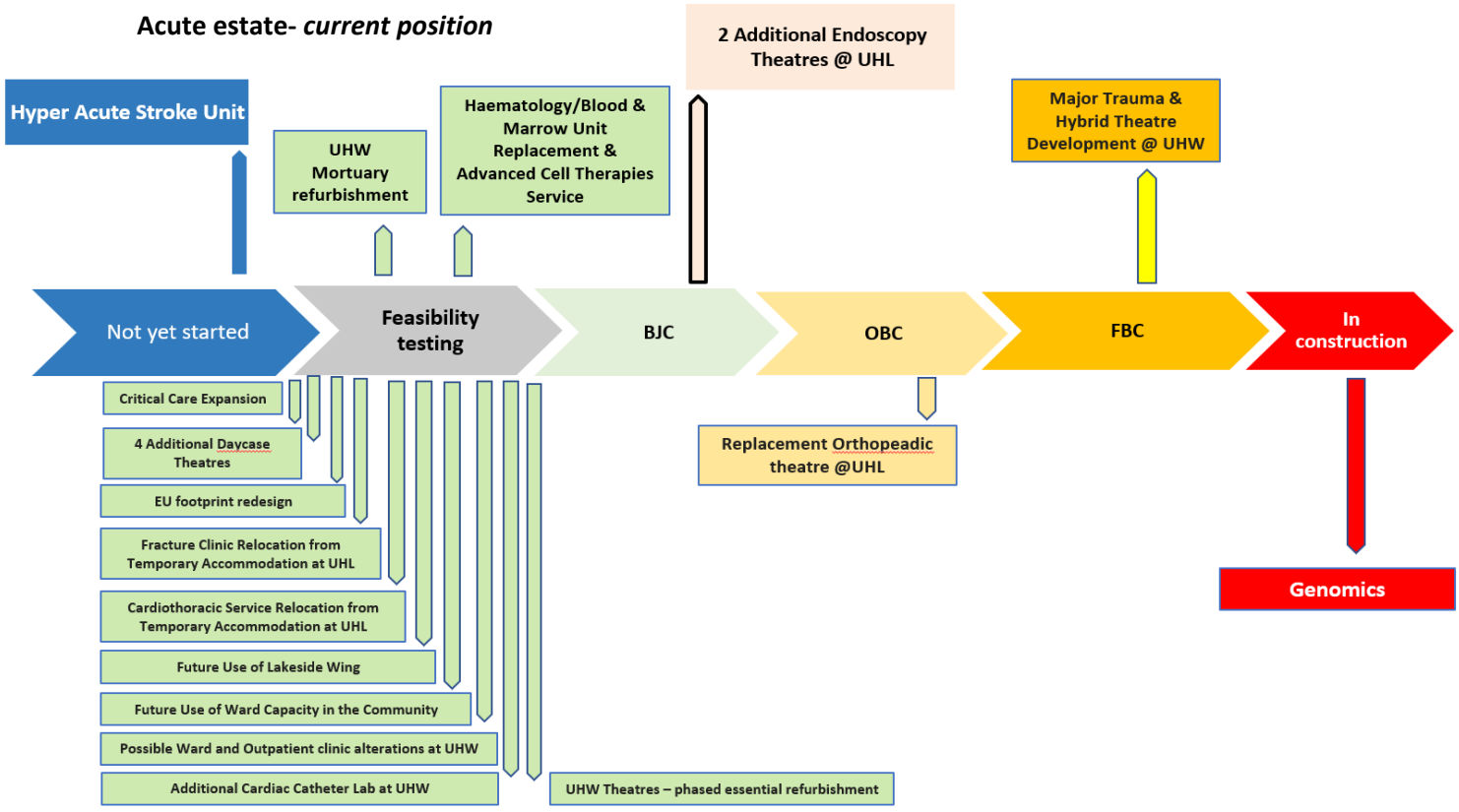
Major Capital Investment Requirements

Reflecting the direction of travel described in this plan it remains our intension to seek capital investment for range of schemes over the life of this plan.

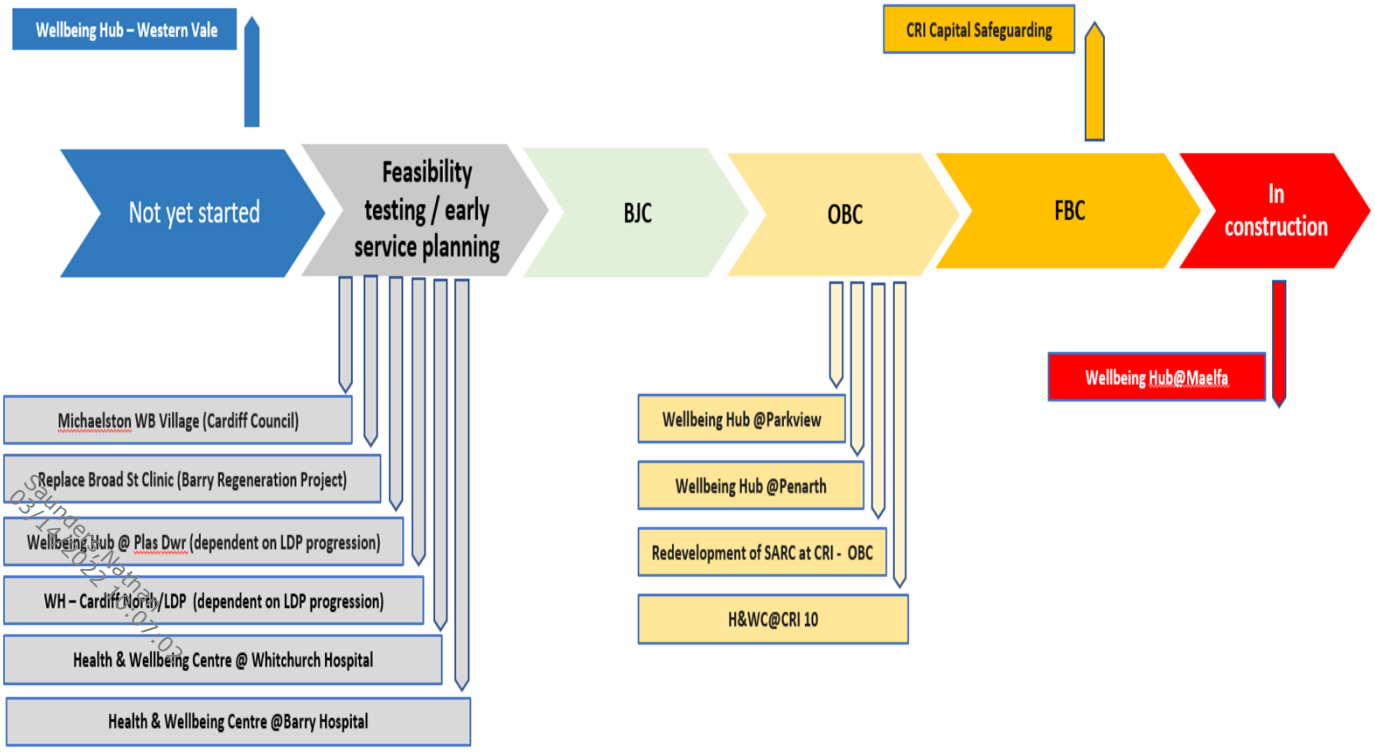
Many of these schemes will, as described in this plan, form key planks of the UHB's recovery plan and as such have ambitions to move on many of these, at pace, during the life of this plan.

The diagrams below provide an overview of the current position of schemes across both our acute and community estate.

Acute estate- *current position*



Community estate- *current position*



We have a hospital infrastructure group which retains oversight of acute infrastructure requirements whilst the UHBs Shaping our Future Wellbeing: *In our community* delivery board retains similar oversight of community developments. Collectively they report to our Capital Management Group (CMG) that meets monthly for assurance on the UHB's Capital Programme, which is extensive and complex. The Capital Programme is also scrutinized regularly by the Strategy and Delivery and Finance Committees of the Board.

The overview below presents the key schemes which we have prioritised and developed indicative timescales for (subject to ongoing Welsh Government support). We would welcome further conversations with Welsh Government on how best we can work together to forward plan these as we are acutely aware of the constrained position which will exist regarding central capital funds over the life of this plan

Section to be finalised

Purposeful partnerships

Earlier sections of this plan have described the criticality of the partnerships which we have with both our Health Board partners, wider social care system through the RPB and also importantly our local populations. It remains vital however that we also remain and develop our existing partnerships with the vital strategic health authorities in NHS Wales, NHS Wales support services, academia and the wider Cardiff Capital city region partnership.

The Welsh Ambulance Services NHS Trust (WAST)

We remain engaged with both WAST and the National Collaborative Commissioning Unit (NCCU) across all Ambulance services and we note the suite of Ambulance service commissioning intensions for both EMS and NEPTs services. Commissioning intensions were first shared in draft in November 2021 we will continue to input in, and understand these, as we move into 22-23.

We note the acute pressure that WAST are under in regards to EMS service provision and you can read more about our work with them on this within our unscheduled care section of this plan.

Welsh Health Specialised Services Committee (WHSCC)

We commission specialist services for our population via WHSCC. We are also a major provider of specialist services, and equally work closely with WHSSC to ensure delivery against contracted levels and to an agreed specification.

The last 18 months have presented challenges to the pace and level of delivery of some specialist services as we continue to respond to the ongoing Pandemic. We work closely with WHSSC to share our position in respect of recovery.

Through the established Management Group mechanism, we have been fully engaged in the processes and decisions that have led to the development of the Specialist Services Integrated Commissioning Plan which was approved in February 2022. Where there is a signal in this plan for us to develop business cases for service developments that have bene prioritised within the ICP this need as been fully considered by the appropriate Clinical Board as part of their own local planning.

In addition, we continue to work with WHSCC to develop a thrombectomy business case which would enable the transfer of a service, currently commissioned by WHSCC, back from Bristol. We are looking to have this business case finalised in the early part of 22/23. You can understand our wider plans for stroke and thrombectomy services in section xxx

Health Education Improvement Wales (HEIW)

We have worked closely with HEIW inputting into the development of their annual plan and visa versa through some useful meetings during plan development.

Our seven workforce and occupational development priorities shown in section xxx are aligned to the seven themes of the workforce strategy for health and social care that developed by HEIW and Social Care Wales.

We recognise that there are some significant workforce issues which we are not going to be able to solve on our own. Through the life of this plan we will continue to work closely with HEIW on these issues.

PHW, DHCW, Shared Services

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

Cardiff Capital City region partnership

In addition to the plans we are developing with Cardiff University in relation to the Academic Health Science component of the Shaping Our Future Hospitals Programme, we are also rapidly advancing plans as a partner in the Cardiff Capital City Region.

The Cardiff Capital Region is transforming the economy, business landscape and creating potential for inclusive prosperity across the most populous region of Wales. At the heart of the work sits the City Deal which is making a real and enduring difference by:

- Nurturing an inclusive economy where no one gets left behind.
- Fostering and inspiring innovation in our businesses, public services and foundational economies.
- Matching our economic ambitions with progressive social policies.

We are proud to be part of this work as a key stakeholder work across the Healthcare sciences agenda. We are developing plans in partnership with neighbouring Health Boards and Trusts including the development of a regional pathology service. This is linked to the Precision Medicine offer which is anchored by the national Genomics Partnership Wales hub on the Cardiff Edge site.

Cardiff and Vale UHB has been developing plans with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park located adjacent to Junction 32 on the M4 and in close proximity to the new Velindre Cancer Centre. NHS Wales' precision medicine ambition in the SE region is linked to the Capital City Region's (CCR) vision for diagnostics and advanced therapies through establishing Cardiff Edge as a co-productive environment between industry partners and academia and with the NHS at its heart.

The 3 main components of the precision medicine vision are integrated diagnostics, personalised therapies and data science capabilities. If the vision is realised it will enable earlier detection of disease, improve and improve access to advanced therapies and clinical trials for people in Wales.

The vision for Cardiff Edge is for it to become a key regional life science / diagnostics 'spin out' company incubator site. The SMEs created would then occupy facilities in life science parks which exist within the industry cluster including sites aligned to regional NHS organisations creating jobs across the region.

This precision medicine hub will form part of a wider national infrastructure with precision medicine nodes in both South West and North Wales. It will also have strong links to national HEIs with Cardiff University being a key partner in the South East Wales region.

We continue to progress the national Cardiac Physiology Network programme at pace and are taking lessons learned forward with other healthcare science disciplines. This will include the shared vision for the development of a collaborative network across the region in areas such as nuclear medicine and medical physics ionising radiation services. This work will also be aligned to the development of the radiopharmaceutical production unit at the Imperial Park 5 (IP5) site as part of the Transforming Access to Medicines (TRAMS) programme.

In parallel we are developing plans for a regionally networked smart manufacturing offer for the region which is linked to the CCR's vision is for SE Wales to be internationally recognised as a hot spot for Medical Devices and Diagnostics, with a thriving ecosystem connecting cutting-edge businesses, pulling on world class research to deliver improved healthcare outcomes in the region.

In summary: Our other key enablers milestones

Other Key Enablers – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK & MONITOR BENIEFITS**
Quality and Patient Safety	**22-23 Qtr 2** • Align QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze) • Development of the support framework for staff involved in quests • Implementation of the "What matters to me" conversations **22-23 Qtr 3** • Agreement of a Humans Factor Framework and Implementation plan • Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) • Establishment of the UHB stakeholder panel • Undertake a patient experience survey to inform priorities • Development of the organisational learning committee • Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions **22-23 Qtr 4** • Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 • Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project • Implement the CIVICCA - Once for Wales service user experience system		

	• Complete the implementation Once for Wales Concerns Management System • Development of a QSE accreditation/ syllabus		
Regional Working	**22-23 Qtr 1** • SE Wales vascular network goes live **22-23 Qtr 2** **22-23 Qtr 3** **22-23 Qtr 4**		
Sustainability – *For very detailed list of activities please see appended sustainability action plan*	**22-23 Qtr 4** • High level of staff awareness though communication and cultural change activities that their day-to-day actions have a part to play in reducing the UHBs carbon footprint. **23-24 Qtr 1** • Learning taken from the sustainability scholar (Sferic) initiative **By 22-23 Qtr 4** • >10% reduction in carbon emissions from 2018 baseline • Using our carbon footprint data to identify hot spots for action • Each dept and speciality are undertaking reviews of medicines and products making clinically expedient but sustainable choices **By 24-25 Q4 -** >16% reduction in carbon emissions from 2018 baseline		• Progress against zero carbon emissions target

3.4 Good Governance

Plan Development

Engagement during the production of this plan took place with the Local Partnership Forum, Cardiff & Vale Community Health Council and our Strategic Reference Group (SRG). We also tested the development of the plan with the Strategy and Delivery sub-committee of Board.

Plan Implementation

As set out earlier in this document or approach to plan delivery is all underpinned by robust internal programme governance arrangements.

In the last quarter of 21-22 a 'Change Hub' within the organisation was fully established. This will provide a key resource to the progression of much of this work and bring rigour to the tracking of progress and implementation of benefits.

Following feedback from Audit Wales we are reviewing our arrangements for reporting on plan progress to our Board. We will look to have these new arrangements in place in time for the Board to consider progress at the end of Qtr 1 22-23. It will be vital that these reporting arrangements look to provide a holistic picture for our Board and other stakeholders as to the progress we are making on implementing this plan. Consequently, we will look to implement an approach to our reporting which draws alignment between- our operational performance, our strategic outcomes, our service developments, our finances, workforce and quality / safety and patient experience indicators.

Finally, we have looked to act on feedback from previous plans on being more overt in the actions we are committing to. Consequently we have provided a summary infographic at the end each major section of this plan which shows our key actions and milestones we are looking to deliver on.

Wider Governance

We have a Board Assurance Framework (BAF) embedded and reported to each Board to maintain oversight of strategic risks. We currently have ten strategic risks (set out earlier in this document. The Audit Committee will review and have oversight of governance and risk arrangements to ensure these remain robust.

The risk appetite of the organisation was reviewed and approved by board in May 2021- moving from "cautious" to "seek" ("seek" defined in BAF as "eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk")).

Regarding Covid-19 we recently stood back up governance arrangements to reflect operational pressures whilst preparation has been ongoing, and will continue during the life of this plan in regard to any UK and/or Welsh Covid-19 inquiries. We have already appointed a Covid-19 archivist, created a centralised UHB repository and developed a full data catalogue and timeline of Covid-19 events.

APPENDICES

Care and Support Needs

Individual

- **People's independence** must be maintained and facilitated within decisions for care and support, employment and accommodation. Any such decisions should be based on **consultation and co-production** with the person they affect

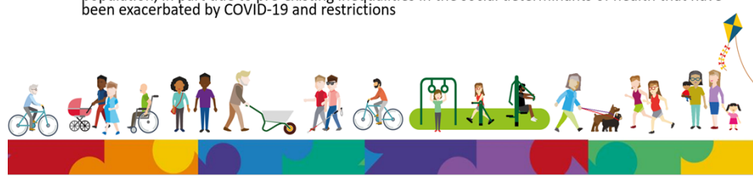
Community

- **Social isolation** was identified in the 2017 PNA and has been exacerbated for many due to COVID-19, with far-reaching consequences for physical and mental health and well-being
- **Holistic approach to physical and mental health**, which includes improved access to services including **reduction in waiting lists**
- **Information provision**; many people were unaware of support available to them and would benefit from increased signposting

Care and Support Needs

Wider determinants

- **Employment (paid or voluntary)** was desired by many – to improve personal finances, as well as to provide a **sense of purpose, reduce isolation**, and to help **protect people's mental health and well-being**
- **Housing and accommodation** needs to be available, accessible, safe, and supportive of what matters most to the individual, for example, an enabling employment. Prevention and early help for homeless people needs to be enhanced
- **Inequalities** were discussed in all chapters, especially in terms of socio-economic deprivation, access to services, and health outcomes. **COVID-19 has had a disproportionate impact** across the population, in part due to pre-existing inequalities in the social determinants of health that have been exacerbated by COVID-19 and restrictions



Range and level of services required

Prevention

- The following were identified as being able to prevent needs arising or escalating, and may facilitate improved outcomes for people:
  - **Healthy behaviours** such as physical activity to improve mental well-being and prevent falls
  - **Early identification, diagnosis, and intervention** to support people at the right time, and promote better outcomes
  - **Social support**, including maintenance of a social role, and digital inclusion
  - **Advocacy** to enable people to express their views and wishes
  - Care focussed on **delivering services as close to people's homes** as possible

Range and level of services required

Assets to support well-being

- Individual sources of support across all groups included friends, families, and hobbies
- Local community support like community groups, neighbours, and community-based organisations including religious places of worship, choirs, and places to exercise
- Local authority, NHS, and third sector services (both on a national and local footprint) were praised throughout engagement work
- **People with lived experience** providing peer support (face to face or online) or as service providers were identified as important assets; and supported the need for inclusive recruitment across all sectors
- Service users, professional leads, and providers identified the need for **sustainable funding** of statutory and third sector organisations to maintain and develop their services

Range and level of services required

Community services

A whole system approach to care and support provision should prioritise:

- **Continuity of care**: for example, in transition from children's to adult services; between NHS services; between prison services and health and local authority services following release; leaving military service; and joined up services between public, private and third sector providers for a "seamless" experience for service users
- **Equitable, accessible, and inclusive services**, where **access is tailored to the individual**. For example, through interpreter provision; letters provided in large print; offering choice of face to face, telephone, or online services; and culturally sensitive services
- **Timely** access to high quality care and support services
- **Respite care** provision which is flexible and accessible to those who need it
- **Increased awareness of services available** and the scope of their practice **amongst service providers** so that they can signpost
- The **social model of disability** should underpin services; and language used should be respectful
- **Co-production** at the heart of decisions

Range and level of services required

Partnership approach

- Many respondents to engagement work did not ask for traditional care and support services, but identified that their needs could be met through:
  - **Supportive employers and access to education**, through provision of reasonable adjustments and inclusive recruitment, for example
  - **Accommodation** provision which gives individuals choice, including over location, and supports independence
  - A **welcoming community and an enabling wider environment**. People considered their communities as assets, but improvements remain to be made to increase awareness of the needs of others. For example, considerate use of public spaces for disabled people; bystand awareness of violence against women and domestic abuse; and accessible transport option

PRIORITY MEASURES – PHASE ONE						
POPULATION HEALTH						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Executive Lead**	**Baseline and trajectory**
1	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Annual	All Wales Weight Management Pathway Monitoring Form (Welsh Government)	DOPH	
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	
3	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Quarterly	National Survey for Wales	DOPH	
4	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)	DOPH	
5	Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	
CARE CLOSER TO HOME						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
6	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	Quarterly	Primary Care Information Portal	COO	
7	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data	Annual	National Diabetes Audit	COO	
INFECTION PREVENTION AND CONTROL						
8	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Monthly	Public Health Wales	DON	
9	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Monthly	Public Health Wales	DON	
SIX GOALS OF URGENT AND EMERGENCY CARE						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
10	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	Quarterly	Manual Data Collection (Welsh Government)	COO	

11	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Quarterly	WAST – Ambulance Quality Indicators	COO	
12	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	COO	
13	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO	
14	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO	
ACCESS TO TIMELY PLANNED CARE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset	COO	
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset	COO	
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset	COO	
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	COO	
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset	COO	
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)	COO	
WORKFORCE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
23	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government)	DOPC	
24	Overall staff engagement score	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	
25	Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	
26	Percentage compliance for all completed level 1 competencies of the Core	85%	Monthly	Electronic Staff Record (ESR)	DOPC	

	Skills and Training Framework by organisation					
27	Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monthly	Electronic Staff Record (ESR**)**	DOPC	
28	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	Monthly	Electronic Staff Record (ESR) & Medical Appraisal & Revalidation System (MARS)	DOPC	
DIGITAL AND TECHNOLOGY						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
29	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOF	
ECONOMY AND ENVIRONMENT						
30	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	Annual	Organisation Level Emission Return	DOSP	
31	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP	
32	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP	

Annex 3: Our People and Culture plan

Theme 1 Seamless Workforce Models

Ambition	Context
To deliver a seamless, co-ordinated approach to health and social care by supporting multi-professional and multi-agency working and the development of alternative workforce models	We will support the integration of Health and Social Care and the re-balancing of services and workforce between secondary and primary care by fostering a culture of inclusion and belonging and working closely with partners in social care, independent contractors/clusters, service users, voluntary and independent sectors and supporting the contributions of a wider workforce including unpaid roles (carers and volunteers).

Benefits	Challenges
• better patient outcomes and experience • Breaking down boundaries • Reduce waste, harm and variation • improved ways of working • Integrated workforce planning, OD • engaged and motivated workforce	• embracing new ways of working • developing existing roles, building new/advanced roles, skills and capabilities in new areas • enabling people to work at top of scope of practice • providing a climate for innovation, creativity & drive • harness the right skills in right number, at right time • building a digital ready workforce

Objectives	Key Deliverables / Timeline
• A common purpose and outcomes • A seamless workforce framework • OD programmes to support workforce engagement, leadership development • Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health • Implement workforce models to support MDT /integrated working • New and advanced/extended role pathways • Harmonised, integrated T&Cs, governance and learning, education & development	• understand the strategic plans based on population health needs assessment and define the workforce requirements – outline 04/22 • translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025 • develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025 • Develop OD programme with LA partners, MH and Primary Care 2022-2025 • develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health • identify opportunities for advanced/extended and new roles • Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups • Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working

Stakeholders

Local Authorities, Regional Partnership Board, Clinical Boards, Independent Contractors/Clusters, Service Users and Carers

Risks to Delivery	Measures for Success	
• Culture change • Changed policy, processes, systems • Resources to support delivery • Engagement, commitment • Capacity, capability, resilience	• Reduced non contracted pay • Enhanced Staff H&WB • integrated/enhanced roles • Staff engagement index	• Delivery against workforce plans • Integrated T&Cs • Reduction vacancies and turnover • Reduced sickness

Annex 4: Our detailed workforce objectives and actions

Theme 2 Engaged, Motivated and Healthy workforce

Ambition	Context
To have a workforce that feels valued and supported wherever they work	It is important that our staff are engaged and supported in respect of their own health and wellbeing. Research repeatedly shows that measures of engagement go together with higher performance. Patient's satisfaction has been shown to be higher in organisations with better ratings for staff health and wellbeing

Benefits	Challenges
• Engaged workforce with better patient outcomes • Improved engagement score • Increased participation on training / surveys • Reduced sickness • Improved retention rates	• Staff are feeling exhausted and experiencing burnout • To ensure that the existing communication channels are enabling our staff to be involved and informed of training, how to participate in surveys and how they can have a voice • Staff have stepped into new roles at short notice without support and training • Staff time to be released for training interventions and to recognise others to nominate for awards

Objectives	Key Deliverables / Timeline
• Update the engagement framework • Develop a wellbeing strategy & plan • Develop coaching and team development • Focus on communications – training & channels • Promote and embed UHB values & behaviours • Staff Surveys (NHS Wales, MES, Pulse, Wellbeing)	• Produce a framework document, with roadmap, project plan and key deadlines, 03/22 • Develop a strategic paper and project plan for Health and Wellbeing 2022-23 • Create an academy which incorporates coaching and team development, 03/22 • Provide training in coaching skills for managers, 12/23 • ILM accredited centre (coaching and leadership and management qualifications), 03/24 • Offer team development initiatives to improve relationships and morale. • provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills • Look at channels of communication and explore strategies to reach all staff and provide education, 09/22 • Revisit and promote values & behaviours framework, 09/22

Stakeholders

Clinical Boards, Health Intervention Team, Employee Health and Wellbeing Service, LED, Trade Unions, HEIW

Risks to Delivery	Measures for Success
• Capacity (workload) and skills of key stakeholders • Funding • Engagement of staff • Timelines and structure of All Wales Staff Survey is determined via HEIW	• NHS Wales staff survey / local pulse survey • Medical Engagement Survey • Wellbeing Surveys/HIT reviews • Reduced sickness absence and reasons for sickness • Reduced turnover • Staff benefits

Theme 3 Attract Recruit and Retain

Ambition	Context
To attract, recruit and retain high quality and diverse candidates to work at Cardiff and Vale	High quality, compassionate care is dependent on recruiting & retaining individuals with the right skills, abilities & experiences. This is increasingly difficult due to service pressures and staff resilience brought by the Pandemic. There is a shortage of suitable candidates in many professions, which requires us to think differently about how we attract and recruit new staff. However, we cannot just depend on bringing new people into our workforce and need to improve how we retain, manage and develop our its existing staff.

Benefits

- Improved planning (whole system)
- Improved reputation
- Inclusive recruitment
- Improved staff experience Retention of knowledge, skills and experience
- Improved patient experience and outcomes

Challenges

- Large scale vacancies in a number of professions
- High vacancy levels across UK labour market (1.1m)
- Turnover in some staff groups are higher than national average
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency

Objectives

- Develop branding for the UHB's job advertising and career promotions
- Promote NHS careers
- whole systems approach for temporary staffing across multiple professions and roles
- Identify and attract new sources of recruitment
- Review and adapt recruitment processes within NWSSP parameters
- Develop and implement an action plan to improve staff retention.

Key Deliverables / Timeline

- Work with Media resources to develop a specific brand for promoting UHB's job opportunities, 03/22
- Develop and implement an annual recruitment event calendar, 01/22
- Review TSO and implement improvements identified (03/22). SOP to be in place by 03/23
- Merge staff banks following full implementation of Allocate Health Roster
- Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities, 03/22
- Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective , 03/22
- R improve exit questionnaire/interview response. Introduce starter questionnaires, 03/22

Stakeholders

NWSSP, community groups / sectors, Medacs, Job centre plus
Clinical Boards, staff

Risks to Delivery

- Job evaluation requirements
- perception of NHS roles
- Resources
- Parameters of all-wales processes
- Workforce supply
- Staff engagement

Measures for Success

- Improved turnover rates
- Reduction in variable and non-contracted pay bill
- Time taken to recruit
- Number of appointed candidates
- Reduction in vacancy rate
- Increased diversity in our workforce

Theme 4 Building a Digitally Ready Workforce

Ambition	Context
To have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively	Technology is playing an increasingly important role in our working practices, with the pandemic highlighting the importance of having a workforce which has access to technology and the skills to use it. There has been accelerated progress in the development of technologies and the pace at which these have been rolled out. This has had a positive impact, enabling many to adopt new ways of working, including the ability to work in an agile manner.

Benefits

- Equal access to technologies
- Enhanced digital skills
- Improved ways of working
- Pushing boundaries to innovate

Challenges

- staff have been required to rapidly upskill themselves, in already challenging circumstances
- the implementation of these technologies has highlighted issues with the design of these systems
- new challenges for staff, with the regularity of Teams meetings and volume of email correspondence being highlighted as key issues
- whilst the adoption of new technologies has assisted the workforce and raised the bar of what is possible for many, this has not yet been universal and the digital divide between those with access and those without is perhaps wider than ever before

Objectives

- Improved access to core technologies
- Enable staff to develop a core set of skills
- Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing
- Maximise the benefits of agile working for the organisation, service and individual
- Keep abreast of enhancements to existing systems and explore new emerging technologies

Key Deliverables / Timeline

- Provide all staff with access to core IT systems, 2023
- Ensure all staff have a core set of digital skills through development of digital skills framework, 2024
- Implement universal guidance on the effective use of digital technologies to promote staff wellbeing, 2022
- Pulse survey to identify benefits of and barriers to agile working, 2023
- Ensure all staff are able to access the correct data through ESR, 2023
- Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all by 2023.

Stakeholders

LED, IT, WFIS, Digital champions in Clinical Boards, External suppliers

Risks to Delivery

- Funding
- Engagement
- Enforced system changes
- IT resources
- Conflicting schedules / priorities

Measures for Success

- Staff engagement index
- Enhanced staff wellbeing
- Number of staff without email addresses
- Participation rates in IT training
- Number of staff accessing ESR

Theme 5 Excellent Education and Learning

Ambition

To invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for

Context

The provision of high-quality education and development is fundamental to providing safe, high quality care and helps NHS staff to feel valued, motivated and resilient. We need a highly skilled and capable workforce with the values and behaviours necessary to support effective service delivery, the UHB strategy and the COVID recovery plan. Our staff must also have access to the education, development and support they need to develop competence, enhance their skill set and ultimately progress their careers.

Benefits

- Inclusive culture
- Supports workforce redesign and service transformation
- Improved recruitment and retention
- Enhanced patient safety
- Staff wellbeing
- Staff engagement

Challenges

- Unprecedented workforce pressures compromising the ability to release staff
- Funding limitations and limited uptake of externally funded learning opportunities
- The impact of the constraints imposed by the pandemic upon face to face learning.
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups

Objectives

- Prioritise education & development of the workforce
- Foster an inclusive culture and equitable approach to education
- Develop creative and transformational approaches
- Raise awareness of the education infrastructure and opportunities
- Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.

Key Deliverables / Timeline

- implement overarching education infrastructure, 05/22
- Establish multi-professional Education Group, 10/21
- Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education, 10/21
- Develop Learning@Wales platform to deliver innovative digital/blended learning experiences, 04/22
- Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme, 01/22
- Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT) 12/21
- Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures
- Develop an organisational HCSW development framework 10/21

Stakeholders

HEIW, local universities, social services and other public services, and national professional groups, Clinical Boards, Professional education groups (internal)

Risks to Delivery

- Reprioritisation of activity to support operational pressures
- Release of staff
- Resources (funding and capacity)

Measures for Success

- Evaluation against project plans, pilots, feedback etc.
- Evaluation of learning opportunities
- Course attendance figures
- No. completing overseas nurses Programme
- HCSW Career and Skills Framework compliance data

Theme 6 Leadership and Succession

Ambition

To help our leaders display collective, compassionate and inclusive leadership

Context

There is a clear link between leadership, staff wellbeing and inclusion, and the impact on patient outcomes. We want to improve out leadership potential within the organisation because we believe that if we get this right then other good practice and improved performance will follow.

Benefits

- Improved staff engagement
- Succession planning
- Improved retention
- Enhanced staff wellbeing
- Better outcomes for patients
- Recruiting managers and leaders with compassionate leadership skills

Challenges

- The need to develop leaders at all levels
- Providing a wealth of development opportunities
- Planning for succession

Objectives

- Provide opportunities for leaders and managers at all levels to enhance their skills
- Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective development and alignment of approach
- Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness
- Identify potential leaders at all levels of the organisation
- Embed robust succession planning processes to support recruitment to critical leadership roles

Key Deliverables / Timeline

- Define the behaviours, competencies and approach required of excellent leaders and managers at all levels., 01/ 23
- Offer a breadth of accessible development opportunities (internal and external), 01/23
- Identify pathways to leadership and management development opportunities for under-represented groups, 2024
- Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation, 2024
- Develop infrastructure to facilitate and nurture the coaching and mentoring network, 01/22
- Implement a process for staff to request coaching from the network, 01/22
- Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity, 2024.
- Identify critical roles within the organisation and the key skills and qualities required
- Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse

Stakeholders

LED, Clinical Boards, Health and social care partners, Staff

Risks to Delivery

- Engagement, individuals identifying themselves for opportunities
- Release of staff
- Resources - Capacity and funding

Measures for Success

- Turnover
- Talent Management and Succession Pathways
- No. active coaches and mentors
- Reduced sickness levels
- Feedback e.g. surveys

Theme 7 Workforce Supply and Shape

Ambition	Context
To have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population	Shortages in some professions, services and skills has consequences for service delivery, quality of care, staff experience and escalating costs. Workforce modernisation, new roles and extended skills supported by improved workforce intelligence and workforce planning skills are needed.

Benefits	Challenges
• Quality of care improved • Meaningful strategic workforce planning enabled • Data and modelling will inform strategic decisions and performance • Increased capability, agility, efficiency and performance	• Supply - significant shortages in some professions, services and skills • Rising levels of absence, vacancies and turnover • Lack of capacity and resources for innovation - Workforce Modernisation • Engagement • Digital systems • Lack of capacity – develop & grow our people • Requires collaboration - health and social care

Objectives	Key Deliverables / Timeline
• Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity, Oct 2022 • Development of new and amended roles, 10/22 • Increase supply via the apprenticeships route, 10/22 • Develop roles that cross organisational boundaries, health and social care Oct 2022 • Continue implementation and effective use of e-rostering systems, 10/22 • Optimise medical workforce sessions aligned to patient outcomes Oct 2022 • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams Oct 2022 • Create a less bureaucratic Job Evaluation process, working within AFC parameters, Oct 2022 • Build capacity and capability in workforce planning and development, Oct 2022

Stakeholders
Social care / local authority partners, WFIS, Clinical Boards, Resourcing and Transformation Team

Risks to Delivery	Measures for Success
• Knowledge, skills and expertise (Workforce analytics, strategic workforce planning • System limitations • collaboration/partnership working • Engagement / resistance to change	• Levels of engagement • Workforce metrics – retention, vacancy rate, variable and non-contracted pay • Reduction in skills shortage • Improved efficiency in rostering • Successful roll out of health rostering • No. apprentices appointed and made substantive • Improved accessibility and use of workforce analytics

Annex xxx: Dragons Heart Institute, All Wales Intensive Learning Academy and SFERIC

We launched the Dragon's Heart Institute (DHI) in 2021, inspired by the Health and Social Care sector's response to the worst moments of the Covid-19-19 pandemic. The Institute aims to bottle the innovative, delivery-focused, collaborative spirit demonstrated during this challenging period, and apply it to the next biggest challenges which face us. It provides a home for the varied innovation activity we are driving within the Health Board, with a focus on incubating ideas, building a network of the best leaders and organisations that will help scale these ideas up, and growing internal expert delivery capability and capacity. The DHI is increasingly delivering work on an All-Wales basis, such as our two leadership courses detailed below, in order to ensure learning and best practice is shared between health boards, enabling us to progress together, more quickly. This also aims to reduce duplication of work, in favour of spreading best practice.

In 2021, alongside our partners in Swansea University, Cardiff University, YLab and the Bevan Commission, we were successfully awarded the All Wales Intensive Learning Academy (ILA) for Innovation in Health & Social Care. Through the ILA and hosted by the DHI, we have developed CLIMB. This year-long course brings together 30 leaders of all professions and levels of seniority within Wales' Health and Social Care sector. It aims to create a self-sustaining generation of future leaders to accelerate innovation by providing experiences and opportunities within a safe and supportive environment. Now well underway with our first of three initially funded cohorts, we are helping them to be inspired by world-leading innovators and leaders, to learn from senior mentors and global best practice, and to build a network which will support their development and enable them to deliver the projects we are helping them to launch. This experiential learning approach is underpinned by a strong theoretical base, provided by world-leading teachers such as Sir Muir Gray.

Through the ILA and DHI our Spread and Scale Academy is an immersive training event designed to give people the tools and skills needed to unleash their improvements and innovations at scale across their organisations, Wales and beyond. We are now in our third year of working alongside our partners at the Billions Institute; a Los Angeles-based organisation which specialises in supporting innovators to unleash their potential and make large-scale meaningful change. To date over 50 teams have attended our Academies, leading to the successful spread of ideas such as the Green Health Wales Network and Simulation Training for Tracheostomy Care , which went on to be awarded £400,000 through the Cardiff Capital Region Challenge Fund.

With both CLIMB and the Spread & Scale Academy we will deliver innovation leadership training to 400 learners from across Wales by the summer of 2024, supporting the acceleration of innovation through a network of change leaders and enabling spread and scale of great ideas across Wales and beyond.

SFERIC

The SFERIC programme is as a new training capability to help CAVUHB minimise its impact on the planet by building capacity across the workforce for sustainable healthcare quality improvement. It seemed important to create a training package for enthusiastic clinicians, where they could be supported in-post to deliver local solutions based on a system-wide understanding of particular sustainability challenges, such as how to switch to reusable PPE in a sterile theatre environment.

The SFERIC programme seeks to assemble cohorts of ten scholars, each drawn from a different clinical directorate and provides them 12 months of training, with both a clinical supervisor and a procurement business manager to oversee their work and networking opportunities to help scale their

ideas. A second cohort is planned for Autumn 2022 with cohorts being established in other Health Boards by 2023 for 100 scholars.

The SFERIC programme is being undertaken alongside three other core workstreams:

- A Circular Economy Solution for Sustainable Textile Use across NHS Wales
- A Strategic & Operational Capability to guide NWSSP to Net-Zero by 2030
- A NWSSP Innovation Incubator

Annex xxx: Our digital strategy

CAV_Digital Strategy_Final DT1.p

Annex xxx: Cluster level plans

Cardiff City & South_Cluster Annual

Cardiff East_Cluster Annual Plan 2022.23

Cardiff North_Cluster Annual Plan 2022.23

Cardiff South East_Cluster Annual P

Cardiff South West_Cluster Annual

Cardiff West_Cluster Annual Plan 2022.23

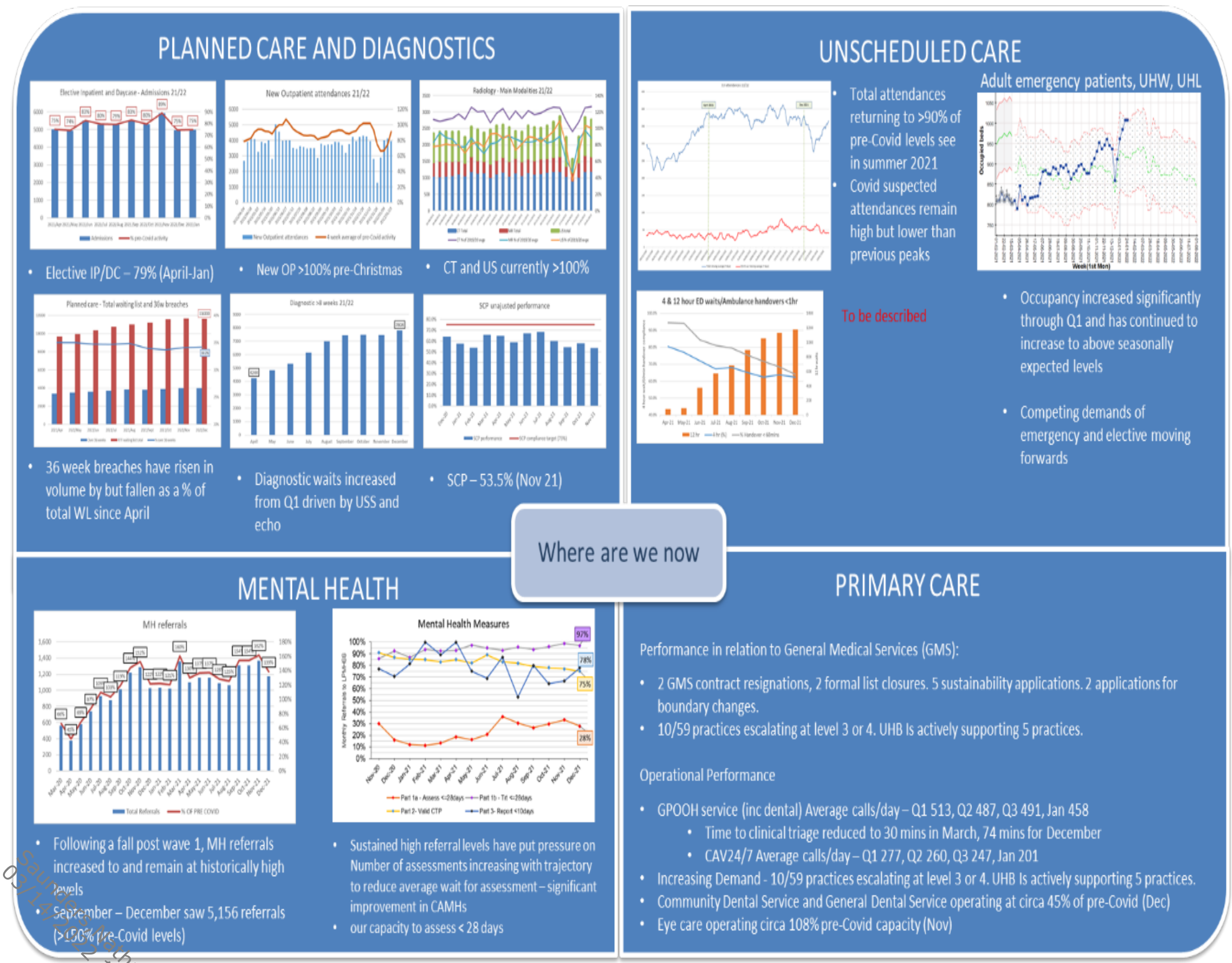
Central Vale_Cluster Annual Plan 2022.23_

Eastern Vale_Cluster Annual Plan 2022_23.

Western Vale_Cluster Annual Plan 2022.23.

Annex xxx: Recovery, where are we now

Primary Care	Mental Health	Unscheduled Care	Planned Care	Diagnostics
• Sustained pressured due to the return of delayed presentations, reduced system flow and the knock on impact of social care challenges • Many practices consistently reporting high escalations level of 3 or 4 • Support being provided to practices who have requested list closures. • Dental services are operating at 40% of pre-Covid-19 capacity • Eye care services now back to pre-Covid-19 levels of activity due new the innovative models • High call volumes to CAV 24/7 / Out of Hours services	• Significant impact on population mental health due to lockdowns including increased social isolation and negative economic consequences • Acute services have been working to provide Covid-19 positive inpatient beds during most recent wave • Referrals continue to increase • Performance across mental health for assessments has improved in recent months • Summary position on CAMHS – including eating disorders	• Primary care services experiencing significant pressure • Acute hospital attendances and admissions returning to, but not exceeding, pre-Covid-19 levels • Capacity in assessment and emergency departments is constrained due to requirement for dedicated streams and workforce shortages • Hospital flow significantly reduced due to long length of stay and barriers to discharge. • Limited Critical Care capacity, despite reduced requirement for Covid-19 beds in latest wave	• Elective surgery activity over 90% of pre-Covid-19 levels – supported through the introduction of Protected Elective Surgical Units (PESU) and use of the independent sector • Overall elective inpatient and day case admissions over 75% of pre-Covid-19 levels • New outpatient activity over 90% of pre-Covid-19 levels with virtual consultations accounting for 25% of all outpatient activity • Cancer Performance update to go here • Waiting times / backlog update to go here	• Endoscopy activity continues to increase with over 125% of pre-Covid-19 levels now being delivered – facilitated through core capacity, insourcing and outsourcing • Radiology activity across all modalities remains high with CT (127%) and MR (101%) exceeding pre-Covid-19 level • Waiting times, including those over 8 weeks, are particularly challenged within Ultrasound and Echocardiogram



Annex xxx: Primary, Community and Intermediate care – Background and context

Over the last year we have continued to see pressure on our unscheduled care services in Primary Care. Our approach to meeting this challenge includes innovative examples of local service development including our Urgent Primary Care Centre (UPCC) in the Vale of Glamorgan that has continued to grow and this led to (insert figures here). The introduction of CAV 24/7, our ground-breaking phone first model, has similarly helped improve the ability of our system to triage and direct patients to the most appropriate care provider, thereby reducing the pressure on services and giving more emphasis on valuing patients' time. We plan to accelerate our commitment to developing UPCC with particular focus on how these will be embedded in to our Locality models and in conjunction with our planned Health and Wellbeing Centres and Hubs. The link between CAV 24/7 and UPCC is now well established and we plan to develop the opportunities in this area as we begin to transition to the NHS 111 model.

The pressure felt across our primary care services includes those delivered by our contractor partners such as GPs, pharmacists and dentists. In recognition of this we are again making primary care sustainability a key principle of our IMTP for the coming year and beyond. To this end there has been continued growth in our primary musculoskeletal physiotherapy and mental health services. The development of the primary care workforce is a core requirement to help drive forward our sustainability goals and this includes the continued transition to new roles and ways of working in profession such as nursing, therapies, dental and physician associates.

Many of the core services for which sustainability is so central require us to focus on prevention. A detailed overview of the strategic direction for public health prevention can be found in ***"transformed population health"*** with our ambitions for scaling and transforming our approach to immunisations noted in section X (LINK now). Our focus on falls is another example of how the prevention agenda will drive change through the lifecycle of this IMTP as we look to develop our community-based falls clinics with a desire to establish a comprehensive falls service that encompasses rapid assessment and hospital admission avoidance approaches.

We predict that there be will a continued increase in patients' needs in relation to chronic diseases as the full impact of the pandemic is realised. In addition to expanding our work in MSK and Mental Health, that has formed a central part of the most recent plans, we will again be supporting additional and innovative approaches to care in areas such as diabetes where we will look to deploy therapy lead assessment and intervention programmes to empower both those with and at risk of diabetes. Include additional chronic disease work here – COPD / cardiovascular disease / etc.

We remain acutely aware of the importance of our partnerships across the Cardiff and Vale Regional Partnership Board (RPB). The recent pressures we have faced across both primary and secondary care can only be addressed through collaborative, coherent partnership working across Health, Social Care and the Third Sector. Further detail on some of our recent and planned partnership working that will help shape our Recovery and Redesign Programme can be found in **section 2** ***transforming partnership working.***

Addressing health inequalities is a central tenet of our approach in Primary Care as we transform and improve the delivery of services for complex and vulnerable patient groups. Our focus will once again include the continued modernisation of Learning Disability Services as we work with our partners from

Swansea Bay Health Board to transform pathways to and from hospital, so that patients can be treated in the least restrictive way, and be in hospital for the shortest possible time. COVID-19 highlighted the health inequalities faced by people with learning disabilities with his group being more likely to die from the disease than the rest of the population and also more likely to have suffered a significant impact upon their general health and wellbeing caused by social restrictions. Our plans for the coming year ensure that we are commissioning high quality, effective community and inpatient services through partnership working across health and local authority teams.

Our Cardiff and Vale Health Inclusion Service (CAVHIS) was recently launched with the aim of providing access to public health screening and short-term support for individuals who find it hard to access healthcare and who are not registered with a GP. The growth of this service over the course of the IMTP will be an important part of our work to address health inequalities in our communities.

Our approach to planning on a system wide basis has been informed by our partnership with Canterbury District Health Board in New Zealand. Perhaps the most tangible example of the work we have built in this area has been the development of over 400 Health Pathways which help provide GPs and community teams with up to date and tailored guidance on options to support individuals across the spectrum of services. Our plans for the next IMTP cycle centre on the continued expansion of the *HealthPathways* tool to cover more areas alongside the ongoing refinement of the existing pathways which will form an essential part of our approach to managing waiting lists and supporting patients to access timely care.

Annex xxx: Mental Health – Background and context

One of our prime objectives for the coming planning cycle is to improve ease of access to services. Through this work we aim to make services accessible and build on 'right place first time' methodologies which will reduce duplication and waiting times. This work will link closely with our desire to develop a Single Point of Access with a potential integration with NHS 111 to be considered.

Provision of services to people in mental health crisis has become increasingly important over recent years. These services operate across adult and children and young people, and we are proud of the work we have undertaken to increase our Crisis Home Treatment Services and the additional capacity given to Adult Liaison Psychiatry services to support people presenting to acute hospitals requiring mental health support. Sanctuary support, delivered in conjunction with our third sector partners and through the principles of the Crisis Care Concordat, has been invaluable during the pandemic and we will look to increase this provision moving forward to ensure we are meeting the person centre requirements for people at risk of mental health crisis. Within Children and Young People we are extending the provision of our Crisis service to cover 8am – 12am at the start of the financial year with planned to make the service available 24/7 once recruitment to vacancies is complete. Recruitment is also underway for our Intensive Home Treatment Service which will reduce inpatient admissions and length of stay.

Our services continue to transition towards trauma informed models of care that will again focus on being peer informed and multidisciplinary team led. Working with our partners across education and the third sector will be pivotal to success in this arena, this is especially pertinent given our increasing understanding of the impact of Adverse Childhood Experiences and Post-Traumatic Stress Disorder. Our planning for the coming year will include consideration of how we can provide appropriate low secure inpatient environments for women.

Dementia and Older People – awaiting detail to be included here.

It is important to recognise that the Mental Health sector retains significant ongoing challenges with recruitment to vacancies, in line with national shortages, and thus the UHB is exploring novel approaches to staffing across services. These include deployment of a range of new roles to increase resilience such as Associate Physicians, Supplementary Prescribers and Clinical Associates in Applied Psychology.

Improving access and treatment for young people has never been so important and the UHB is committed to driving improvement across Emotional Wellbeing and Mental Health services. The implementation of a Single Point of Access during 2021 has provided a transformation of our approach to clinical triage and consultation whilst additional information for patients and carers is now available via our new website.

Capacity challenges in our services have been exacerbated by increased demand when compared to pre-pandemic level. Specialist CAMHS have seen a 17% increase during this period with the picture even more stark in Primary Mental Health Services with a 27% increase in referrals. We are working with digital partners to increase capacity for Part 1a assessments and during Q1 2022-23 we will further increased our capacity in this area.

Additional workforce capacity has been provided to our eating disorder services as part of the Recovery and Redesign programme following a growth in referrals and inpatient bed requirements for these patients during the pandemic. Despite a shortage of available workforce our proactive recruitment strategy has led to over 50% of targeted vacancies being filled and we expect to fully release this benefit during the first half of 2022-23. We continue to look at innovative models to provide tailored support to patients, such as BEAT Synergy Programme, which aims to expediate treatment to achieve a quick and sustainable recovery.

Annex xxx: Planned Care– Background and context

The impact of waiting times is being seen significantly within the outpatients' part of our patient pathways. The requirement for increased social distancing, the expansion of essential services and workforce pressures have all contributed to this challenge. We are now fully engaged in our Outpatients Transformation programme which we know will be pivotal as we reform moving forwards. This programme, informed by the national steering groups, cover all elements of the outpatient journey as we look to revolutionise our approach to referrals, advice and guidance, virtual working and provide additional capacity. We are proud to have introduced many See on Symptoms / Patient Initiated Follow Up pathways which reduce the unnecessary number of follow up appointments we have historically undertaken and provides patients with the power and authority to access our services when they deem necessary.

Our work over the last year has centred on giving us the foundation from which to build our planned care recovery moving forwards. We know that our most important asset is our staff and it is they who will lead the recovery as we look forward. To that end we have invested in over 130 additional members of staff approved for recruitment in the planned care space.

In addition to increasing our workforce we have focused on ensuring physical capacity is in place to help us return to and exceed our pre-pandemic activity levels. The establishment of our Protected Elective Surgical Unit (PESU), at both UHW and UHL, is a prime example of the UHB seizing the opportunity for new ways of working, with these units ensuring dedicated Covid-19 free surgical capacity is maintained and providing surgical care to over 9,900 patients during 2021.

A new mobile cataract unit at our UHW site has begun treating patients and will provide the capacity for approximately 380 ophthalmology procedures per months whilst affording us the opportunity to implement more efficient ways of working which maximise staff time. One of the groups impacted by a reduced availability of theatre time has been our Gynaecology teams and to help address this we have developed an additional Gynaecology Treatment Room which will provide space for high volume day case procedures to be undertaken, significantly reducing waiting times. More broadly we also plan to continue our utilisation of capacity within the independent sector which has formed an important part of our approach to day case operating across a number of surgical specialities.

We know that cancer outcomes are not good enough. Whilst we have continued to make progress in this area we plan to refresh our cancer strategy over the coming year in line with the recently published Quality Statement for Cancer to ensure we are able to meet the six core themes of equitable, safe, effective, efficient, person centred, and timely care. During the course of this planning cycle we will look at modernising our approach with the aim of providing rapid diagnostics for patients presenting with vague symptoms. We are continuing to work in partnership with Velindre Cancer Centre across all areas of our cancer strategy and particularly to implement an expanded Acute Oncology Service. You can find more detail on our plans for our continued partnership working with Velindre NHS Trust in **section 3.4** ***Regional working where clinically appropriate.***

2021-22 also saw the implementation of the first phase of our prehabilitation model with significant additional resource invested which will provide vital support to patients diagnosed with cancer along their treatment journey.

As a large tertiary provider many of our services fall under the commissioning remit of Welsh Health Specialised Services Committee (WHSSC). Despite many of these services having been impacted by pathway and location changes the UHB has continued to deliver high quality care across specialities include Cardiac and Neurosurgery. Work is now underway at a speciality level to determine trajectories for activity and waiting times alongside the planned increase in capacity in areas such as cardiology.

Regional working continues to form a central element of our future planning. We are committed to working with our partners across South Wales to maximise all available opportunities for service redesign and capacities of scale. We are supporting the integration of Vascular services which will be delivered early in the coming year. Full details of our planned regional work is, as referenced above can be found in **section 3.4** ***Regional working where clinically appropriate.***

Detail of our core planned care focus is provided on the following page, alongside our key delivery ambitions. For further information on our expected trajectories against some of the key planned care metrics, please refer to a snapshot of our minimum data set here (LINK when ready)

Annex xxx: Unscheduled Care – Background and context

The pandemic has provided us with additional impetus to ensure we have the support systems in place to allow people to remain independent at home, preventing the need for urgent care, or to receive the urgent care they do need away from acute hospitals. The coordination, planning and support for those most at risk of needing urgent care is pivotal to the success of our programme. To that end, the UHB has developed a community-based approach to the development of Multi-Disciplinary Teams who operate within Primary Care Clusters with a specific remit to support patients to remain at home and reduce reliance on admission. Plans for scaling up and rolling out this current pilot can be found in **section 2** ***transformed partnership working.***

Signposting, and in particular ensuring the best use of both patient and clinical time, remains a significant part of our unscheduled care planning. The success of our CAV 24/7 system has already been noted and further detail on our work to increase community options and improve pathways can be found in both the unscheduled care (LINK now) and strategic sections (LINK now) where we further detail our plans for UPCC and the development of the national "111 First" model.

Within our acute hospital work, has accelerated at pace over recent months to deliver meaningful change to our pathways, infrastructure and flow. Our Acute Medicine Model has been severely tested and we are now utilising our OPAT centre planning approach to reaffirm our "must do's" in this area to ensure we provide a rapid response to patients through expert clinical leadership, particularly over the first 72 hours of acute care, to support prioritisation, escalation and improve outcomes.

Same Day Emergency Care (SDEC) is a well-recognised and evidence-based approach to the delivery of unscheduled care. Aligned to national priorities the UHB is delivering a comprehensive SDEC approach which aims to provide an alternative for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. Construction is underway for a new Surgical SDEC which will provide the appropriate clinical environment to bring together a range of surgical specialities to significantly reduce the flow of surgical patients through our Emergency Department. For our medical patients, additional workforce is being recruited to expand the opening times of our Medical Emergency Ambulatory Care Unit (MEACU) to provide investigation, care and treatment for patients who would otherwise have required admission to hospital.

A number of workstreams are currently focused on improving hospital flow and improving patient experience and outcomes. Our "Right Bed First Time" programme is an effective patient flow management approach which at its core aims to provide patients with the best possible care, and shortest possible length of stay, by ensuring that on admission they access the most appropriate bed for their individual needs. Similarly, we have invested in our therapy workforce in recent months to help us fully implement a frail trauma service which will lead to improved patient experience, reduced length of stay and better outcomes.

We recognise that we also have some very specific interim service continuity issues which we must address. We know that we need to resolve these to not only support our recovery programme of work described here but to also enable the larger long term transformation of our services as described in section 2.

You can find details regarding our plans for these specific services, which include stroke, trauma amongst other areas in **section 3.4** ***ensuring interim service sustainability***.

Annex xxx: Strategic transformation – Background and context

Transformed Partnership Working

As a committed partner in the Regional Partnership Board (RPB) we will continue to work alongside Cardiff Council, Vale of Glamorgan Council and the third and independent sectors which make up the health and care economy for our region. Over the last year, the RPB has moved towards a focus on improving outcomes for people at different stages in their lives, creating three new partnerships: Starting Well, Living Well and Ageing Well.

Each Partnership oversees a programme of work, determined by the outcomes the RPB has in place to achieve (see Regional Outcomes Framework on p XXX) and the needs of our population as defined by the five yearly Population Needs Analysis (see pg xxx).

The Partnerships are developing their plans which will culminate in the RPB's 5 yearly Area Plan due for publication in 2023. The RPB is also overseeing the delivery of the Market Stability Report which assesses the stability of the care market – critical in delivering both health and social care in care homes and domiciliary care provision. The report, due for publication in May 2022 is of particular importance because of the impact of COVID-1919 on the care sector.

The Starting Well Partnership is developing a multi-agency wellness model for children and young people with emotional wellbeing and mental health needs, creating an integrated approach focused on earlier support and interventions in schools and early help services, before social care or CAMHS services become necessary. Many of the children in emotional distress do not need psychiatric treatment, but access to a coordinated range of psychologically informed care and support.

The Living Well Partnership is being developed, recognising its huge potential span across a wide range of needs and services including mental health, learning disabilities and autism.

There is also recognition that there is the opportunity for the Starting Well, Living Well and Ageing Well Partnerships to operate in the space between the RPB and the Public Services Boards: creating forums where all public sector services can work plan and deliver together to improve outcomes for the population.

The RPB is also overseeing the local introduction of the new 5-year Regional Integration Fund, which draws together a range of predecessor funds (Integrated Care Fund, Transformation Fund etc). The explicit intention of the fund is to pump prime new care models which over the period of the fund move into business as usual and core funding, through a tapering model of WG and local match funding. This will mean that RPB statutory partners will need to commit increasing amounts of core funding and alignment of core-funded services to the new care models and align. The RIF will enable us to deliver the new models of care set out above.

Working with our RPB partners we have consequently identified five key projects that will sit under our @Home programme. These projects include;

1. delivery of a **single point of access** into community services - responding to the escalating needs of people in the community and to facilitate the discharge to assess model for people who needed an acute hospital admission,

II. a new model of **community clusters** - building on the multi-disciplinary cluster model pioneered by the SW Cardiff Cluster,

III. a regional approach to **Intermediate Care –** right-sizing our services to reflect the needs on an ageing population and a rise in the number of people living in our communities with complex care needs (physically disabled people, people with enduring severe mental illness and people with learning disabilities.

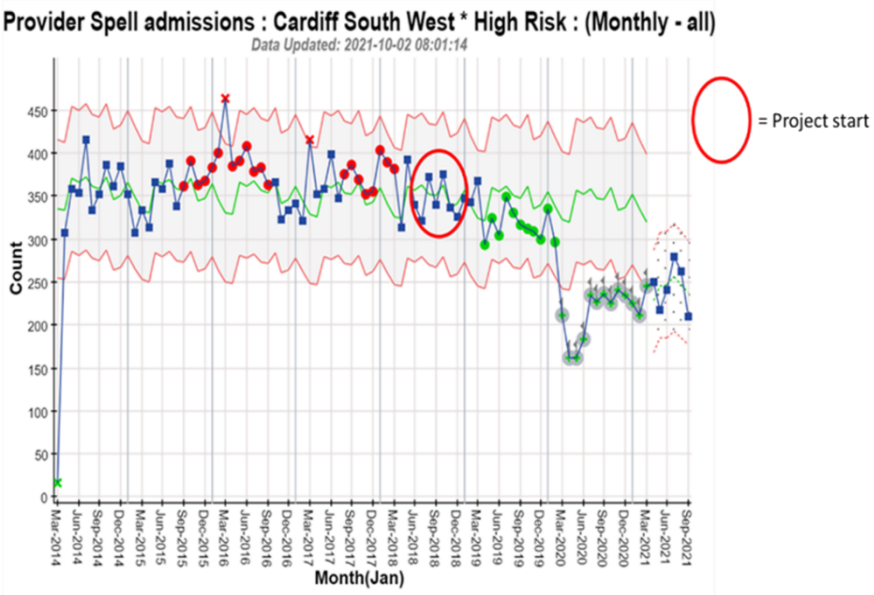
IV. a **Health and Wellbeing Centre** strategy which works for each locality – providing the facilities in which to deliver our care closer to home models of care, and

V. a new formal single integrated **governance structure in the Vale of Glamorgan for community health and care services** – the Vale Alliance**.**

There exists strong evidence that tells us these are the right projects to be progressing and what our population can expect to see that is 'different' as a result. For example, project two "a new model of community clusters" is building on the multi-disciplinary cluster model pioneered by our SW Cardiff Cluster.

Previous to the implementation of their new model the cluster was 32% higher than the average across clusters for GP referrals per population. The cluster managed to reduce the rate by 16%. Whilst the year post COVID-19 all clusters saw a decrease in rates the South West Cluster stood out with the highest rate decrease of 53%.

In quantifiable terms this resulted in South West Cluster bed days from Feb 2019 to Jan 2020 reducing by an average of 538 a month compared to the counterfactual trend whilst a cost benefit analysis has demonstrated that for every £1 expenditure £4.96 has been the return.



We know that we need to take bigger steps in creating an integrated workforce to support these models of care, where every member of the team is able to operate at the top of their professional licence, and the principle of 'trusted assessors' is the prevailing approach. This approach is in keeping with the Prudent Health and Care principles and that of the National Clinical Framework. We know that different organisations have different cultures so the importance of rapping an organisational development programme around this area of work is recognised. The workforce section of this plans notes this as a priority area of work which is being progressed.

Transformed clinical services

With transforming / transformed partnership working comes the opportunity to review how our clinical services should change.

The pandemic has brought into sharp focus the real opportunity we now have to accelerate the transformation of our clinical services. Almost be 'default' we have achieved more in the last 18 months in this regard than we might ever have hoped for.

We must ensure the lessons from the way in which we delivered these rapid transformational changes are not lost but rather are embedded into any new models which we plan for the future. We have undertaken a number of formal learning exercises to capture the views from our staff, patients and partners which have been distilled into a number of key learning points that we are taking forward, including how we empower clinical leadership at all levels, and enable front line teams to develop and implement local service improvement plans.

As part of this learning, in the Spring of 2021 we engaged with our citizens, partners and staff to explore the case for change and approach to developing a future programme to reshaping clinical services.

Despite engaging during the COVID-19 pandemic we managed to engage widely and for those who completed the survey which formed part of the engagement process, 88.22% 'strongly agreed' or 'agreed' with the challenges and opportunities we set out, and 91.95% 'strongly agreed' or 'agreed' that there is a need to transform some of our clinical services.

Using this strong level of support as a mandate we progressed our thinking and recognised that the National Clinical Framework (NCF) provided a basis and structure to the way in which the future clinical models need to be developed and delivered across Cardiff and the Vale. The ethos of the framework is complimentary to the transformation of partnership working which we are taking forward.

This has enabled us to reach a point where we have now been able to mature and formalise a *Shaping our Future Clinical Services* (SOCS) programme of work through defining some core principles and approach.

Put simply SOCS will develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

We will do this by:

1. **Developing service lines** - Bringing policy, best practice, research, data & information, innovation and subject matter experts together in groups of services (i.e. Women's, Cardiovascular, Cancer, MSK). By identifying and assessing the impact of changes of the way in which we deliver care for these services we will create a high-level vision and framework through which multiple care pathways can be tested and developed.
2. **Pathway redesign** - The detailed pathway work will bring stakeholders together from across the care pathway (including community care and acute care clinicians, local and regional partners and patients and their carers) enabling them to design transformed care pathways for the future and develop plans for their delivery. This will bring transformation that is clinically led and centred around the citizens needs not just the treatment for their condition.
3. **Programme structure -** The development of a cohesive and integrated structure that ensures effective design and delivery of pathways. With a strong focus on cross cutting themes such as; health promotion and disease prevention, frailty, long term conditions and rehabilitation and enabling programme such as digital and workforce. The structure also aims to foster

partnerships across the health and social care system as well as regional and national partnerships and will continue to develop in line with the National Clinical Framework.

This approach also supports a 'bottom up' take on transformation by allowing us to test a number of clinical service lines which will be developed to inform the clinical model for our future buildings, digital and workforce infrastructure. It also allows our health and care professionals, partners, and very importantly patients to come together to develop transformed pathways, informed by; the service lines, the national clinical framework, international best practice, population health data and intelligence, digital and workforce developments and strategies.

We know that there are significant burdens of disease and conditions such as diabetes and frailty that have an impact on the health of our population. In our clinical strategy sessions described above these were recurring themes. These are diseases and conditions that affect all care pathways, and we will look to bring the work on these key areas forward within our plan within the first 2 quarters of the year and will do this alongside the SOF Population Health and @home programme maximizing the good work that is already being undertaken in these areas.

Specifically over the next 18 months we will focus on:

- The recruitment of a small programme team.
- Further develop the programme governance, ensuring continued alignment with the National Clinical Framework, mapping of interdependencies and further building relationships with stakeholders.
- Develop a coherent communication and engagement plan in line with other SOF programmes.
- Deliver 14 service lines and testing of high-level pathways with learning and review points built into the programme plan.

Transformed building infrastructure

We know that transforming our partnership working and our clinical services are going to require a review the UHBs building infrastructure (both hospital sites and within the community). This is why as part of the engagement referenced in sub section above we also talked to our stakeholders about our future hospital infrastructure and how it needs to change in order to be a enabler for working with partners in a transformed manner and delivering our clinical services in a different way.

Hospital site infrastructure

In 2021, UHW reached its 50th anniversary of opening. It has served the population of Wales well but is now no longer fit for purpose. This is why in March of that year a programme business case (PBC) was submitted to Welsh Government (and resubmitted during October 2021 following scrutiny) which set out our vision for how services will be delivered in the future across our system.

This PBC set out the need to build a healthcare delivery system that is sustainable and has flexibility and adaptability 'baked in' to meet the future population needs, achieved through services changes, and investment in infrastructure, and collaboration with NHS and local government partners, academia and industry.

From this the Shaping Our Future Hospitals (SOFH) programme was formalised which now focuses on;

Potential redevelopment of hospital infrastructure - At University Hospital Wales (UHW) and University Hospital Llandough (UHL) sites, enabling net zero carbon and including associated improvements to IT and digital infrastructure and medical equipment.

This work will consider the options that present themselves based upon our strategy and a comprehensive assessment of those options to determine a recommended preferred way forward.

Development of an Academic Health Sciences Hub and a Life Sciences Eco-system - To allow CVUHB, Cardiff University and industry players to collaborate and support innovation, research, and development. This represents a once-in-a-generation opportunity to act as an exemplar of cross-system working, innovation, and technological advances bringing together clinical services, academia, and industry. This will build on our successful partnerships with Cardiff University in relate to being a centre of excellence for teaching the next generation of clinicians, accelerating our Joint Research Office endeavours expanding exponentially the research we jointly undertake contributing to better health care and patient outcomes, and our joint clinical innovation partnership which is bring clinicians and industry partners to get to get ideas translated into new products and treatments, and the more rapid adoption of new treatments and technologies. The full potential of these collaborations has yet to be realised and the next year will make a significant step forward.

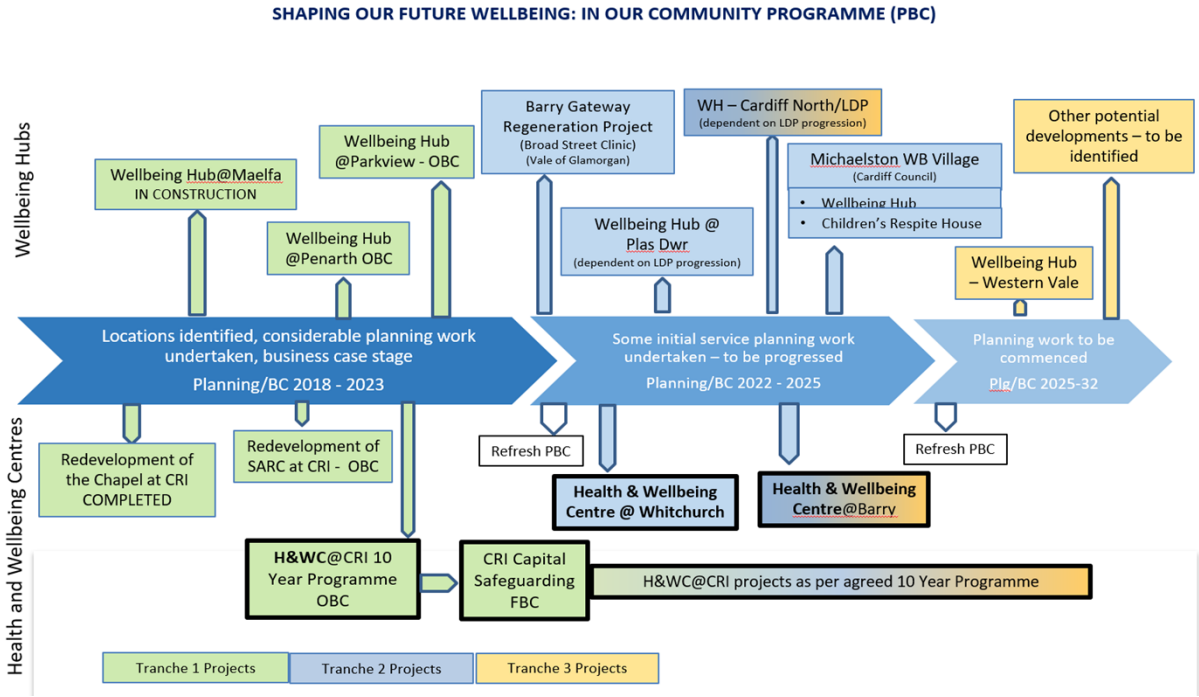
During 2022/23 we plan to progress to the Strategic Outline Case stage, subject to WG endorsement of the PBC.

<u>Community site infrastructure</u>

It is important however that we also develop our community building infrastructure which supports place-based, joined-up care across NHS, councils, third sector services and local community networks. Infrastructure must be designed around the person and focused on independence. We must not be developing a transformed hospital infrastructure that continues to draw patients to it because there is not the corresponding community infrastructure to support treating people close to home. We have agreed with partners that integrated/shared facilities where this brings benefit to our communities is the starting point for our shared plans.

Our *Shaping our Future Wellbeing: In our Community* (SOFW:IOC) programme business case was endorsed by Welsh Government (2019) and the subsequent capital business cases and WG investment has supported the development and reconfiguration of community infrastructure to create a network of Locality Health and Wellbeing Centres (H&WCs) and smaller Cluster focused Wellbeing Hubs (WHs) across Cardiff and Vale that support the above objective.

We must through the life of this plan look to complete the PBCs 1st tranche of projects before refreshing the PBC as we move into tranches 2 and 3. This is summarised in the diagram below.



Both our hospital based and community based physical infrastructure ambitions also align with, and are reflected in, the capital section of this plan which can be found in s**ection 3.4**.

Health planning work commissioned in the last quarter of 2021/22 will inform the development of the proposals for the Barry Health and Wellbeing Centre/Hospital, the new H&WBC for the North Cardiff Locality and the opportunities created through the development of Michaelson Wellbeing Village which may have a particular focus on services for children and young people. There is a very pressing need to develop the plans for primary and community services in North Cardiff because of the speed at which housing developments are progressing in the area and the wider challenges facing primary care as described in other sections of this plan.

Transformed Population Health – Prevention and Wellbeing

In conjunction with transforming our partnership working, clinical services and physical infrastructure, we need to prioritise improving the health of the population and reducing inequities in Cardiff and Vale. Through a focus on prevention we can keep our residents in good physical and mental health for longer, improving quality of life, and removing and delaying the need for health care.

The pandemic continues to expose deep-seated inequalities in health with impacts seen more heavily in our more deprived areas, and amongst ethnic minority communities. Our Director of Public Health's Annual Report for 2021/22 focus on the stark inequalities that exist across our communities and the impact that this has on differences in healthy years lived and life-expectancy. It set out a range of recommendations that were supported by the Board, and our partners through the PBSs, and which are reflected in this plan.

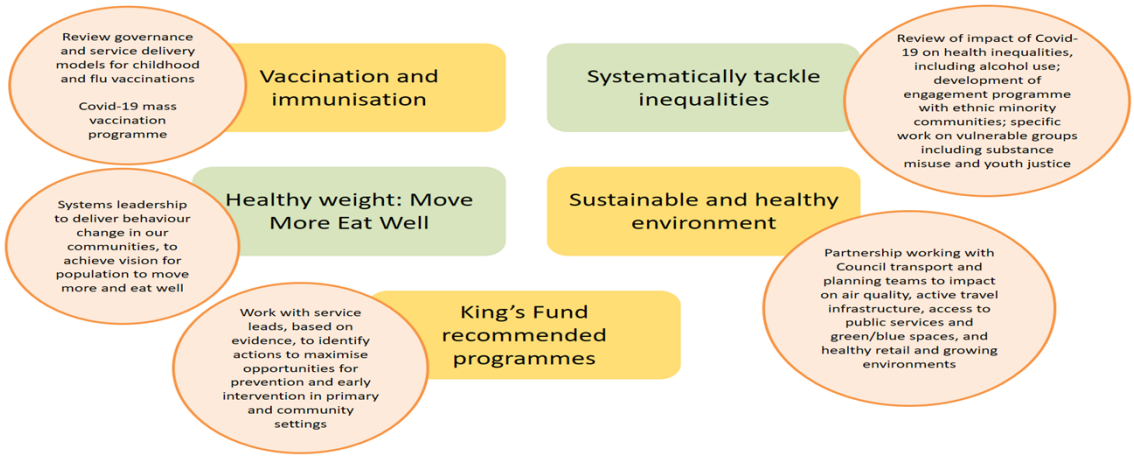
Critical therefore are transformative public health actions across Cardiff and Vale that respond to the health needs of the half million residents in our area. These actions will need to address and respond to:

- **Health inequalities** - long-standing inequalities in outcomes between people living in our most and least deprived areas, and our ethnic minority communities. These inequalities have been exposed and further exacerbated by the Covid-19-19 pandemic which has not impacted equality on our different population groups.
- **Demographics** - our population is getting older on average- in both absolute numbers and as a proportion of society and this has major implications for how we plan services and support communities to develop in age-friendly ways in the future. Whilst previous trends in population growth have slowed, the populations in Cardiff and the Vale of Glamorgan continue to grow – through both inward migration into the area, and an increase in the birth rate. This has significant implications for the provision of our universal services – GMS and GDS services, health visiting, community paediatric services, schools and social care – particularly in light of the significant upturn in referrals seen at key points during the pandemic.
- **Risk factors for ill health** - these require action at the level of the wider environment and determinants of health, as well as supporting individuals to make health lifestyle choices in a sustainable way. Many of these determinants have been exacerbated by the pandemic:
    - Sub-optimal immunisation uptake
    - Overweight and obesity
    - Poor air quality and the climate emergency
    - Tobacco use
    - Alcohol consumption
    - Social isolation and loneliness
    - Adverse Childhood Incidents
- **Covid-19** - we need to protect vulnerable residents and mitigate against future variants of the virus

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. This reflects the need to ensure a rapid 'recovery' from the impact from Covid-19-19 for people for whom treatment has been delayed, and for people who are now presenting with more advanced diseases. In some areas we know that there is un-met need in our populations which is still not presenting into the system either in primary care, or as an acute episode. At the same time, we mist accelerate our focus on upstream disease prevention through generic population health programmes such as Move More Eat Well, and condition specific actions, such as the role out of cluster diabetes prevention programmes with our pre-diabetic patients.

In our 21-22 annual plan we said we would set out our population health approach under a new Shaping Our Future Population Health (SOFPH) programme and how we would ensure we integrate prevention into our other change programmes within the strategic transformation portfolio. We have done both and moving into 22-23 will now look to build on this progress.

The image below describes the SOFPH programme and five composite system level projects that co-ordinate cross-cutting action on our key priorities.



Partnerships will again be a key mechanism of delivery for this area of work. Action on the wider determinants of health is led via the Public Services Boards (PSBs) in Cardiff and the Vale, and reflected in local authority corporate plans. This includes action on fair economic development; housing and homelessness; environment; education; and community safety. The Wellbeing Needs Assessments being finalised at the moment will inform refreshed PSB Wellbeing Plans which will be developed during 2022/23, and which will very much align with our Population Health Programme.

Actions at specific life stages (life course approach) are led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which each include specialist public health input from the local public health team.

In addition to the issues generated, and further exposed, by the pandemic, our SOFPH programme will continue to respond to the pre-existing health needs of our local population - notably on specific issues and settings, including sexual health, falls prevention, and the Healthy Schools and Healthy and Sustainable Pre-schools programmes.

Annex xxx: Tertiary services collaboration background information

The Regional and Specialised Services Programme is a collaboration between CVUHB and SBUHB to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

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

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

The programme has been informed by a comprehensive assessment of the tertiary services within both organisations. This has included a risk assessment of quality and patient safety, service sustainability, and delivery and performance.

Specialised Services Partnership Vision and Framework

The programme has recently held a series of workshops with senior clinicians and operational leads to develop a vision and framework for the specialised services partnership. The proposed partnership vision is:

World class specialised healthcare in Wales

With four supporting themes:

- Providing outstanding patient outcomes through high quality and effective specialised healthcare
- Creating a vibrant and sustainable environment for people to learn and work
- Working in partnership to plan and deliver specialised clinical pathways across the entire region
- Driving innovation and research in specialised healthcare

The proposed framework is composed of 6 sequential stages:

1. **Partnership Vision** – as described above.
2. **Service Selection** – services that fulfil the criteria of a specialised service are assessed in the joint baseline assessment, using the risk assessment and assessment of the impact of Covid-19-19 on service provision.
3. **Service Assessment** – prior to undertaking the service assessment, both organisations identify their respective success factors. The service assessment process includes the following elements:
    - History – set the context
    - Patient focus – describe the problem from the patient perspective.
    - Consensus – build consensus by:
        - identifying areas of agreement;

    - and developing strategies to address areas of disagreement
- Inclusive – engage with all key stakeholders
- Holistic – review the whole patient pathway
- Process – establish clear lines for reporting and accountability

4. **Recommendations** – the recommendation stage is informed by an appraisal against each of the following:
    - Commissioning - review commissioning model;
    - Investment - investment and development of service;
    - Collaboration - work in partnership with another service;
    - Differentiation - develop the unique elements of the service to clarify commissioning arrangement; and
    - Market Development - expansion of catchment area / commissioning arrangements.

    This will include an impact assessment which will include the following elements:
    - Benefits – for patients; service; staff; Health Boards; wider system;
    - Adverse impacts – for patients; service; staff; Health Boards; wider system; and
    - Impact on performance; quality and experience for patients and staff.

    As well as an assessment of the implications for engagement with stakeholders.

5. **Implementation** – the penultimate stage includes consideration of recommendations through the appropriate governance routes in both organisations, and may include public engagement or consultation.

6. **Evaluation** – the final stage is an evaluation of the outcome, including the impact on the success factors identified by each organisation at the service assessment stage.

The aim of the framework is to provide a clear supportive structure for both organisations to work in partnership to ensure that patients in South and West Wales (and beyond) have access to safe, effective and sustainable services. Further internal engagement on the framework will be undertaken by both organisations over the winter, in order to inform the development of the final version for engagement with key external stakeholders.

CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)

CVUHB has developed the following vision for its specialised services:

World class specialised healthcare for Wales.

This is supported by four strategic themes:

- **Providing high quality care, with outstanding outcomes**
- **Promoting excellence in education, training and opportunity**
- **Supporting innovation and research**
- **Delivering in partnership across Wales**

This vision will guide planning around the whole of the patient pathway, from local through to tertiary and back to local services, and will enable CVUHB to have informed discussions with its commissioners, and other stakeholders, about the role of these services in supporting the delivery of A Healthier Wales.

Work is well advanced on the tertiary services strategy, and although development was paused at the start of the pandemic, it has since resumed as part of the wider Shaping Our Future Clinical Services Programme.

SBUHB Tertiary Services Strategy

Work on the development of the SBUHB vision and strategy was disrupted by the COVID-19-19 pandemic. This work will be progressed once the ***Specialised Services Partnership Framework and Vision*** has been agreed.

Regional and Specialised Services Work Programme

The work programme is overseen by the Regional and Specialised Services Provider Planning Partnership. This is a joint CVUHB and SBUHB group, chaired by the Chief Executive Officers, which meets on bimonthly basis. Over the course of 2021/22, the programme has worked with the NHS Wales Collaborative Executive Group to address key commissioning gaps within specialised services, as a result agreement has been reached to delegate the following services to WHSSC for commissioning from April 2022 onwards:

- HPB surgery
- Specialised Paediatric Orthopaedic Surgery
- Paediatric Spinal Surgery
- Spinal Services Operational Delivery Network

The partnership is underpinned by a Memorandum of Understanding between the two organisations, and in 2022 will be further strengthened by the appointment of a team to support the Associate Programme Director.

Over the course of 2022/23, further work will be taken to develop the **Tertiary Services Oversight Groups** in both organisations. These will be responsible for:

- Reviewing and evaluating the effectiveness of commissioning arrangements for specialised services which are not commissioned centrally;
- Agreeing and monitoring action plans for specialised services in which risks have been identified, including quality and patient safety, service sustainability, and delivery and performance;
- Identifying specialised services which require a collaborative approach for delivery, or which have critical interdependencies with services delivered by another provider, for discussion at the appropriate partnership forum, e.g. Regional and Specialised Services Provider Planning Partnership
- Making recommendations to the Health Board executive team on the future commissioning, and delivery of the organisation's portfolio of specialised services.

Report Title:	**Board Assurance Framework** - Sustainable Culture Change, Inadequate Planned Care Capacity, Reducing Health Inequalities.				Agenda Item no.	2.5	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	15th March 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

At the May 21 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes.

The following risks are attached for discussion at today's meeting:

- Sustainable Culture Change
- Inadequate Planned Care Capacity
- Reducing Health Inequalities

The purpose of discussion at the Strategy and Delivery Committee is to provide further assurance to the Board that these risks are being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.

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

The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 27th January 2022.

Recommendation:

The Strategy and Delivery Committee is asked to:

(a) Review the attached risks in relation to Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities;
(b) Provide assurance to the Board on 31st March 2022 on the management /mitigation of these risks.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1.	Reduce health inequalities	x	6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	x	7.	Be a great place to work and learn	
3.	All take responsibility for improving our health and wellbeing		8.	Work better together with partners to deliver care and support across care	

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

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

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/~~No~~

At the Board Meeting held on 29th July the following risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets
7. Inadequate Planned Care Capacity
8. Delivery of Annual Plan
9. Staff Wellbeing
10. Reducing Health Inequalities

Set out below is a programme of which risks will be discussed at each meeting of the Strategy and Delivery Committee in order to provide assurance ot the Board:

13 July 2021

1. Workforce – Strategy and Delivery Committee ✓
2. Sustainable Primary and Community Care – Strategy and Delivery Committee ✓

14 September 2021

3. Sustainable Culture Change – Strategy and Delivery Committee ✓
4. Inadequate Planned Care Capacity – Strategy and Delivery Committee✓
5. Reducing Health Inequalities ✓

16 November 2021

6. Delivery of Annual Plan – Strategy and Delivery Committee✓
7. Staff Wellbeing – Strategy and Delivery Committee✓

11 January 2022

1. Workforce – Strategy and Delivery Committee ✓
2. Sustainable Primary and Community Care – Strategy and Delivery Committee ✓

15 March 2022

3. Sustainable Culture Change – Strategy and Delivery Committee
4. Inadequate Planned Care Capacity – Strategy and Delivery Committee
5. Reducing Health Inequalities

Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	27th January 2022

Leading Sustainable Culture Change – Lead Executive Rachel Gidman

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Cardiff and Vale Transformation story and narrative Leadership Development (CLIMB) Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes offering a blended approach to learning that includes approaches to compassionate and inclusive leadership and management. Data training also included from Summer 2021. Talent management and succession planning cascaded through the UHB		

	Values based recruitment / appraisal Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. Involvement in All Wales NHS Staff Engagement Working Group Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH Patient experience score cards CEO and Executive Director of People and Culture sponsors for culture and leadership Raising concerns procedure/Freedom to Speak Up relaunched in October 2018 and again in June 2021. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self-care leadership – Recovery for wellbeing and engagement of staff Currently the position of Equality, Diversity and Inclusion Senior Manager is empty until the new successful applicant starts in March 2022. Any queries are being picked up by the Assistant Director of OD and the Equality and Welsh Language Team.		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) (2) Matrix of measurement now in place which will be presented in the form of a highlight report to Committee (2)		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since Nov 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent)	RG		Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates a 10-month leadership programme. CLIMB launched October 21. The UHB leadership programmes are being reviewed and redesigned by a task and finish group and will launch in Spring 2022 once content has been

Compassionate and inclusive leadership principles will be at the core of all the programmes		28.02.2022	agreed. Promotion of the programme will be included in the showcase. Work is planned in January 22 to map the UHW in-house leadership offerings alongside the DHI offerings to ensure consistency of message, clarify access and routes to colleagues, and utilise potential shared resources. Programmes to restart April 2022 post showcase and Winter pressures Although leadership development programmes have been delayed during Covid recovery, recent developments in improving staff wellbeing include enhancing leadership and management development opportunities, specifically linked to individual and team wellbeing and team dynamics. Opportunities, including Working with people with mental health challenges, and Having effective wellbeing discussions will be offered from February 2022.
2. Showcase	RG	31.03.2022	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 and completed May 2021 Launch of preview Virtual Showcase Sept 2021

			Whole system launch March 2022 this will be led by the Planning team to promote Shaping Our Clinical Services
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	RG	05.01.22 28.02.2022	Equality Strategy Welsh Language Group is now established and taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda. Actions and milestones in place for all standards and VERTO reports provide the Group with updates on progress. Two Welsh Language translators now fully operational. A robust translation process is in development and will be piloted in early 2022, this will utilise the in-house translators and the SLA in place with Bi-lingual Cardiff to ensure most effective use of resources. We have recently completed an internal audit on Welsh Language overseen by Shared Services. Results will be available January 2022. Early indications suggest a reasonable assurance has been achieved and will be confirmed in February 2022. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach is also being rolled-out across CBs. Board development sessions led by the Executive Sponsor have been delivered, including Marriage and Civil Partnership. Further work on colleague networks will be explored in April 2022 upon appointment of the Equality, Inclusion and Diversity Senior Manager.

		31.03.2022	Project Search participants currently experiencing the classroom element of their work experience, placements will commence January 2022 with all individuals undertaking individual risk assessments prior to any placements. KICKSTART is a WG initiative to assist 16 – 24 year olds to gain employed work for 6 months. Initiative stared ins April 2021. Very positive feedback on placements with a number of placements acquiring employment within the Health Board. As of December 2021, 60 kick-start placements have left the UHB (End of Contract/resigned), 52 are currently still working for the organisation, there are also 15 that have had their contracts extended until 31/3/22 which are funded by their departments Annual Stonewall submission completed October 2021. Stonewall membership is due for renewal and will require consideration by the Board.
4. CAV Convention	RG	31.03.2022	Proposing CAV convention conference in Spring 2022 in line with the virtual showcase. Illustrating the clinical groups progression and to formally launch the CAV convention into the health system.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

Inadequate Planned Care Capacity - Lead Executive – Caroline Bird

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. This was further exacerbated by the second cessation of elective activity and despite progress been made planned care has been significantly compounded. The Health Board is now moving into a recovery phase with recovery plans developing and immediate actions taking place.

Risk	There is a risk that there will be inadequate planned care capacity due to the impact of covid 19 resulting in longer and ageing waiting lists and the ability of the Health Board to manage planned care in a timely manner going forward. This risk may also get considerably worse over the winter period and with further covid waves.		
Date added: 31.07.2020			
Cause	Covid pandemic resulting in a cessation of elective activity and result of longer and ageing waiting lists.		
Impact	A growing waiting list for planned care activity An ageing waiting list Potential clinical risk associated with delayed access – see risk in relation to patient safety.		
Impact Score: 4	**Likelihood Score: 5**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	Clinical risk assessments by specialty to prioritise access Following risk stratifications where available i.e. Royal College of Surgeons L1 to L4 classifications Development of 'green zones' to provide confidence for low risk operating environments Increase the use of virtual consultation to avoid person to person contact Securing additional capacity within the private sector Recovery Plans in place Programme Delivery Director appointed to lead Recovery Schemes		
Current Assurances Saunders,Nathan 03/14/2022 10:07:02	Growth in 'green zone' activity (1) overall but short term impact of new Omicron variant impact - (i) Increased staff absences (ii) Reduction in green zone capacity and activity to release both physical capacity and staff to support covid demand and operational pressures Surgical audit to provide assurance on outcomes (1) Growth in virtual outpatients activity (1) (2)		

	Growth in diagnostics activity [1] [2] Met Q1 & Q2 recovery trajectory of 70% and 80% respectively of pre covid activity[1] [2]		
Impact Score: 4	**Likelihood Score: 4**	**Net Risk Score:**	**16 (Extreme)**
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		

Actions	Lead	By when	Update since Nov 2022
1.Bids for further schemes currently awaiting approval	CB	Completed	2 tranches have been approved by Welsh Government including recovery monies for in year and recurrent plans are in place
2. Implementation of Planned Care Recovery plan	CB	31/03/2022	Good progress made in implementation with a number of schemes. Further schemes coming on line in Q3-4.
3. Weekly review of application of Local Choices Framework to balance risk, minimise impact and restore services as soon as possible	CB	31/03/2022	Weekly review in place – reduction of elective services commensurate with current covid/ operational risk. Impact on hospital cancellations minimised. Essential services maintained.

Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

Exacerbation of Health Inequalities in C&V – Lead Executive Fiona Kinghorn

COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12 year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to COVID-19 will reverse progress in our goal to reduce the 12 year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21

Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• Health inequalities arise in three main ways, from
	  ○ structural issues, e.g. income, employment, education and housing
	  ○ unhealthy behaviours
	  ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs
	• It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality

Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:
	  ○ Children and young people
	  ○ Minority ethnic groups, especially Black and Asian populations
	  ○ People living in (or at risk of) deprivation and poverty

	○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, can in turn increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (lockdowns) can directly and indirectly increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home during and post lockdown may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	**1. Statutory function** The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB **2. Role as an Employer** • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race **3. Refocused Joint strategic and operational planning and delivery** • Each of our strategic programmes within Shaping our Future Well Being Strategy will need to consider how our work can further tackle inequalities in health. Our		

	Shaping our Future Public Health strategic programme will include a focused arena of work aimed at tackling areas of inequalities where there are gaps, for example healthy weight, immunisation and screening. We will work closely with the 2 local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local communities. This will include building on local engagement to date with our ethnic minority communities during the Covid-19 pandemic. Such focused work will be articulated in 'Cardiff and Vale Local Public Health Plan 2021-24' within our UHB three-year plan • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions • The Youth Justice Board is planning to implement the recommendations of our Public injecting & Youth Justice HNAs in Cardiff • Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board will implement the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our draft Suicide and Self-Harm Prevention Strategy is currently out for consultation • Action during the pandemic has included a multi-agency approach to Seldom Heard Voices, targeting initiatives towards areas of deprivation e.g. walk in vaccine clinics. This work will continue as we move toward delivery of a booster programme • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.
Current Assurances	We are in the process of revising a bellwether set of indicators to measure inequalities in health in the Cardiff and Vale population through which we will measure impact of our actions. This will form part of the Annual Report of the Director of Public Health 2020, due to be published September 2021 (1). Examples will potentially include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021

Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**

Gap in Controls	• Uncertainty around progress of the pandemic due to variants and unpredictability of population behaviours • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work • Financial support to individuals following ending of the furlough scheme
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	Lead	By when	Update since Nov 2022
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty Saunders,Nathan 03/14/2022 10:07:02	FK/RG	March 2022	ON TRACK Our EHIA processes and training continues to raise awareness of the duty. E-Learning package potentially being developed by Welsh Government and Equality

			& Human Rights Commission. Bi-monthly meetings of the Seldom Heard Vaccinations Group continues to demonstrate our commitment to embedding the socio-economic duty ways of working and working beyond compliance. We will continue to develop the relationships with seldom heard groups and this will be particularly important in consideration of the socio-economic duty and the unintended consequences for decisions made with some of our communities.
2. Take further actions, to improve COVID-19 vaccination rates (including delivering a booster vaccine) in minority ethnic communities and vulnerable groups Saunders,Nathan 03/14/2022 10:07:02	FK/RW	December 2021	COMPLETE Targeted national and local communication campaigns have aimed to increase uptake of vaccine amongst pregnant women. Trust built with local minority ethnic communities during primary vaccination phase has resulted in a willingness to attend MVCs for booster. All adults over 18 years of age were offered a booster by 31st December 2021. Continued engagement with primary care independent contractors has facilitated vaccine access within the community. Regular monitoring of uptake surveillance data to

			identify areas of low uptake.
3. Review and operationalise the recommendations of the Annual Report of the Director of Public Health 2020, including development of shorter term indicators using routine data	Executive Team	December 2021	COMPLETE Annual Report of the Director of Public Health (2020) presented at Board on 30th September 2021, and subsequently to partner organisations through, receiving support for the approach advocated. Further work required on longer term indicators, as part of the UHB and partnership indicator framework.
4. Within the UHB and through our PSB and RPB partnerships, refresh a suite of focused preventative actions to tackling inequalities in health	FK	June 2022	IN PROGRESS Addressing inequities and promoting prevention is the focus for the Annual Report of the Director of Public Health (2020). The Report contains a set of recommendations for the UHB and partner organisations to deliver in both the short and longer term, which will ensure there is a sustainable approach. The recommendations have received partnership support and some actions have been delivered, particularly in relation to Move More, Eat Well (see flash report for Shaping Our Future Population Health). However, the accelerated approach to some of the wider actions is temporarily on hold due to the acute pandemic response.

				The UHB is a key partner in delivery of both Cardiff and the Vale of Glamorgan Well-being Needs Assessments. The Executive DPH is leading on the Regional Partnership Board Population Needs Assessment; within which each population group in need of care and support has analysis and recommendations on health inequalities. The draft report has been finalised and is being presented through strategic groups and fora. The Population Needs Assessment is on track for publication on 1 April 2022.
Impact Score: 4	**Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**	

Key:

1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**

Report Title:	Key Operational Performance and Recovery Indicators			Agenda Item no.	3.1
Meeting:	Strategy and Delivery Committee	Public	✔	Meeting Date:	15/03/2022
		Private			
Status *(please tick one only):*	Assurance	✔	Approval		Information
Lead Executive:	Interim Chief Operating Officer				
Report Author (Title):	Service Manager – Operations, Recovery and Redesign Programme Director				

Main Report
Background and current situation:

Background and current situation:

The prevailing operating conditions remain largely as reported at the last Committee meeting – with the Health Board continuing to experience significant operational pressures. The pressures continue to be seen across the whole system – in primary and community care, mental health, our urgent and emergency stream and within social care.

The Health Board continues to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021. These plans are based on three key principles - clinically led, data driven and risk orientated. Specifically, in regard to the latter and relevant to operational performance, our recovery remains centered on patients being seen in order of clinical priority rather than time-based targets. Of note this reporting period is the impact that operational pressures have had on delivery of some recovery trajectories. This is particularly in the context of application of the Local Choices Framework where some services e.g. elective surgery has been reduced to release resources to support urgent and emergency care.

There has been no change to national requirements for performance and waiting list reporting and published information for 2021/22 since the last Committee meeting.

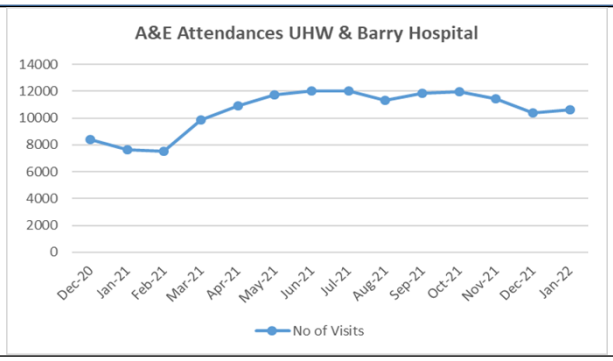
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

<u>Performance update</u>

Unscheduled Care:

- Emergency Unit attendances decreased in January 2022 (10,645) from the numbers reported in November 2021 (11,420).
- 4-hour performance in EU improved to 64.5 % in January 2022, from 63.8% in November 2021. This compares to 78% in January 2021. 12-hour waits remain high with 1,177 reported in December 2021 and 1,108 in January 2022, compared to 1,131 reported in November 2021.
- 804 Ambulance handovers took place in over 1 hour in January 2022. This compares with 554 in November 2021.
- The percentage of red calls responded to within 8 minutes increased to 68% in January 2022 from 64% recorded in November 2021.
- In January 2022, 10% of patients were directly admitted to an acute stroke bed within 4 hours, with 62.3% of patients being assessed by a Stroke Consultant within 24 hours.

Figure 1: A&E Attendances	Figure 2: A&E waits – 4/12 hours



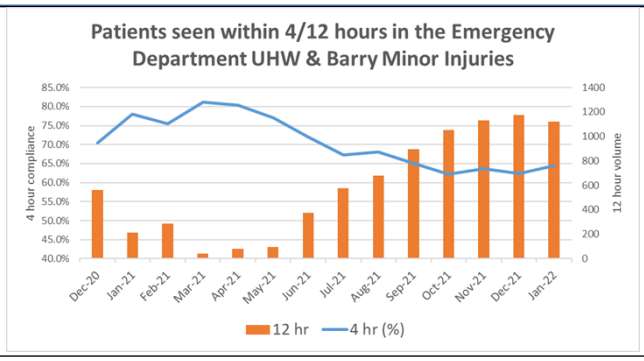


Figure 3: Red calls responded to within 8 minutes

Primary care:
In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has five sustainability applications.
- *Contract terminations/resignations*: There have been no contract terminations and 2 contract resignations.
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

In relation to GP Out of Hours (GPOOHs):

- In December 2021, 50% of patients prioritised as 'emergency' requiring a home visit were seen within one hour.
- In December 2021, 100% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour.

Figure 4: % of GP OOH appointments requiring a home visit provided within 1 hour

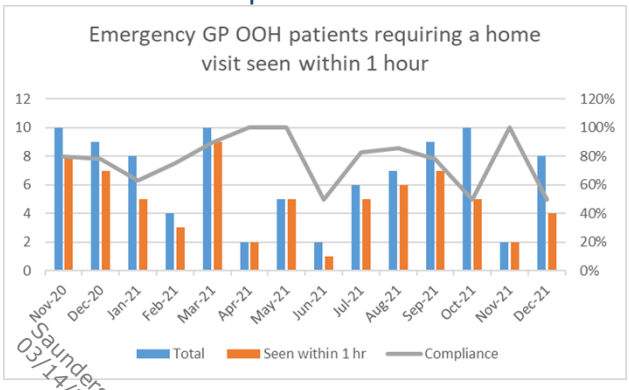
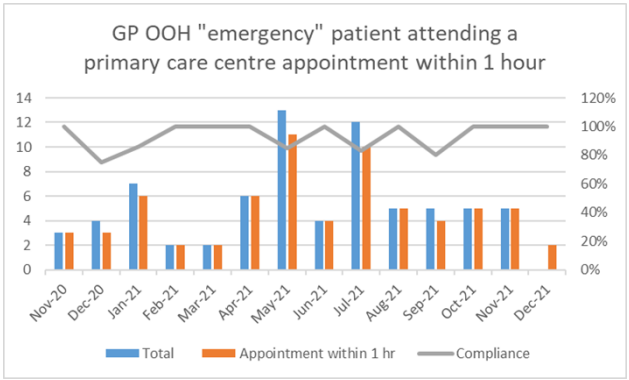


Figure 5: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Mental Health Measures:

- Levels of referrals still remain significantly higher than pre-Covid levels. Referrals in December 2021 (1,173) were lower than November 2021 (1,369).
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days decreased to 28% overall, but increased to 91.3% for CAMHs in December 2021. Overall, the volume of patients who have waited 57 days and over has reduced – from 276 in September 2021 to 24 in December 2021.
- Part 1b: 97% of therapeutic treatments started within 28 days following assessment at the end of December 2021, compared to 99% in November 2021.
- Part 2: 75% of health board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of December 2021, compared to 77% in November 2021.
- Part 3: 78% of health board residents were sent their outcome assessment report within 10 days of their assessment in December 2021, increasing from 67% in November 2021.

Figure 6: Mental Health Referrals

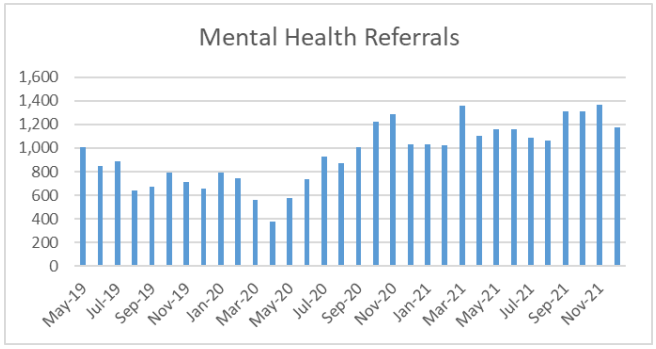


Figure 7: Performance against Mental Health Measures – Part 1a, 1b, 2 and 3

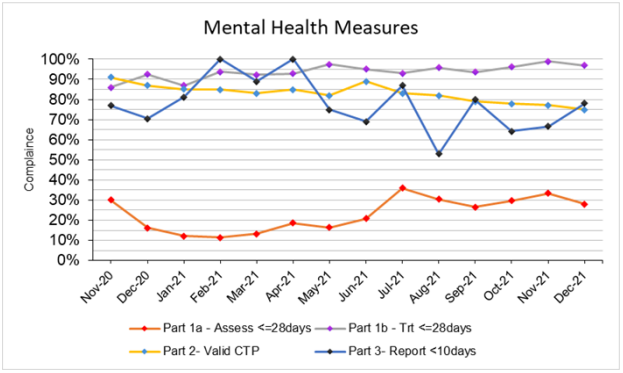
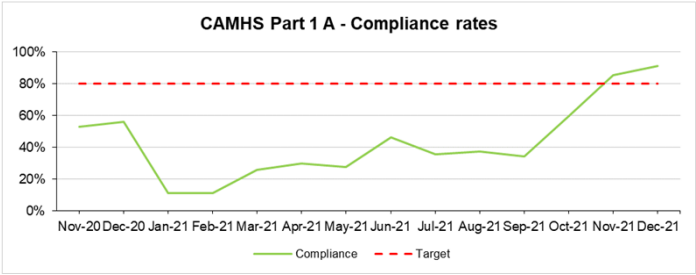


Figure 8: CAMHS Part 1a Performance



Cancer:

- Referrals for patients with suspected Cancer have returned to pre-Covid levels. There were 1,279 referrals from GPs in December. Incidental findings remain at higher levels than pre-Covid levels.
- SCP performance was 51% in December 2021 (from 58% in October).

Figure 9: Cancer referrals

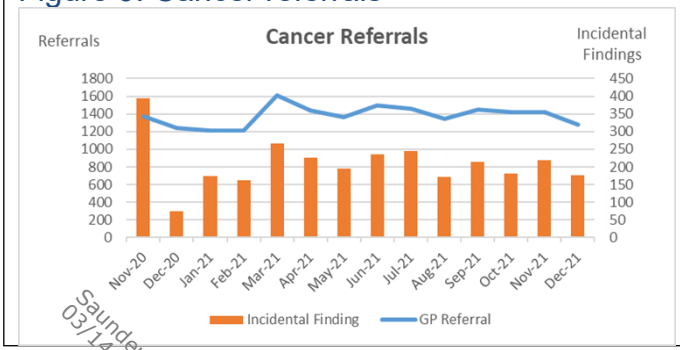
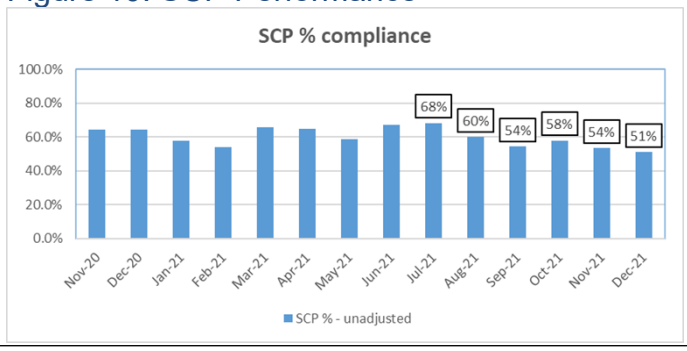


Figure 10: SCP Performance



Elective Access:

- The overall Referral to Treatment (RTT) waiting list increased to 117,410 at the end of January 2022. There were 41,168 patients waiting over 36 weeks at the end of January 2022, compared to 39,782 at the end of November 2021.

- Patients waiting greater than 8 weeks for a diagnostic test have decreased since November (7,459) to 7,319 in January 2022.
- The total number of patients waiting for a follow-up decreased to 172,109 at the end of January 2022. The number of follow-up patients waiting over 100% beyond their target date has decreased to 42,268 patients.
- In January 2022, 95.3% of patients waiting for eye care had an allocated health risk factor against a target of 98%. 68.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Figure 11: Total RTT waiting list, % waiting under 26 and over 36 weeks

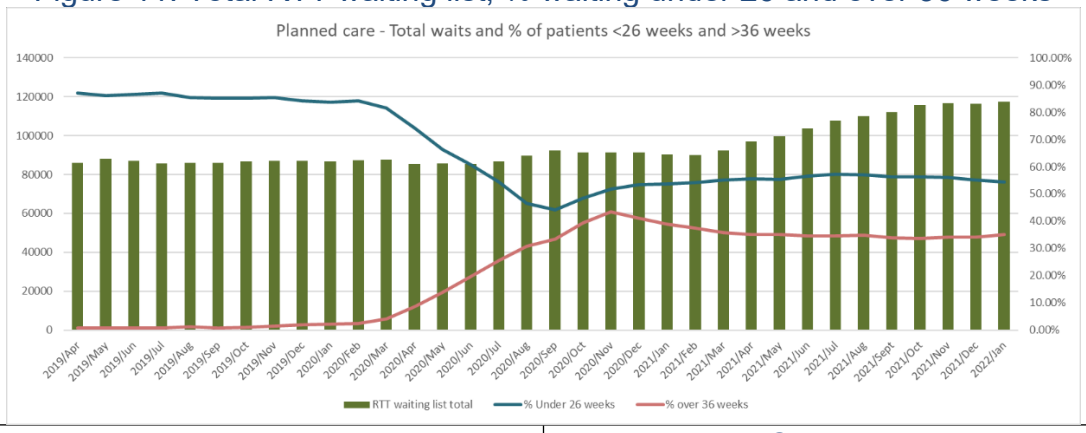


Figure 12: Diagnostics 8 week waits

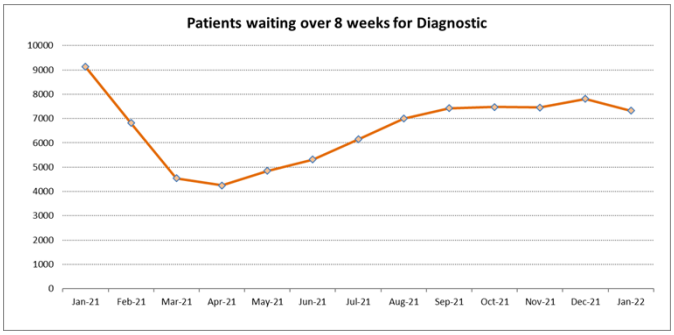
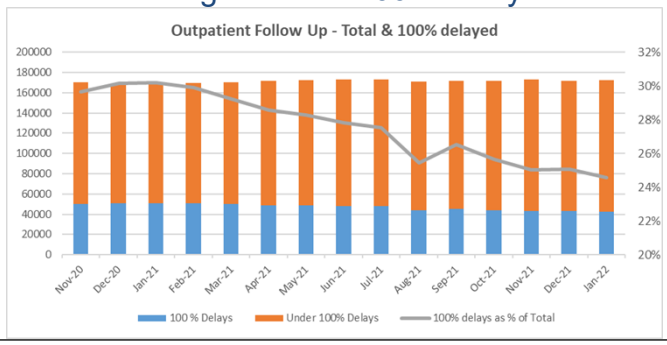


Figure 13: Outpatient Follow-ups – Total Waiting list and >100% delayed



Recovery and Redesign Update

The following section provide an update against the five programmes under the umbrella of Recovery and Redesign portfolio and the enabler schemes. The update provides detail of the plans, what has been delivered and plans for the next period.

PLANNED CARE

Plans

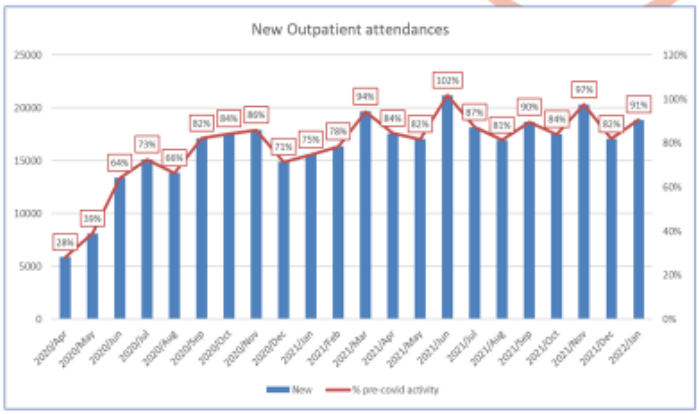
- £13.5m value of schemes a
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity
- Redesign pathways to bring care closer to home
- Support patients whilst waiting
- Accelerate and spread transformational models
- Delivery milestones by quarter focused on % activity

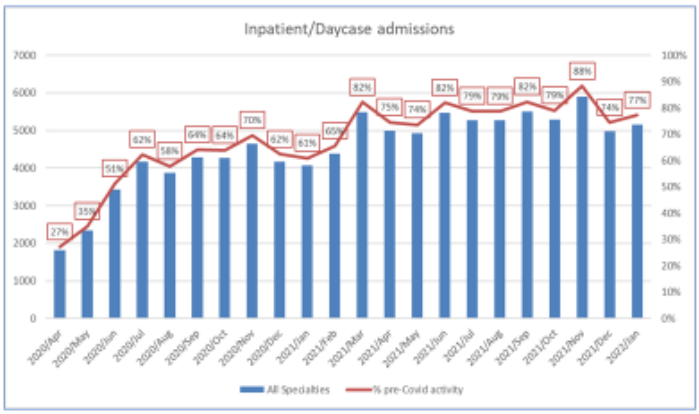
Delivered

- Growth in core capacity and activity from 70% Q1 to 85% . Had reached 97% in Nov. Impact of Omicron and local choices framework.
- Recruited into nursing, theatre, anaesthetic and consultant staff
- PESU model successful reducing cancellations and LOS (note loss of A5 aned orthopaedics in Winter)
- Level 2 and 3 activity and demand "in balance"
- Use of St Joes and independent sector
- Diagnostic Phase of Four Eyes Theatre Efficiency project

Next

- Reinstate orthopaedic activity UHL and A5 UHW
- Complete Theatre Efficiency work programme
- 2 x ophthalmology theatres - operational February 2022
- Schemes in Gynae and Spinal to provide alternative solutions to theatres
- Additional theatre lists from Q4
- Additional Dental (IMOSS) activity Barry/UHL
- Strengthen support to patients waiting - British Red Cross
- Ambition to reach 100% pre-covid activity by Q1 22/23
- Finalise plans for 22/23





DIAGNOSTICS

Plans

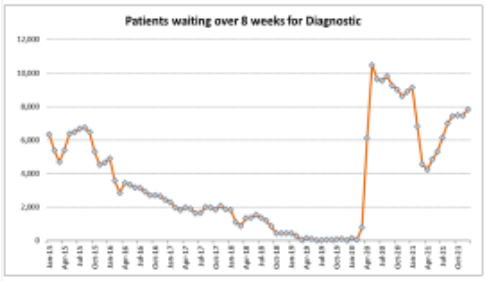
- £5.6m value of schemes
- Reduce harm for patients waiting through clinical prioritisation and assessment
- Improve access to services through an increase in capacity, core, insourcing and outsourcing
- Redesign pathways, straight to test, direct access
- Accelerate and spread transformational models
- Delivery milestones by quarter focused on % activity and > 8 week waits

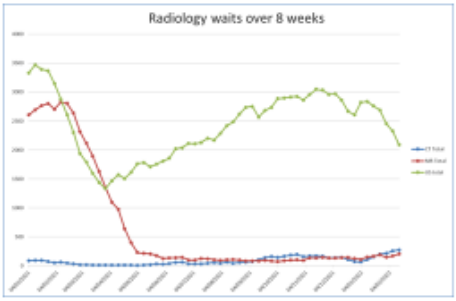
Delivered

- Reduction of > 8 weeks for CT and MRI from 2600 to 300 through increase in capacity
- Increase productivity through air filtration units in endoscopy
- TNE pilot in Endoscopy
- Increased workforce to support increased activity in endoscopy
- CT, US & Endoscopy now running at > 100% activity
- Discussion with CEO lead for National Imaging Board on Diagnostic Hub model

Next

- Continued impact of plan for Ultrasound including locums and insourcing (breaches decreased by circa 1000 since end Nov)
- Focused plan for echos including additional hours and outsourcing plus workforce
- Endoscopy mobile solution in UHL – delayed start date – arriving Q4, operational Q1 22/23
- Secure WG Support for Community Diagnostic Hub
- Ongoing engagement in Renewed Regional Endoscopy Planning
- TNE pilot outcomes and evaluation to inform next steps
- Finalise plans for 22/23





MENTAL HEALTH

Plans

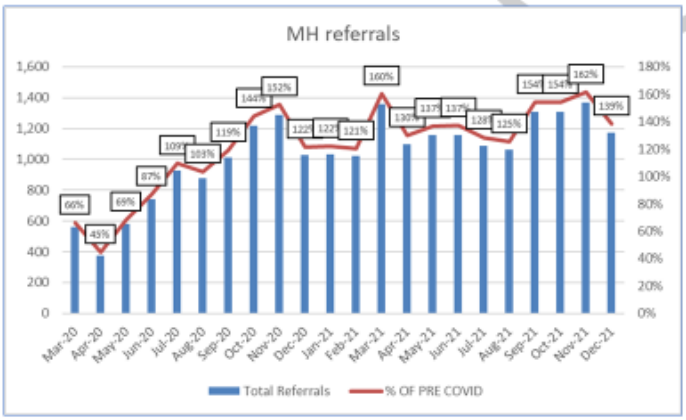
- £1.4m value of schemes
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery college
- Delivery milestones by quarter linked to performance against measures

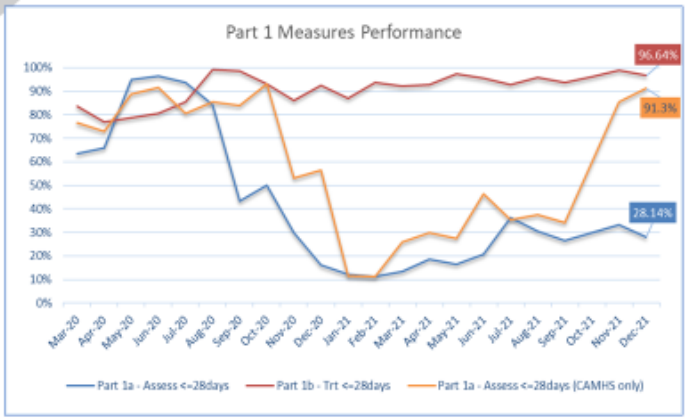
Delivered

- Significant improvement in part 1a CAMHS
- Sustaining Part 1b performance in spite of increased referrals
- Clinical SPOA in CAMHS
- Website to support CYP with mental health and wellbeing
- CRHTT referrals 100% compliant with 4 hour target
- Increased Recovery College capacity
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- New PMHSS courses developed
- Eating disorder assessment time down from 4 months to 6 weeks
- Briefing with Minister on Mental Health

Next

- CAMHS Crisis services increasing Q1 22/23 08.00 – 00.00
- Crisis pathway CAMHS – Adult
- Increase in CAMHS assessments and interventions – outsourcing
- Increase in crisis services hours and days of operation in Q4
- Increase third sector capacity to support tier 0
- Recommence Sanctuary planning with partners
- Finalise planning for 22/23





UNSCHEDULED CARE

Plans

- £2.087m value of schemes funded through recovery monies
- Linking all USC schemes and interventions from across entire system and linking with 6 goals
- Removing waste from hospital flow processes
- Improving Discharge and outflow
- Establish refreshed structure to deliver transformation. Spread and scale across USC
- Develop clear interface with breadth of USC programme and OPAT operational delivery

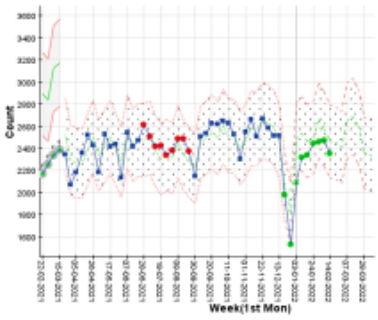
Delivered

- New models of care - TCU1 @ St Davids (20 beds) and TCU 2 @ Lakeside
- Ambulatory Care – MEACU expansion of pathways partially delivered.
- Ambulatory Care – Surgery – pathways through consultant connect with access to hot clinical and hot slots for radiology
- RATZ model established – not yet fully operational due to staffing constraints
- Capital investment into AU/EU with screens and cubicles to support streaming
- Virtual ward established
- Implemented significant digital enablers

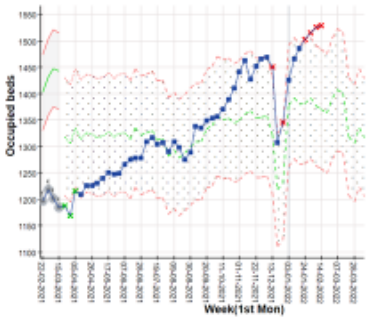
Next

- Complete capital and service model for surgical SDEC now 18th March (slippage from contractor side)
- Fully release potential of virtual ward and MEACU (closing MEACU now never event)
- Admission avoidance enhancements (Falls, PRU, Community Rapid Response)
- Dedicated ED support for avoiding high risk and frail elderly patient admissions
- Finalise plans for 22/23

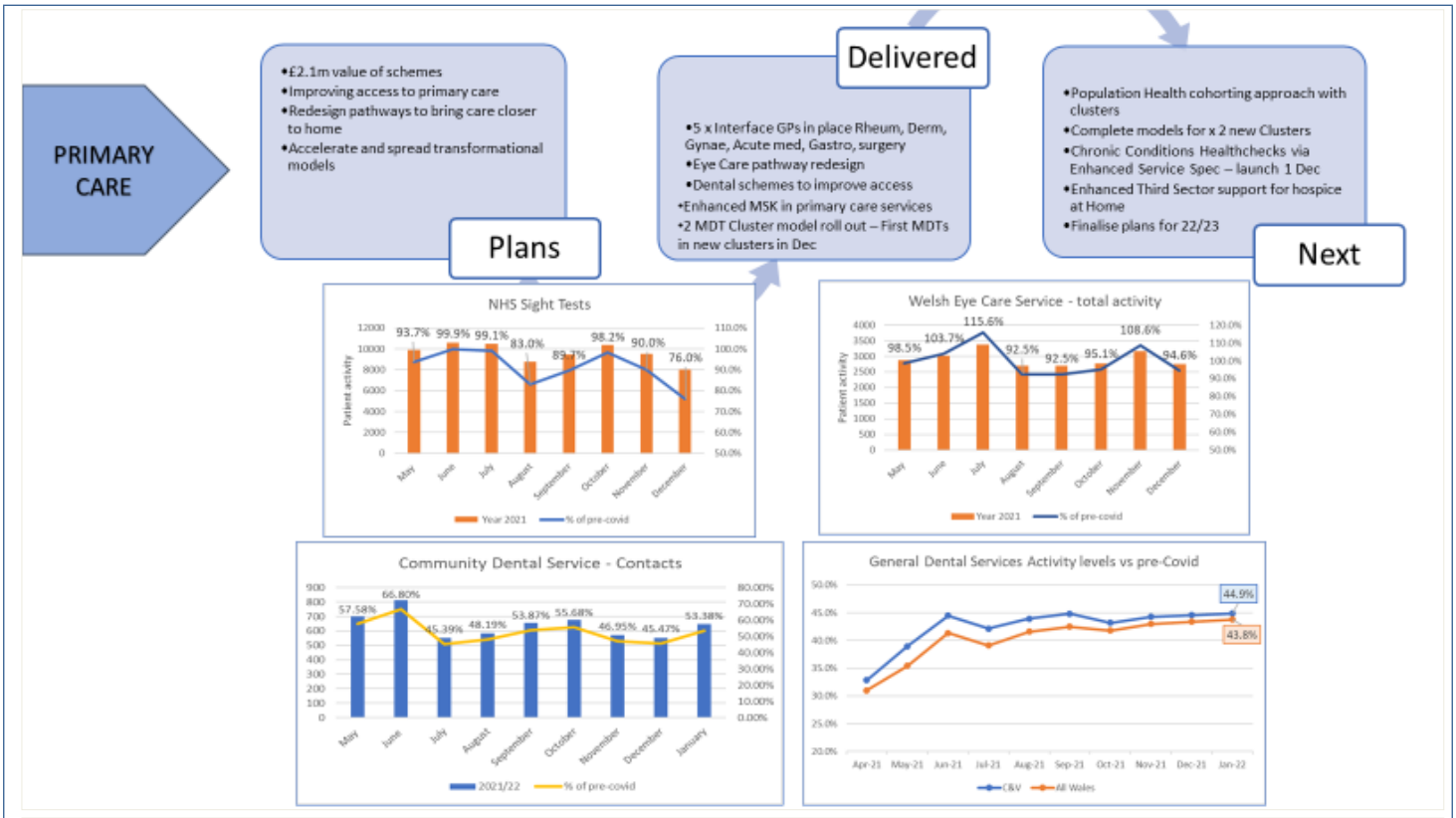
Admissions

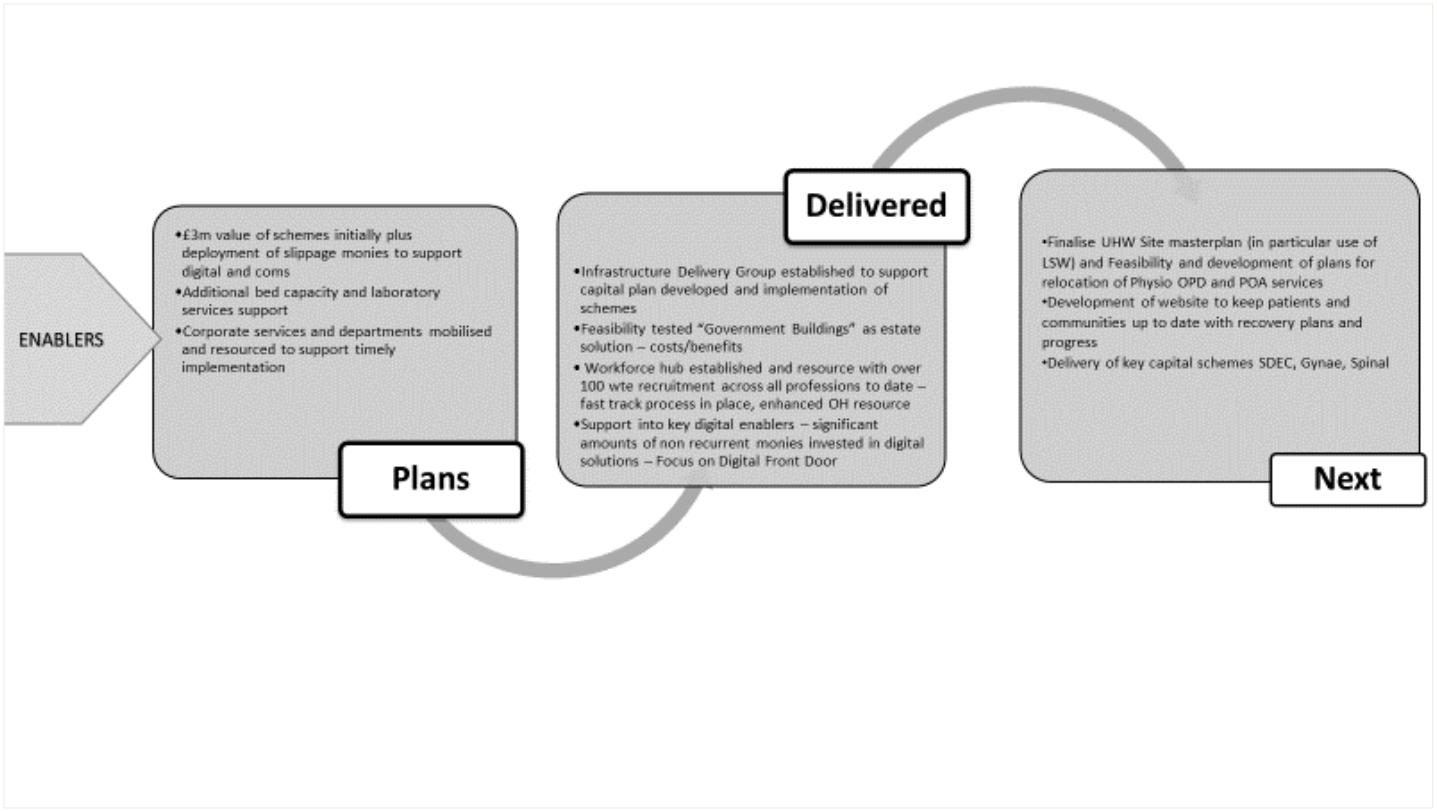


Occupancy



- ✓ ED presentations returned to >90% of pre-Covid levels
- ✓ Admissions are around expected seasonal levels
- ✓ Occupancy increasing and consistently above expected seasonal levels
- ✓ Performance indicators affected
- ✓ Recovery monies (and slippage monies) being deployed to support system resilience
  - Ambulatory – medical and surgical
  - Virtual wards
  - Admission avoidance services





Recommendation:

The Strategy and Delivery Committee is asked to **NOTE**:

The year to date position against key organisational performance indicators for 2021-22 and Recovery update, but in the context of prevailing operating conditions.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✔
2. Deliver outcomes that matter to people	✔	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✔
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✔	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	✔	Integration	✔	Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	Key Workforce Performance Indicators - People Dashboard				Agenda Item no.	3.2	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	15.03.22	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Assistant Director of Workforce / Workforce Information Systems Manager						

Main Report
Background and current situation:

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for January 2022.

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in fixed term contracted staff which is in line with expectation as we have recruited additional fixed term/temp staff to support with the COVID-19 pandemic.
- The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month and the Managed Locum Bank now has a fill rate of 83%
- Variable pay trend is upward and is now 10.64% UHB-wide.

Other key performance metrics:

- Voluntary resignation turnover trend is rising; the rate is now 8.75% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1.5% increase in the last 12 months, which equated roughly to an additional 200 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.

- Sickness Absence rates had been rising steadily since April 2021, but have stabilised somewhat since October 2021. The January 2022 rate is 7.63%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances). The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'. In each of the last 5 years (and more) monthly sickness rates are at their highest either in December or January. If sickness absence rates this year follow normal trends we may expect to see the sickness rate falling in February and March 2022.

- Employee Relations caseload trend continues to fall as the team embed the 'Restorative & Just Culture' principles. The overall numbers remain within reasonable tolerance levels.

- Statutory and Mandatory training compliance has improved slightly during the last 4 months; now 13% below the overall target. It is likely that operational pressures are adversely affecting compliance.

- Compliance with Fire training is continuing to improve, although the rate of improvement has slowed. In January the compliance with Fire training was 62.18%.

- By the end of January 2022 80% of consultant job plans were under construction in the e-system, including 18% that have been signed-off.

- The rate of compliance with Values Based Appraisal has fallen slightly in January 2022, to 33.70%. It is likely that operational pressures continue to adversely affect compliance.

- At 31st January 2022 51.40% of staff (52.70% of frontline staff) have received the flu vaccination, against a target of 80%.

Our current workforce challenges (listed below) continue and are not unique to us in Cardiff & Vale UHB, this is a national picture.

- Workforce demand is far exceeding supply in certain professions.
- Large scale vacancies in some professions and hard to fill roles.
- Difficulty sourcing people with the correct level of experience, qualifications and skills.
- National shortages of some professions.
- Turnover in some staff groups/areas this is higher than the national average
- High competition from neighbouring Health Boards.
- High reliance on agency and bank workers.
- Sickness absence remains high.
- Ageing workforce.

Below is a summary of some of the work that has been undertaken/achieved since the last report

- The People & Culture Plan was approved at the January 2022 Board. The formal launch is imminent in February 2022

- The People Services Team (formerly the HR Operations Team) temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. The progress to date has been extremely positive, examples of what has been achieved is highlighted below:

    - Employee Relations – as at 03/02/22 the number of formal disciplinary investigations has reduced to 15 across the whole of the organisation and 10 cases progressing to a formal hearing. Future improvements and developments have been also been identified.
    - Managing Attendance at Work - focus has been on support with long term absence, long Covid absence and health & wellbeing. We have seen a reduction in long term absence, with staff being able to return to work.
    - General HR Queries – all queries come into Action Point and are triaged. Response times have improved and the team are using the call log data to develop additional resources to support managers and staff.

- The Workforce Resourcing Team are continuing to support managers with improving supply, examples include:

    - Kickstart Scheme – a total of approx. 160 people recruited since March 2021.
    - National Apprenticeship week held w/c 07/02/22.
    - Project Search – 7 Interns with learning disabilities commenced placements.
    - Links with Schools – 3 days of mock interviews at Whitchurch High School held in February 2022
    - Overseas Nurse Recruitment – paper agreed by Board in January 2022 to recruit an additional 135 Nurses. To date 231 nurses have taken up employment and achieved NMC registration.
    - HCSW Mass Recruitment – over 100 application received in November and December 2021 for bank, fixed term and permanent roles. Approx. 45 have been enrolled on the bank and approx. 40 permanent HCSW have started. Others are progressing through the pre-employment checks.
    - Retention – Employment Satisfaction Survey for newly qualified Nurses issued on 03/02/22.

- **Engagement:**
    - Staff Recognition Awards nominations have been shortlisted in readiness for the event scheduled for 8 April 2022.
    - Approx. 40 coaches confirmed to support Ward Managers and Deputy Ward Managers, in the first instance.
    - Winning Temp' engagement tool procured and will be piloted with our Nursing Workforce in March 2022
    - Medical staff identified as pilot group for 'safe space stress survey' with a wellbeing intervention to follow.
    - Medical Engagement Survey (MES) – paper presented to Board.

- **People Analytics** – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint, this is part of our plan to make data more accessible.

- **Health & Wellbeing** - Additional investment secured to support the health & wellbeing of our staff over the winter months. Update on progress:

    - Procurement exercises are in progress to identify appropriate suppliers (e.g. staff room refurbishment – led by Discretionary Capital Team; water bottles; hydration stations; coaching and mentoring supervision training; Wellness Webinars; Schwartz Rounds)
    - Procurement exercises completed for: Engagement Tool (Winning Temp); MedTRiM and implementation work is in the very early stages.
    - Estates are supporting the environmental aspects of the plan by leading the work required to support staff room improvements and hydration stations.
    - Employee Wellbeing Team are identifying resources to support staff and have developed and are delivering a detailed programme of wellbeing interventions.
    - Employee Wellbeing Team along with the ITU psychologist have developed a programme of support for EU colleagues following feedback during a visit. Targeted support has also been made available for other areas where a particular need has been identified, e.g. Mental Health Clinical Board.
    - Employee Wellbeing Services are working with the Health Intervention Team and carrying out on-site visits which to date include:

        - Monthly drop-in sessions for Junior Doctors at UHW and UHL.
        - Weekly visits to B7 respiratory ward.
        - On-site walk-arounds to distribute information and speak to staff (currently visited A-C of UHW).

- Drop-in sessions at UHW; Children's Hospital for Wales; Children's Out-Patients; B6.
- Drop-in sessions at UHL; East 8; East 18; West 5.

- **Workforce Shape** – band 4 Assistant Practitioners (APs) roles have been developed. Peri-Operative Care have recruited Assistant Practitioners in training, once the training is complete staff will work in lower risk surgical areas, for example Ophthalmology. The District Nursing service has secured funding to recruit & train AP'S from April 2022. C&V are leading on an All Wales basis on the development of AP roles in Mental Health services.

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

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce metrics.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health Care Standards process and the Integrated Performance Report.

Recommendation:

The Strategy and Delivery Committee is requested to:

- **Note** and **discuss** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment:

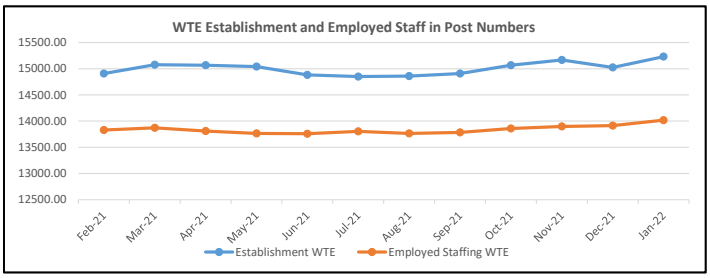
Please state yes or no for each category. If yes please provide further details.

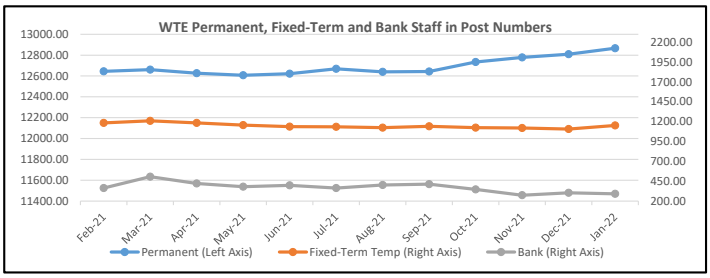
Risk: Yes/No No
No

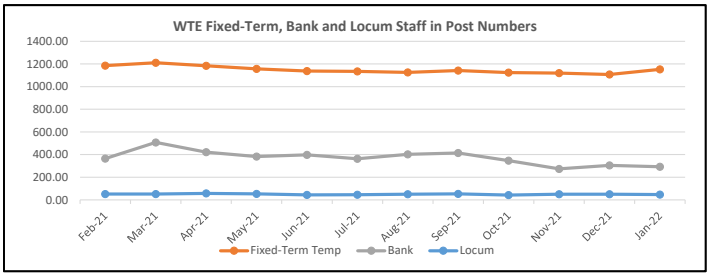
Safety: Yes/No No
No
Financial: Yes/No No
No
Workforce: Yes/No Yes
Workforce risks and mitigating actions taken are described throughout this report
Legal: Yes/No No
No
Reputational: Yes/No No
No
Socio Economic: Yes/No No
No
Equality and Health: Yes/No No
all actions outlined in this report are taken in line with the All-Wales Disciplinary Policy which has been subject to an Equality Impact Assessment and which describes the legal context of the Policy under the Equality Act in appendix 2’
Decarbonisation: Yes/No
No

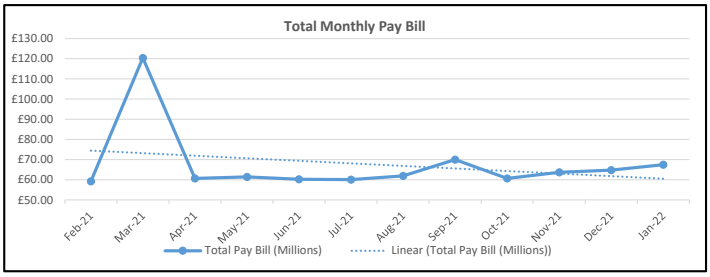
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	15.03.22

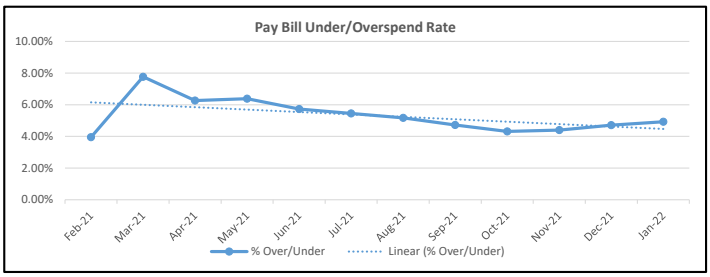
Workforce Key Performance Indicators Trends January 2022

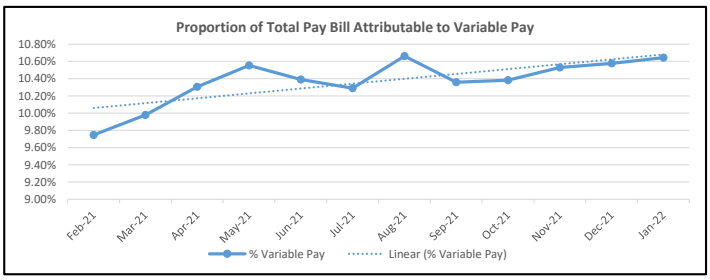


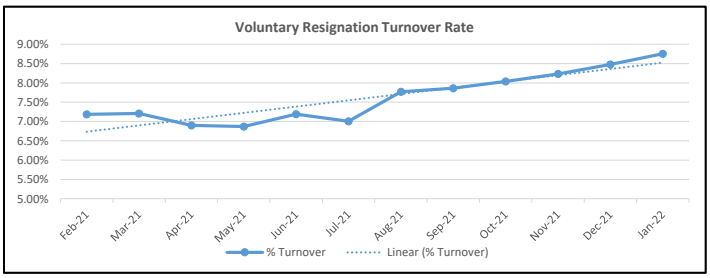


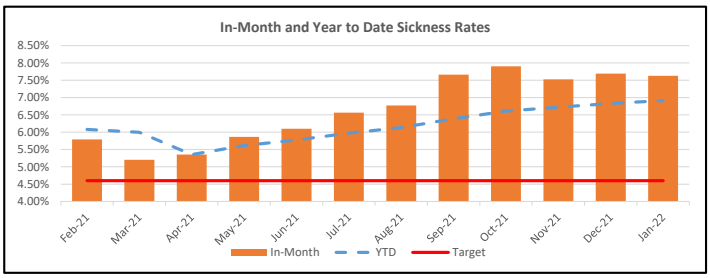


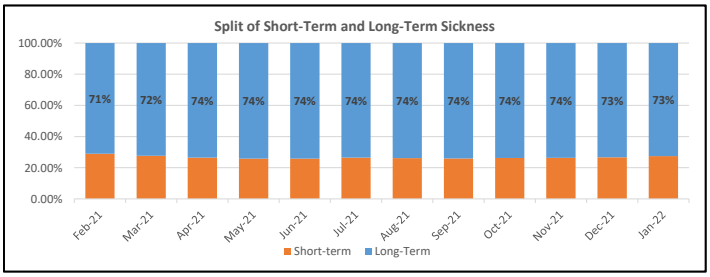


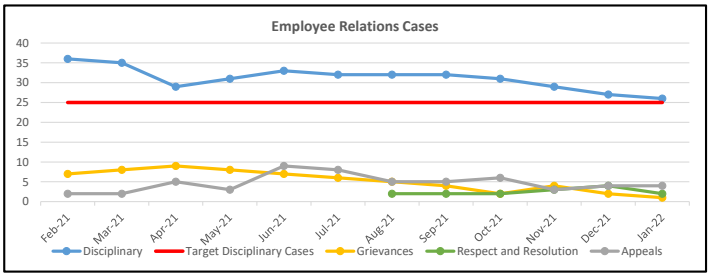


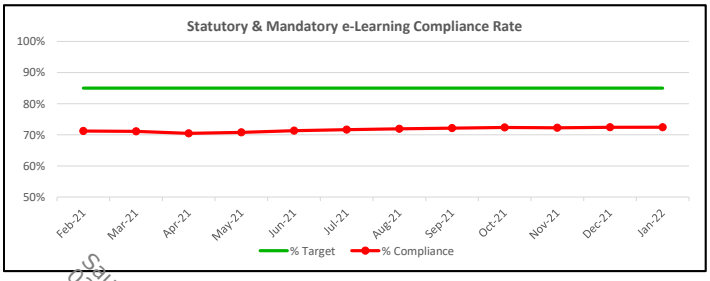


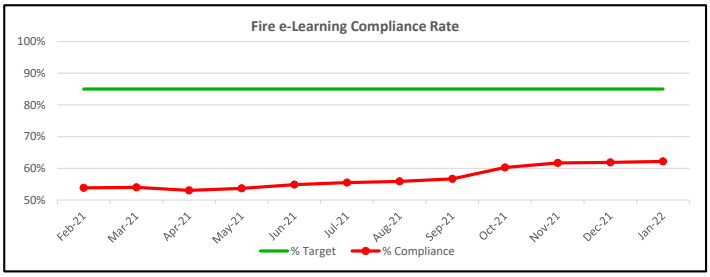


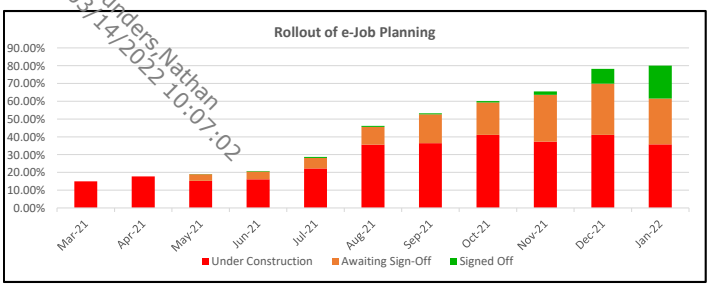


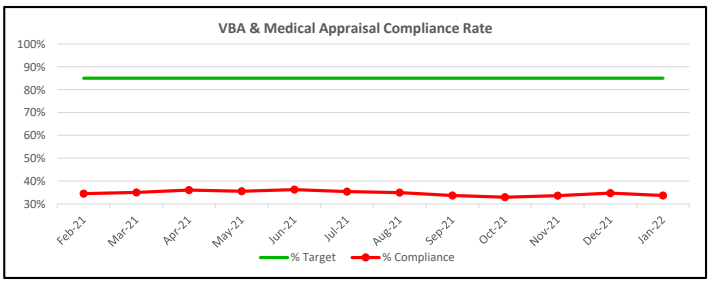


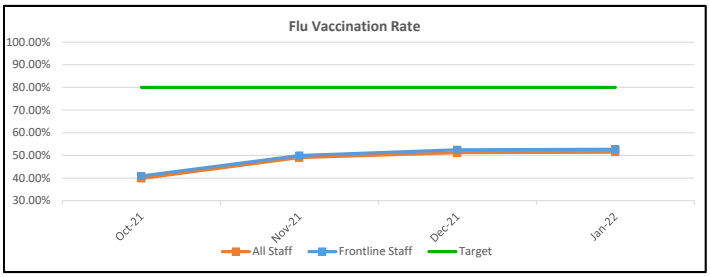












Report Title:	Draft Strategy & Delivery Committee Annual Report 2021/22			Agenda Item no.	3.3
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	15.03.22
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report
Background and current situation:

The purpose of the report is to provide Members of the Strategy & Delivery Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval.

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provides assurance to the Board that this is the case.

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

The Strategy & Delivery Committee achieved an attendance rate of 85% (if 100% attendance is observed at the March meeting). (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022.

Recommendation:

The Board / Committee are requested to:

- **REVIEW** the draft Annual Report 2021/22 of the Strategy & Delivery Committee .
- **RECOMMEND** the Annual Report to the Board for approval.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes/No
n/a
Workforce: Yes/No
n/a
Legal: Yes/No
n/a
Reputational: Yes/No
n/a
Socio Economic: Yes/No
n/a
Equality and Health: Yes/No
n/a
Decarbonisation: Yes/No
n/a

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/14/2022 10:07:02

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Strategy & Delivery Committee 2021/22

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership comprises of the Chair (who must be an Independent Member of the Board) plus a minimum of three other Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Strategy & Delivery Committee achieved an attendance rate of XX% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	11.05.20	13.07.20	14.09.20	16.11.20	11.01.22	15.03.22	Attendance
Michael Imperato (Chair)	✓	✓	✓	✓	✓	✓	100%
Sara Mosely (Vice Chair)	✓	✓	✓	✓	✓	✓	100%
Prof. Gary Baxter	X	✓	✓	✓	✓	✓	83%
Dr. Rhian Thomas	✓	✓	✓	✓	✓	✓	100%
Ceri Philip (from 1 August 2021)	N/A	N/A	✓	X	X	✓	40%

Total	**75%**	**100%**	**100%**	**80%**	**80%**	**100%**	**85%**

4.0 Terms of Reference and Workplan

The Terms of Reference and Work Plan were reviewed and approved by the Committee on 11th January 2022.

5.0 Work Undertaken

The purpose of the Committee is to advise and assure the Board on the development and implementation of the Health Board's overarching strategy, namely the Shaping our Future Wellbeing Strategy (SOFW), and key enabling plans.

As set out in the Committee Terms of Reference the role and responsibilities of the Committee are divided into four categories as shown below:

- Strategy – this includes the SOFW and National Strategies (e.g. Welsh Government's Health and Social Care Strategy).

- Delivery Plans – including the Health Board's Integrated Medium-Term Plan (IMTP), the Workforce Plan and the Capital Plan.

- Performance – The Committee scrutinises and provides assurance to the Board that key performance indicators (e.g. key Operational Performance Indicators which are relevant to the Committee and Workforce Key Performance Indicators) are on track.

- Other Responsibilities – including providing assurance to the Board with regards to the wellbeing of its staff, and in relation to Equality and Health Impact Assessments.

During the financial year 2021/22, the Committee reviewed the key items at its meetings as set out in this Report.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews and "deep dives" in the following key areas:

- Emerging thinking for developing care at a System Level
- Primary Care and Community Care
- Stroke Performance
- Rehabilitation Model Implementation
- Ophthalmology in Primary Care

-
- Shaping our Future Population Health
- Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB
- Employee Relations.
- Leading Sustainable Culture Change

These detailed reviews and “deep dives” included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas.

PUBLIC STRATEGY & DELIVERY COMMITTEE

Key matters which were reviewed and discussed by the Committee included the following: -

Pharmaceutical Needs Assessment (PNA) Report

On May 11th an update was given on the PNA process. It was noted that Welsh Government had changed the way in which applications to provide Pharmaceutical Services from Pharmacies, dispensing contractors and dispensing doctors, are made and determined by introducing PNAs. From 1st October 2021 the Health Board was required by law to publish its first PNA. In May the Committee endorsed the proposed approach for the Health Board to develop a process for developing its first PNA.

Strategic Equality Plan

In May the Committee received an update in relation to the Strategic Equality Plan - Caring about Inclusion 2020-2024 (which had been endorsed by the Committee in September 2020). As part of that update, the Committee was informed of the priority interventions that had been identified for the coming year and the associated first year action plan that had been developed.

It was noted there were many areas of inequalities that required action and that there was more work to be undertaken and much wide-reaching consideration should be given as to how this work was reported.

The Committee received a further Strategic Equalities Update at its January meeting.

.

Recovery Planning Update

On 11th May an overview on the recovery planning approach was presented to the Committee.

The Committee was informed of the level of activity lost from March 2020 to February 2021 and how that had led to more than 22,000 procedures not being undertaken.

The Committee was advised that (i) a full ’recovery’ from the pandemic was likely to take 5-10 years, (ii) the NHS would need to fundamentally review the services it

The Committee were informed that given the prevailing pandemic conditions, the Health Board had continued to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021. Those plans had been based on three key principles - clinically led, data driven and risk orientated. Specifically, in regard to the latter and relevant to operational performance, the Health Board's recovery had remained centred upon Patients being seen in order of clinical priority rather than time-based targets.

provided and the way in which they were provided and (iii) patients should be supported and expectations managed.

Shaping Our Future Wellbeing Strategy (SOFW) Update

At each of its meetings, the Committee received an update and a composite overview of the SOFW and the Strategic Programmes portfolio, by way of flash reports.

In November the Committee was informed that the Strategic Programme Portfolio governance structure has been further refined and the Strategic Programmes Portfolio Steering Group had been overseeing the delivery of the 4 key Programmes:

- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals
- Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board)
- Shaping Our Future Population Health

In order to assure the Committee, at every meeting the current status, key progress, planned actions, risks and mitigations for each of the programmes are presented to the Committee Members.

Key Organisational Performance Indicators

At all meetings in 21-22, the Committee discussed and noted the year to date performance indicators for 2021-22 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium-Term Plan.

The Committee received information and statistics in relation to: -

- Planned Care – for example, Referral to Treatment, Cancer services, follow up Out-Patient appointments and eye care.

- Unscheduled Care – attendance at the Emergency Unit, including how the Health Board had complied with performance targets in relation to 4-hour performance, 12-hour delays, stroke patients, and ambulance handovers.

At each meeting, the Committee Members were informed that the Health Board had continued to experience significant operational pressures in light of COVID 19. In order

to mitigate against those pressures, the Committee was advised of the following actions: -

- the Health Board were enacting the Local Choices Framework and had reduced planned care surgery.
- The Health Board was working closely with its Local Authority partners in order to achieve timely discharge of patients.
- A transitional care ward has been opened.

At the meeting on 11th January 2022, the Committee received assurance that: -

- Whilst Part 1a Mental Health measures were not compliant overall, CAMHs performance specifically was now above target. Demand for Mental Health Services continued to be high.

- Significant work had been done in light of Omicron and encountering staff absences.
-

Workforce Key Performance Indicators

At each meeting, the Committee received regular Key Performance Indicator updates and was provided with an overview report against the broader Workforce & OD Delivery Plan, and, more latterly, against the seven themes within the People & Culture Plan.

The Committee noted that the People and Culture plan would be launched after the Board meeting in January 2022.

IMTP 2022-2025

The Committee was provided with an update with regards to the draft IMTP prior to the draft IMTP being taken to full Board for formal approval in March 2022.

Policies approved by the Committee

The Committee considered and approved/adopted a number of Policies and Procedures during the year which included the following: -

- Respect & Resolution Policy
- Special Leave Policy
- Recruitment & Retention Protocol
- No Smoking and Smoke Free Environment Policy
- NHS Wales Secondment Policy
- Raising Concerns Procedure

- SAS Job Planning Procedure

The Committee Terms of Reference and Work Plan – 2022/23

The Committee undertook its annual review of its Terms of Reference and Work Plan for 2022/23 and ratified the same at its January meeting, prior to the same being presented to full Board for formal approval in March.

Other Business

During the year the Committee also received and discussed the following matters: -

- Board Assurance Framework – at each meeting, the programme of risks associated with the Committee, were reported to the Committee, with specific risks being discussed at the individual Committee meetings.

- People and Culture Plan – in November the Committee received the draft People and Culture Plan which set out the actions the Health Board would take over the next three years. The said Plan contains a clear focus on improving the wellbeing, inclusion, capability and engagement of the Health Board's workforce.

- Capital Plan/Capital Programme Status reports – were presented to the Committee in July and September.

- Quarterly reports for all RPB short term funding streams – were routinely received by the Committee during the year.

Private Strategy & Delivery Committee

May, July, September, November 2021 & January, March 2022

The Suspension Report was presented to each Private session of the Committee for the financial year 2021/22.

6.0 Reporting Responsibilities

The Committee had reported to the Board after each Committee meeting by presenting a summary report of the key discussion items at the Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1. report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports throughout the year;

2. bring to the Board's specific attention any significant matters under consideration by the Committee;

3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Annual Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Michael Imperato

Committee Chair

Report Title:	Corporate Risk Register			Agenda Item no.	4.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	15th March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Main Report
Background and current situation:

The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee and were reported to Board in January 2022, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since November's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ("the Policy").

This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board.

Risk Score (1 to 25) - Clinical Board	15/25	16/25	20/25	25/25
CD&T				
Medicine			3	
PCIC				
Specialist Services			4	
Surgery				
Digital Health				
Estates				
Children and Women				
Mental Health				
Capital Estates and Facilities			**1**	
Total: (8)			**8**	

An updated Register will be shared with the Board at its March 2022 meeting.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

Recommendation:

The Committee are requested to:

NOTE the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	x

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No
No
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

CORPORATE RISK REGISTER JANUARY 2022

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital, Estates and Facilities	6		The STAR and Bayside Immunisation Centre Leases expire in March 2022 and there are no property plans in place for the service beyond this time. There is a risk that there will be a detrimental impact on th immunisation service if no plans are in place prior to the expiry of the leases.	5	4	20	Ongoing discussions with local authority and estates colleagues.	5	4	20	Decision required on whether these leases be extended short term. Would require Cardiff Council agreement. 18/11/2021: NWSSP searching for options	5	1	5	Feb-22	Strategy and Delivery Committee	Patient Safety Capital Estates
Medicine Clinical Board	8	01/03/2019	Patients are remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	**20**	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patient's condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/Majors Assessment Nurse to ensure a patient clinical assessment is conducted.Concern by either party about the length of any delay or the volume of crews being held will be escalated by the Senior Controller/EU NIC to the Patient Access for usual UHB escalation procedures, or by WAST to their Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. For patients arriving in UHW and UHL assessments units, the NIC will assess these patients and escalate in line with policy. Standard Operating Procedure in place within the Emergency Department to support any 'Immediate Releases' requested by WAST. Update December 21: Joint CB/ WAST partnership meetings in place to focus on improvements. The Clinical Board is engaged with the NRI process for reporting incidents where WAST delays have resulted in major patient harm. Update Transformational work being undertaken across Acute and Emergency Medicine to support flow, including RATZ, virtual ward.	5	4	**20**	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	**10**	Feb-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	9	01/01/2021	The ability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment is resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	**25**	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	**20**	Medical staffing reviewed as part of the daily LCC meetings with ongoing planning to ensure safe staffing.	5	2	**10**	Feb-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety and Workforce
	10	01/12/2021	There is a risk of overcrowding with the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	**25**	UHB and local escalation policy and implementation led by MCB HUB and Patient Access Services working in partnership with the EU Controller and Senior Floor Cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Implementation of Internal Professional Standards to deliver prompt specialist review within agreed timeframe	5	4	**20**	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow.	5	3	**15**	Feb-22	Quality, Safety & Experience Committee	Patient Safety

Specialist Services CB	15	Sep - 21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	**25**	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	**20**	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	**10**	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety and Planned Care Capacity
	16	Jan-16	**Critical Care - Bed Capacity** Due to an inadequate bed capacity there is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner. Where demand exceeds capacity patients are cared for in inappropriate settings such as Recovery Area, Emergency Department and ward areas and patients may be discharged at risk to generate capacity. This risk of dealyed admission to Critical Care Dept or care in inappropriate settings could lead to increased morbidity and mortality, increased re-admisison rates, longer hospital length of stay and a failure to adhere to national standards and guidelines. A resumption of pre-pandemic service levels and a restoration of previous clinical area configurations will lead the risk level to increase to its previously elevated level.	5	5	**25**	Highlight patients to Patient Access for discharge to ward areas Additional footprint identified for more Critical Care capacity Funding has been granted by the Executive Team for 6 additional Level 3 equivalent beds in CC and these have been commissioned recently. The unprecedented demand during the current Covid19 Pandemic has resulted in a temporary increase in the unit footprint and capacity which has ameliorated this issue whilst at the same time exacerbating the Crtitical Care workforce risks detailed elsewhere.	5	4	**20**	Continue to work with Patient Access and Health Board to have more effective discharge processes in place. Not all of the recommended staff are being supported at this time. Increase Patient Flow role to 7 days per week	5	2	**10**	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Planned Care Capacity
	17	Jul-20	**Critical Care - Clinical Environment** There is a risk that patients admitted to the Critical Care Department will not receive care in an environment that is suitable for purpose due to a number of facility shortcomings resulting in patient safety risks including serious harm and death. The normal capacity is 35 beds with a single isolation cubicle. Analysis shows that the stated normal capacity is inadequate for the population served and needs to increase to 50 beds. The number of isolation cubicles is significantly below national guidelines and presents serious Infection Control & Prevention risks. The Covid19 crisis has led to a temporary increase in capacity to 44 beds however the isolation cubicle capacity remains at 1. There is no air handling available on the unit which results in there being no means to manage airborne infection risk or manage ambient temperatures. This exacerbates the IP&C risks and also compromises the care of patients where temperatiure is a critical concern. The well being of staff working in the environment is also compromised leading to issues of heat exhaustion and collapse secondary to dedydration. The inadequate size of the facility footprint leads to there being inadequate space for all non-clinical areas including office space, consumable storage, clean utility area, dirty utility areas, equipment storage, phamaceutical storage, device storage and management hubs areas.	5	5	**25**	**The clinical area is divided into zones to where patients are grouped according to IP&C risk to reduce the risk of cross-infection.** **Staff entering the clinical area are required to wear full PPE to reduce the risk of cross-infection.**	5	4	**20**	**There is an urgent need for a capital investment program and business case developed to address this need.**	5	2	**10**	Feb-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Patient Safety Capital Assets
	21	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	**Risk specific policies, protocols, and guidelines.** **Cleaning schedules.** **Installation of air pressure gauges outside BMT cubicles to measure positive air pressures.** **Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green).** **HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.**	5	4	**20**	**New dedicated Haematology facility required.** **Escalated to Clinical Board, estates and WHSSC.** **Bid for Lakeside Wing is to be submitted for consideration.**	5	1	**5**	Feb-22	Strategy and Delivery Committee	Planned Care Capacity