CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Cwm Taf Morgannwg University Health Board
Three year Plan
2022-25

MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

Paul Mears, Chief Executive

Emrys Elias, Chair

The challenges facing our organisation over the last two years has been immense with staff required to work flexibly and with agility to respond to the health needs of our population against the challenge of COVID-19. The Cwm Taf Morgannwg workforce has continued to adapt to new working models and service challenges against the disruption to life in and out of work caused by the pandemic, all the while ensuring that patients and their families receive high-quality care.

Looking forward to 2022/23 we are positive and optimistic about the future here at Cwm Taf Morgannwg. Recognising that it can be difficult to think about anything beyond the immediate pressures it is important to ensure that as well as responding to current demand and challenges we also focus on our longer term ambitions as an organisation.

We have significant work underway to develop our clinical strategy under the banner of CTM2030 which aims to describe how our clinical services will be delivered in the future as well as focussing on how we develop services which support the wider health and wellbeing of our population.

Underpinning the strategy we will also be considering how we develop and support staff to deliver the strategy including new clinical roles, career development programmes, staff wellbeing and leadership development.

The development of a supportive, inclusive, and positive culture has been progressed through the engagement, launch and use of our 'Be at our Best' Values and Behaviours. While considerable progress at embedding these values has been made, there is more to do to see them lived and visible through a clear set of understood and recognisable behaviours.

We will also be developing our approach to digital transformation across the organisation which will support how we deliver new models of care for patients as well as improving our internal ways of working to streamline what we know can be very bureaucratic processes for staff.

There are great opportunities now for us all across the organisation to focus on being bold in our ambitions for CTM and for our population, focusing on high quality care for those who need it the most to improve their health outcomes, those who have waited the longest for treatment due to the pandemic and giving people and communities the tools and support for healthy living.

OUR CONTEXT AND DRIVERS

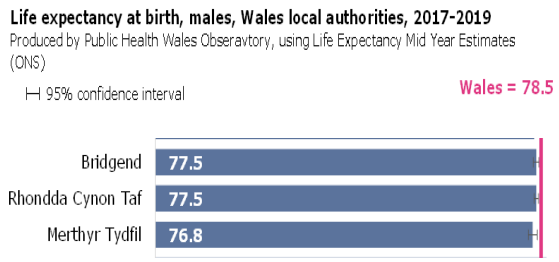
Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of hospital and community based services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local Primary Care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy) and the running of hospitals, health centres and community health teams. Detailed information about the services that we provide can be found on the 'services' section of our website. The Health Board is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the Health Board boundary.

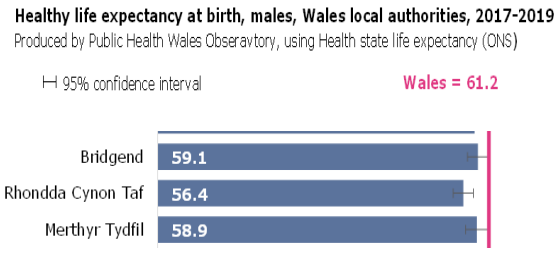
THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 449,836 (StatsWales Welsh Government, June 2021), increasing to 530,000 when accounting for flows from other areas e.g. South Powys, North Cardiff, Neath Port Talbot, Vale of Glamorgan. The population has high levels of deprivation, with 57.1% of the population of the Health Board estimated to be living in the most deprived 40% of areas in Wales. The highest levels of deprivation are in valleys to the north of the Health Board.

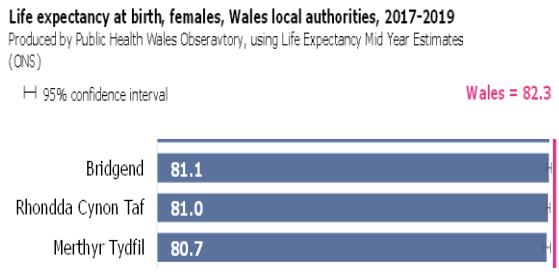
The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTM) are considerable, both compared to Wales and due to inequalities within the Health Board area. Life expectancy for men and women in CTM is less that the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) across CTM is also considerably lower for men and women. The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following charts:

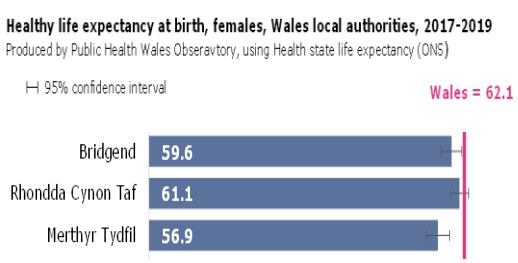
Males:





Females:





Additionally, CTM lags behind Wales in terms of practicing healthy behaviours. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer. The following are some of the key risk factors for our population:

- High smoking prevalence, with Wales at 17.4 % of the population aged 16 years or older who smoke, Bridgend at 17.9%, Rhondda Cynon Taf at 18.2% and Merthyr Tydfil at 22.7%. (2018-18 – 2019-20 National Survey for Wales)
- 63% of adults in CTM are overweight or obese. The Wales Average for eating five portions of fruit or vegetables a day for the population aged 16 or over is 24.3%. Bridgend is higher at 26% but Rhondda Cynon Taff is much lower at 20.6% and Merthyr Tydfil with the lowest in Wales at 15.1%. Similarly, adults meeting the physical activity guidelines aged 16 or above in Wales is 53.2% of the population, with Bridgend much lower at 41.3%, Rhondda Cynon Taf at 42.3% but Merthyr Tydfil, again the lowest in Wales at 39.6% (2018-18 – 2019-20 National Survey for Wales)
- Highest levels of childhood obesity in Wales;
- High levels of teenage pregnancy and low levels of breastfeeding; and
- Higher percentage of babies in CTM born with low birth weight compared to Wales.

This position, coupled with the impact of COVID-19 on health and social care services – our population are experiencing longer waiting times for diagnostics tests and treatment means that our three year plan sets out meaningful steps to address inequalities, at the same time as delivering healthcare service reset and recovery.

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CTM2030: CLINICAL STRATEGY

We are developing and agreeing our organisational strategy, including the future of our clinical services through 'Our Health, Our Future, CTM 2030'. CTM 2030 has engaged with staff, our population and partners to identify our four strategic goals:

These strategic goals will be met through developing and implementing a public health 'life course' approach across the following five strategic areas:

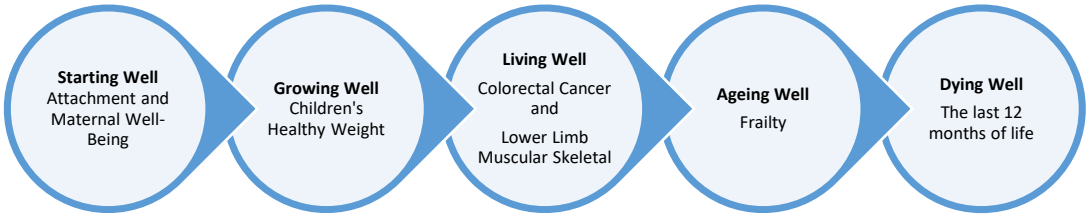
CTM 2030 will cover all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services.

The importance of engaging and building our existing relationships with staff, communities and partners is an integral part in the Strategy's development and essential in order to re-affirm and secure commitment to its delivery. This will allow the Health Board to be ambitious on behalf of our population in turning the Health Board's Strategic Goals into tangible outcomes.

Underpinning the overall Strategy will be the Health Board's Clinical Strategy which will be informed by engagement with clinicians and other Stakeholders and aligned with the WG National Clinical Framework. There will be further strategies in People, Estates and Digital with the milestones for developing these included in the over-arching Strategy.

STRATEGY GROUPS

Through a series of workshops engaging with staff from across the Health Board, our Local Authority (LA) and Third Sector partners, the Health Board's Strategy Groups which are aligned to the five life course strategic areas outlined above, identified six service areas within which we will develop exemplar pathways and service models to begin the transformational change required to deliver CTM 2030:



Each strategic domain will entail working with partners from across LAs, third sector and from across acute, community and corporate departments within the Health Board to further develop the exemplar service models, pathways and ways of working for the above key priorities. Each strategic domain will be progressing a range of priorities for 2022 – 2025 along with the planned implementation phases to progress these.

The ethos for taking forward the priorities is in keeping with the vision of the UHB of being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement.

Starting Well

Agreed Strategy Ambitions

- Infants and children reach their full health and wellbeing potential.
- Families are resilient and are able to access the advice and support they need in the right place at the right time.
- A regional multi-agency vision for Early Years provision is in place that is focused on positive outcomes for children.
- Children are ready for entry into Nursery at age 3 and have confidence in their own abilities.

Agreed Priorities to "*Drive*"

- Resilient Families Wellbeing Health Programme developments and evaluation.
- Parent-Infant relationship regional service developments.
- Embedding MECC (Make Every Contact Count) across public health nursing.

Agreed Work to "*Champion*"

- **Preconception care framework.**
- **Strategic Infant Feeding group.**
- **Digital inclusion of Health Visiting services.**

Agreed Work to "*Shape*"

- Together for Health: A National Oral Health Plan.
- UK Rare Disease Framework implementation.
- Integration of specialist services to universal services to ensure continued support to families.
- Alignment of improvement and specialist measures programmes with the Preconception to 1st 1,000 Strategy Group.

During 2022/23 the Starting Well Strategy Group will work on the following agreed priorities:

- Align the improvement and special measures programmes working with staff, patients and their families to develop strategic visions and action plans that incorporate the wider Early Years agenda. Specifically, we will develop strategic visions and action plans for:
  - **Maternity services**
  - **Neonatal services**
  - **Preconception**
- Progress the attachment and family mental health agenda through implementing the Parent-Infant Foundation report findings.
- To use our data to improve service response to local need we will work with DHCW and our Performance and Information team to develop a QLik dashboard for Health Visiting services.
- Ensure Public Health Nurses (i.e. Health Visiting and School Health Nurses) can operate to the top of their licence through a review of current workforce models.
- Develop a framework that ensures key community based staff are using MECC to deliver consistent messages around obesity and maternal mental health and attachment.
- Improve specialist service integration with universal services to ensure continued support with a family's journey, e.g. Bump Start (Maternal Obesity Support Service) actively link with partners and wider health services to support women post-pregnancy.
- Relaunch the Strategic Infant Feeding group to impact upon the obesity agenda and improve family nutrition.
- Continue to work with Rhondda Cynon Taf County Borough Council (CBC) to deliver and evaluate the Resilient Families Service.
- Support the development of visions and action plans for both oral health and rare disease, ensuring they meet national delivery requirements, recognising the impact of COVID-19 on current service delivery.

[1] Working Paper 1: Young children develop in an environment of relationships, CECD, Harvardhttps://developingchild.harvard.edu/resources/wp1/

"Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life… Even the development of a child's brain architecture depends on the establishment of these relationships." Centre for the Developing Child, Harvard University (2004) [1]

Growing Well

Agreed Strategy Ambitions

- Support children and young peoples' emotional and physical needs; educating and encouraging them to live healthy and active lives.
- Children and young people are supported to be resilient and able to access the advice, support and care needed at the right place at the right time.
- Improve engagement with children & young people in the development and co-design of services.

Agreed Priorities to "*Drive*"

- Implementing a Children's Rights approach throughout CTM UHB.
- Healthy weight across the life-course.
- Embedding MECC (Makes Every Contact Count) across CTM and partners' services for children and young people.

Agreed Work to "*Champion*"

- 16-25 year olds acute services and children with complex or chronic conditions transition to adult services.
- Children and young peoples' emotional health and wellbeing services.

Agreed Work to "*Shape*"

- Sexual health and wellbeing action plan
- Diabetes services, working with the Value Based Healthcare (VBHC) team.
- Developing CTMs apprenticeship and work experience offer for 'Children Looked After'.

The key principle of the work of the Children and Young People Strategy Group is Children's Rights. During 2022/ 23 we will work on the following agreed priorities to take forward the Growing Well Agenda:

- **A Children's Rights approach** will be embedded throughout CTM's everyday practice and interaction with children and young people. We will develop and refine our approach to engaging with children and young people to ensure their voice is heard.
- Progress work with acute services for people aged 16-18 years old to ensure they have access to standardised, appropriate care across CTM.
- Develop our approach for children and young people with chronic or complex health conditions as they transition to adult services.
- Develop a sustainable approach to managing children with complex health, putting the patient at the heart of delivery and minimising repeated journeys to visit multiple professionals.
- Develop CTM's work experience and apprenticeship offer for 'Children Looked After'.

Chronic Conditions

The Growing Well domain supports and directs the Local Delivery Groups responsible for implementing national priorities and strategies. These groups will focus on the following key priorities areas:

Healthy Weight: Implement the UHB's level 2/3 weight management service for adults with an enhanced level 1 offer. This new multi disciplinary service will address a service gap and enhance our offer to CTM residents.

Diabetes: Work will continue during 2022/2023 on a number of work streams, some of which fall within the UHB's Value Based Health Care programme. These are:

- Expansion of pre-diabetes pilots in primary care
- Review and standardisation of diabetes pathways
- Exploration of digital PROMS (Patients Reported Outcome Measures) possibilities

Living Well

Key Principles established for the delivery of the CTM2030 priorities for Living Well area are:

- Reduce variation, a focus on equitable, joined up service across the Health Board
- Reducing inequalities, raising public awareness and a balanced focus on preventative strategies
- Services planned holistically with the patient at the centre
- A focus on early detection/diagnosis, preventative strategies and services

Some of the key challenges /priority areas to be addressed which came out of the colorectal and MSK lower limb workshops in December are detailed below.

COLORECTAL Key Challenges	COLORECTAL Priority Areas for Consideration
• The need to address prehabilitiation and rehabilitation needs for patients. • Equitably whole system pathways across CTM. • Recovery – need 'green' pathway to minimise risk during pandemic. • Timely diagnosis - reduction in delay in diagnostics.	• Develop a consistent pathway, including diagnostics, for the delivery of colorectal cancer across the UHB, in line with NICE guidelines. • A focus on recovery with green pathways for elective care. • To implement a prehabilitation service across the UHB for colorectal patients. • Delivery of holistic, patient centred care inclusive of third sector provision. • Utilise digital platforms, improve communication across primary and secondary care e.g electronic communicaion, e-referrals, use of Artificial Intelligence for triaging, one Health Board Patient Administration System (PAS).

MSK LOWER LIMB Key Challenges	MSK LOWER LIMB Priority Areas for Consideration
• The need to address prehabilitiation and rehabilitation needs for patients. • Equitably whole system pathways across CTM for elective and trauma service. • Sustainable workforce model. • Lack of an orthogeriatric service across CTM. • Recovery – need 'green' pathway to minimise risk and ensure provision acros the UHB. • Need to develop a single point of access for service provision.	• Refocusing on the preventation and early intervention in treatment of lower limb MSK. • To establish a green site/elective hub to enable timely pathways for elective care. • To implement a prehabilitation service across the UHB for lower limb MSK patients. • Consideration of the business case for a fracture liasion/ prevention service. • Development of an orthogertrician service across CTM. • Embedding MECC in a phased approach across MSK pathways.

Chronic Conditions

The Strategy Group has worked with each of the Local Delivery Groups to agree 2022-23 priorities. This has been done by undertaking a robust prioritisation process and assurance of alignment to the appropriate National Quality Statements, which are being developed by WG and the National Clinical Framework. During 2022/2023 focus will be on the following key priorities areas:

Heart Conditions

Work will continue during 2022/2023 on a number of work-streams, which fall within the Heart Failure Value Based Health Care project. These are:

- Ensuring early diagnosis using NT pro-BNP blood tests
- Optimising heart failure treatment and heart failure PROMs/PREMs/WREMs collection
- Roll-out of the heart failure palliative care service
- Increasing access to cardiac rehabilitation

Example of priorities areas agreed for Heart Conditions are outlined below:

- Achieve RTT Waiting times for outpatients, diagnostics and treatment pathways
- Increase CT Coronary Angiography (CTCA) capacity
- Implement recommendations made in response to NCEPOD (National Confidential Enquiry into Patient Outcome and Death) report on management of acute Heart Failure
- Continued participation in Cardiac Peer Review and National Cardiac Audit Programme

Respiratory Disease

Priority areas have been agreed within respiratory care and work is progressing to develop work streams and action plans to take each priority area forwards. The top three priority areas include:

- Increase the number of smokers who are motivated to quit using NHS support
- Implement the Tobacco Control Strategy for Wales and Delivery Plan
- Implement evidence based, equitable, pulmonary rehabilitation service across the Health Board
- Expand and further develop acute non-invasive ventilation services with a focus of Respiratory Support Units across the Health Board
- Enhance existing model for training and educational professionals working within respiratory
- Implementation of national guidance for patients with asthma and COPD, including inhaler use in line with the NHS Wales Decarbonisation Strategic Delivery Plan.
- Undertake a pathway mapping exercise of all COPD services across the health board, to identify good practices, inequity and key challenges in service provision.

Liver Disease

Priority areas have been agreed within liver disease and work streams have been established to take each priority area forwards. Top priority areas include:

- Implementing and expanding liver disease pathways locally in line with national guidance.
- Further implementation of the obesity pathway (currently a pilot).
- Improve service provision and reduction for patients with blood borne viruses.
- Develop Alcohol Care service, to be taken forwards under VBHC principles.
- Focus on patient engagement and communication including development of an annual survey tool (PREMS).
- Formalise and strengthen partnerships with tertiary transplant centres.

Ageing Well

The Ageing Well priority areas for development are:

Frailty

The Frailty workshop held in December 2021 outlined a number of key areas for consideration which charecterise what "good would look like" in services to treat, care and support the frail population in the CTM region.

Key Challenges	Priority Areas for Consideration
• A multi-agency / multi-disciplinary integrated approach to service provision.	• Develop streamlined service provision with a single point of access for service users in partnership with LA and Third Sector. Streamline resources and funding to support the development of an integrated model.
• Reduce variation in service provision where it exists across the Health Board.	• Establish a Value-Based Healthcare approach to services. • Link in to CTM 2030 public engagement to feed public and service user views into the development of services.
• Engage with the local population and those with lived experience to understand their perceived needs. • Improve awareness amongst professionals and the public of service provision and how to access it.	• Develop effective information on service provision and improve awareness in in the workforce in the 'steps' of frailty as recognised by the British Geriatics Society's 'fit for fraily model: 'F' inding; 'R'ecognising; 'A'ssessing; 'I'ntervening; 'L' ong term (FRAIL).
• Proactively identify people at an early point within the care pathway who have the greatest risk in regard to their physical and/or mental health needs	• Use Population Health Management, Segmentation and Risk Stratification Information, considering the potential use of a validated Electronic Frailty Index, to inform development of the pathway.
• Provide targeted support depending on an individuals needs ('Patient-centred care') preferably closer to home.	• Develop Patient-centred care closer to home.

The Ageing Well Strategy Group will work in conjunction with the Health Board's Unscheduled Care Improvement Programme and Regional Planning Board to further develop the frailty model with particular reference to the implementation of an optimal service delivery model for integrated health and social care services.

Major Health Condition Delivery Groups

The Ageing Well Group has identified the two priority areas of Stroke and Dementia to be taken forward over the coming years. These priority areas reflect the increasing prevelance and siginficant impact both areas have upon older people, as well as their families and carers:

Stroke

Stroke remains the 4th leading cause of death in Wales and can have significant long-term effects on survivors. The prevalence of people living with stroke is increasing due to a decrease in mortality

from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole systems approach is taken, which maximises the prevention element, including early detection and treatment of clinical risk factors in addition to the early intervention and management of stroke.

There are a number of elements feeding into the strategic planning of stroke services for the Health Board which will be taken forward by the Health Board's Stroke Delivery Group. The Delivery Group will draw on the recommendations of the 2021 Stroke Equity Audit which highlights primary prevention opportunities and also the quality attributes of stroke services outlined in the WG Quality Statement for Stroke. The Delivery Group will also input to the All Wales Quality Statement for Stroke work, and progress this work in partnership with our neighbouring Health Boards. There is an urgent priority in 2022 to provide a more resilient staffing model for stroke, notably for out of hours and weekend provision. This will strengthen both the acute medical management and the rehabilitation requirements of our stroke patients. Further information is included in the Planned Care and Regional Planning Stroke sections.

Dementia

In 2020 there were an estimated 6,271 people aged 65 and over in CTM with Dementia, with a projection that this wil rise to 8,111 by 2030 (Social Care Wales Populations Projection Platform). In March 2021 WG issued the All Wales Dementia Care Pathway of Standards. The standards have been developed using the Improvement Cymru Delivery Framework and work will focus on developing a 2 year Delivery Framework Guide covering period April 2021 – March 2023.

Underpinned by kindness and understanding, initially there are 20 standards that sit within four themes:

- Accessible
- Responsive
- Journey
- Partnerships and Relationships

The key message is one of promoting partnership between agencies and stakeholders to drive the standards forward. At local level the Regional Partnership Board (RPB) and Dementia Steering group will oversee implementation.

Neurological Conditions

The Health Board's Neurological Conditions Delivery Group has been working to implement the WG "Neurological Conditions Delivery Plan" (2017). This Plan encompasses a range of actions, to meet the needs of people affected by a neurological condition, focussing on the quality of the pathway of care and the outcomes it delivers.

The Delivery Group feeds into the All Wales Neurological Conditions Implementation Group which provides the national drive and leadership. The Delivery Group will implement the forthcoming WG Quality Statement for Neurological Conditions.

Dying Well

The Dying Well workshop held in December 2021 focused on the last 12 months of life and identified a number of areas for consideration including: care coordination; integratred care; education and communication; the digital agenda; and workforce. Some of the key findings from the workshop in terms of “things we could do better”.

Key Challenges	Priority Areas for Consideration
• Patients admitted to general acute wards, whilst are stabilised, the subsequent care they receive is not always, optimum.	• Need to ensure all staff are aware of patients’ End of Life needs and able to address this accessing advice and support so they can be managed appropriately.
• Identification of patients likely to be in their last 12 months of life.	• Establish better systems for identifiation, particulalrly those who are non-cancer.
• Provision of alternatives to hospital admission where possible or more appropriate inpatient pathways.	• Review hospital front door support, advice and intervention for those patients admitted to hospital via ED.
• Improved public understanding of the natural process of death, dying and end of life support.	• Better education and communication with the public.
• Continued development of an integrated and responsive system for end of life care	• Increased and continued involvement of the Third Sector organisations is needed to improve quality of life. Ensure any changes to operational delivery are in line with the wider integration with WG National Programme for End of Life care. Review appropriate provision to End of Life services for BAME (Black, Asian and Minority Ethnic) patients
• Ensure Hospice at Home service are able to support urgent Fast Track cases, robust package of care andespite for patients and families.	• Develop a process for constant review of the service.

The Health Board Palliative and End of Life Care Delivery Group feeds into the Ageing Well Strategy Group and has identified four key priorities to take forward in 2022/23 through its region-wide action plan:

- Relaunch of the Care Decisions Guidance
- Bereavement Services
- Education, Training and Information
- Patient Feedback and Communication.

Central to the work of the Delivery Group is implementing the recent WG circular which urges the use of the Care Decisions Guidance will be a dedicated resource to lead on education and informartion across our acute sites, primary care and our care home settings. This will ensure that good End of Life care is embedded across all parts of the organisation. Education and support is key and as our workforce is forever changing this role is an ongoing need.

QUALITY

Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are and wherever they live, by providing access to high quality health and care, delivered through a sustainable culture of learning and improvement.

A Quality Strategy is being developed to support the Health Board in delivering on the NHS Wales Core Value of *putting quality and safety above all else – providing high-value evidence-based care for our patients at all times.* The Quality strategy outlines a framework for quality assurance and improvement across all our services that will underpin the Health Board's approach to quality as we build towards ***CTM 2030: Our Health Our Future.***

Within the Quality Strategy, the Health Board's Strategic Goals that were identified as part of CTM 2030 will then be turned into more specific quality goals. For example;

- *Creating Health* goal: Reducing Health Inequalities
- Quality goals: improve local access to health services; improve the acceptability of those services

- *Improving Health* goal: Delivering safe and compassionate care
- Quality goals: reduce medication errors by 50%

- *Improving Health* goal: Ensuring timely access to care
- Quality goals: improve access to diagnostics and early treatment; improve effectiveness through evidence-based practice; ensure continuity of care.

The Quality and Patient Safety Framework that was developed in 2020/21 is embedded in the organisation and enabled and established systems and processes related to quality governance and improved the approach to assurance across the organisation. This Framework underpins the delivery of the Health Board's over-arching Quality statements for 2020-23:

- Strengthened focus on quality in strategic planning
- Individuals' voices are better heard
- Shared learning and continuous

TARGETED INTERVENTION

The Health Board is continuing on its comprehensive improvement journey following its increase in WG escalation status in 2019. The Improvement Programme developed to deliver continuous

sustainable improvement incorporates Maternity Services and Neonatal Improvement along with Leadership and Culture; Quality and Governance and Rebuilding Trust and Confidence. Progress in relation to these plans continues to be monitored by the relevant Committees, the Board and by WG in bi-monthly Targeted Intervention (TI) meetings.

At the last formal review it was agreed that the Health Board is now very firmly in 'Level 3 – Results' stage for Targeted Intervention with some domains approaching 'Level 4 – Maturity'. This represents a tremendous amount of progress despite ongoing operational and COVID-19 pressures.

QUALITY IMPROVEMENT – INDEPENDENT MATERNITY SERVICES OVERSIGHT PANEL (IMSOP)

A key area of our Quality Improvement work continues to be focussed on our response to the concerns raised in 2018 regarding failings in maternity services with the former Cwm Taf Health Board. The service and Maternity Improvement Team has continued to deliver improvements during 2021/22 and will continue to progress this work into 2022/23. The Health Board has agreed to develop some proposed criteria to define the de-escalation from special measures which would be reviewed by IMSOP before being presented to the Health Minister for review and approval. The high level proposal is: that the Clinical Review work is completed by June 2022; the Improvement Programme Team is stood down and leadership of the Improvement Programme transitions to operational teams by March 2023, with support for historical Serious Incidents no longer needed in the financial year 2022/23.

QUALITY IMPROVEMENT – NEONATAL SERVICES

Neonatal services came under the more formal review of IMSOP in July 2020 following agreement that they would oversee a Neonatal response in relation to 16 of their original recommendations. In March 2021 IMSOP undertook a deep dive review into Neonatal services which in May 2021 saw a series of concerns escalated to WG which equated with 15 areas for improvement, of which five required immediate improvements. A Neonatal Improvement plan incorporates each area with a dedicated lead and has work planned throughout 2022/23.

CARERS

The Health Board with partners across our communities, is committed to supporting the development and delivering of the CTM Statement of Intent for Carers following the Cwm Taf Carers Strategy 2016-19 (currently under review). We are looking to re-establish the Carers Network and explore how we can expand work with businesses and the third sector to highlight the activities/ support carers can engage in across our communities to promote health and well-being.

The pandemic has impacted heavily on how we support our carers and as such the Health Board has utilised the third sector organisations to continue to engage with carers of all ages. The CTM Carers Steering Group continues to meet and look at different avenues that will allow carers to lead a life outside of their caring roles.

VOLUNTEERS

Our volunteers have played an essential part in supporting a number of services across the Health Board during COVID-19 including the vaccination programme, digital meet and greet and support of the virtual visiting review. The pandemic has provided an opportunity to revisit our Volunteer Strategy and review how the Heath Board utilises the support of the third sector to enable us to support our communities and how we further the volunteer role into different aspects of the services, including

end of life volunteers and how support can be provided to gain patient feedback, via the new Civica – patient feedback system the Health Board has implemented.

VETERANS

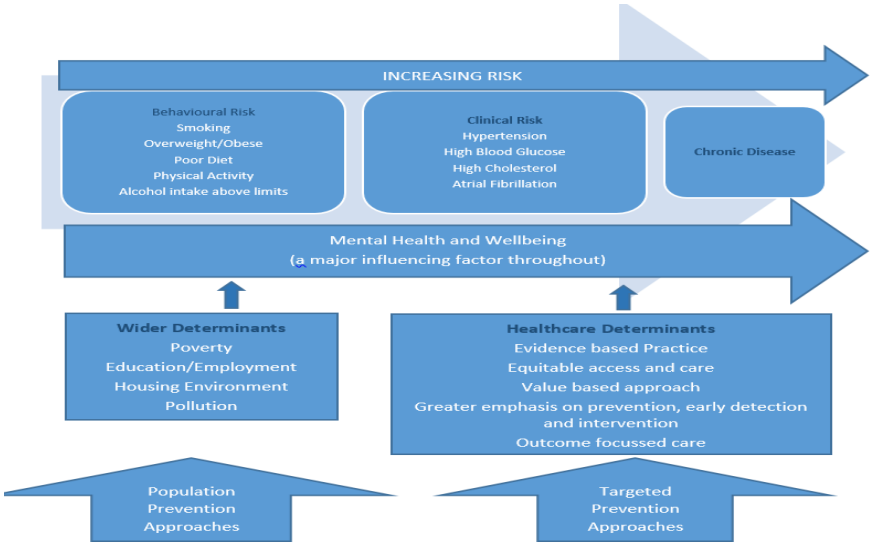
The Health Board continues to work with colleagues to promote the support of veterans in our community and in line with the WG Armed Forces Covenant for Health. Promotion of the pathway support available to veterans from primary to secondary care has been reinvigorated and the Health Board meets with colleagues from third sector organisations/ local council members on a regular basis to discuss how we can continue to give veterans in our communities a voice.

POPULATION HEALTH AND PREVENTION

Population Health is an approach aimed at improving the health and wellbeing of an entire population, while reducing health inequalities. As described in the previous section, the health of our population is adversely affected by deprivation and high levels of chronic disease and this has been further exacerbated by COVID-19. Population health outcomes are not performance measures of service delivery but the health outcomes of population as a whole. They include factors such as mortality, healthy life expectancy and prevalence of chronic disease, certain lifestyle behaviours and levels of clinical risk. Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted interventions taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection and intervention in all its pathways and striving to improve the equity of care it delivers.

The Health Board will collaborate with wider partners via our Strategy Groups and Clinical Services in working to reduce levels of poor lifestyle and clinical risk and contributing to a reduction in inequalities and inequities in our population and our services. This will supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural insights and change while incorporating into practice;
- Enabling individuals to have the knowledge, skills and confidence to look after their own health;
- Building of the work funded via the WG Regional Integration Fund (RIF) use of Population Health Management techniques such as population segmentation and risk stratification to help address multi morbidity and identify groups at greater risk of ill-health. This enables us to focus specific interventions and proactively allocate resources more effectively; and
- Continued partnership work to achieve a whole system approach and maximise community assets.



As a Health Board we aim to be leaders in Population Health Management (PHM); aligning services to best support the people who need it the most. To identify those people the Public Health Team has led the PHM programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources. By understanding population groups we can better decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. To do this Population segmentation and risk stratification has been utilised. Segmentation is grouping the local population by what kind of care they need as well as how often they might need it. Risk stratification helps understanding who, within each segment, has the greatest risk of having a significant health event or is at most risk of deterioration. The original pilot using this approach in the Rhondda Cluster has now been expanded across the Health Board. A small team of analysts and public health practitioners are supporting strategic groups and Integrated Locality Groups (ILGs) to turn the intelligence from this work into actions at a local level. The first data for the whole CTM population is now available at an aggregated level and patient identifiable data is being shared with GP practices.

A PHM Programme will oversee practical implementation of a range of actions, with responsible Executive leads for each of the following: VBHC in Diabetes, Stroke health equity audit and plan, detection and treatment of Atrial Fibrillation (AF), weight management, health promotion, a supportive environment for health and wellbeing and orientation to prevention in services. Our Primary and Community services will be aligned to meet those needs through integrated primary, community and social service 'villages' at cluster level (circa 20k population). There is also work being undertaken on a CTM healthy housing programme and social prescribing, enhancing employment opportunities including through apprenticeships and positive use of estate. Services will be increasingly personalised to meet individuals' needs and the impact further understood through the increasing use of PREMS and PROMS the auspices of the VBHC approach.

The Health Board is developing as a population health organisation and seeking to maximise its role in promoting good health and well-being to staff and residents through the most effective use of all its resources and opportunities from estates, health promoting hospitals and employment and skills increasing our role as an anchor organisation.

There are numerous examples of good practice that will be further developed as we move forward including:

- Continued development of a system wide approach to smoking cessation delivery which

include the 'Help me Quit' service, community pharmacy, antenatal cessation (Models of Access for Maternal Smoking Cessation Services - MAMSS) and the development of a mental health service cessation model, working to embed referral routes into all care pathways;

- Embedding the "Making Every Contact Count" (MECC) approach into clinical practice to encourage uptake of the key five positive lifestyle behaviours as part of normal care;
- Continued roll out of the >50 Health Check programme, to detect and reduce cardiovascular risk;
- Condition specific education programmes which promote self-care e.g. X-PERT, Pulmonary Rehabilitation the Education Programme for Patients (EPP);
- Using the National Exercise Referral Scheme in prevention and management of chronic conditions including the Joint Care Programme as a conservative treatment for knee and hip osteoarthritis;
- A range of work focussing on Early Years and the prevention of Adverse Childhood Experiences, a priority for the Starting Well Strategy Group;
- Use of Pharmacist and Stroke clinicians to support management of AF at primary care level;
- Promotion of social prescribing; and
- Reducing clinical risk e.g. detection and optimum management of pre-diabetes and hypertension.

The commitment to being a population health organisation of the Board includes clear goals to improve population health and reduce inequalities that will drive service improvement. These include:

1. By 2026, in men and women in CTM, Life Expectancy at birth and healthy Life Expectancy match the Wales average
2. By 2026, the Slope Index of Inequality in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%
3. By 2026, Avoidable Mortality in CTM matches the Wales average
4. By 2026, Life Expectancy in people with mental health problems in CTM matches that of those without
5. By 2026, the prevalence of key Long Term Conditions (Stroke, Diabetes, Cancer and Heart Disease) in people with mental health problems in CTM, matches that in those without
6. By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and percentage of Low Birth Weight (LBW)
7. By 2026, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated
8. By 2026, the prevalence of overweight and obesity has been reduced by 5 percentage points from its current levels

The Phase One Priority Measures set out by the Minister of Health and Social Services, in January 2022, provide a helpful focus in support of the Health Board goals for population health improvement in particular, targeting the behavioural and clinical risk factors that contribute to poor population health outcomes.

A key priority in 2022/23 will be to continue the journey in relation to implementing the Healthy Wales Healthy Weight strategy, building on developments made during 2021/22. These include:

- implementing provision across Level 2 and Level 3 of the adult obesity pathway

- Childhood obesity remaining a key focus and priority for the Growing Well Strategy Group, continuing the Whole System Approach to Childhood Obesity, including a social marketing campaign to promote physical activity, nutrition and healthier lifestyle for families, as well as The HENRY healthy families intervention to be delivered to our communities and families and a trial of a new programme in Merthyr Tydfil.
- Work continuing with our LA and Leisure Trust partners to deliver digital programmes and ensure that our population is aware of, and has access to, our incredible environment.

CTM REGIONAL PARTNERSHIP BOARD

The new WG Programme guidance further focusses integrated delivery of health and social care across Wales with a five year revenue investment '*Regional Integration Fund*' (RIF) which builds on the work and learning of the Integrated Care Fund and Transformation fund to date. The CTM Regional Partnership Board (RPB) has outlined a regional health and social care integration fund plan which takes into account responsibilities under a number of legislation and policies including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales'.

The RIF is a tapered funding programme with partners required to provide a level of match funding and commit to growing their replacement match to 50%, with the aim being a 50/50 intervention rate from WG and RPBs by the end of the five year fund.

The plan includes regional infrastructure requirements, approach to performance management and indicative funding against the new programme. Projects and Programmes of work within the plan for 2022/23 are aligned with the six pillars of models of care as outlined below:

Pillar 1: Community Based Care - Prevention & Community Co-ordinator

- Support creating community resource teams, clear pathways and links between public and commissioned services

Pillar 2: Community Based Care - Complex Care Closer to Home

- Continue the Health and Wellbring teams which work across Clusters

Pillar 3: Promoting Good Emotional Health & Wellbeing

- Implement the NEST Framework which is a planning tool for ensuring a whole system approach for developing Mental Health, Well-being and support services for babies, children young people, parents and carers

Pillar 4: Supporting families and therapeutic support for Care Experienced Children

- Regional approach to edge of care support and;
- MAPSS (Multi-Agency Permanence Support Service) Therapy Service

Pillar 5: Home from Hospital

- Implementation of Stay Well at Home Phase 3

Pillar 6: Accommodation based solutions

- Build on the successful 'Safe Accomodation for Children looked After' model and approach

Alongside this work, CTM RPB will be initiating and continue to implement locally, national programmes in Dementia (as described in the Ageing Well section), Integrated Autism Services and Carers.

GREEN 2030

As part of the CTM2030 Clinical Strategy development the Health Board has identified 'Sustaining our Future' as one of the four strategic goals. This goal encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015) and demonstrates the Health Board's commitment to:

- Becoming a green organisation
- Ensuring our services financial sustainability
- Embedding value based healthcare
- Ensuring our estate is fit for the future

During 2022/ 23 we will work on the following priorities to take forward the Sustaining our Future Agenda:

- Further develop the Health Board's De-carbonisation Strategic Delivery Plan inclusive of appropriate governance arrangements and alignment of existing internal delivery groups working towards the de-carbonisation agenda.
- Use our Smart metering data and validation software to monitor and verify our energy consumption and carbon emissions, setting annual and longer-term targets.
    - Work with Dwr Cymru/ Welsh Water to install smart meters on all sites to support monitoring and targeted interventions to reduce our water consumption.
- Work with Re:fit, the Carbon Trust and NWSSP (NHS Wales Shared Services Partnership) to commission an external review of our estates in order to develop a costed carbon neutral plan that is deliverable by 2030 that meets the needs of our varied sites
    - Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources
    - Continue with LED light replacement schemes and insulation work across our sites
- Solar Farm Connections are being explored with our three LA partners and WG that would connect renewable energy to our acute hospitals. We are working with:
    - Rhondda Cynon Taf CBC regarding the connection of a private wire network connecting Royal Glamorgan Hospital to a solar farm located at Coed Ely
    - Bridgend CBC regarding the connection of a heat network to Princess of Wales (POWH) and Glanrhyd hospitals as well as a private wire cable connection to a wind turbine farm
    - Merthyr CBC regarding the connection of a private wire network connecting Prince Charles Hospital (PCH) to a solar farm located near to the hospital site
    - WG Energy Service exploring opportunities for solar farm and wind turbine connections to Ysbyty Cwm Cynon and Glanrhyd hospitals and to decarbonise gas fed heating and steam systems at POWH

- Work to reduce medical gases, in particular targeting the use of Nitrous Oxide anaesthetic gas across the Health Board estate.
- Work with NWSSP to review our suppliers and look to develop local partnerships to promote the Welsh economy and reduce transportation related carbon emissions
    - Continue project work between the Health Board's RIICS (Research Innovation and Improvement Co-ordination Service), Procurement and Pathology to investigate how to reduce supply chain emissions and reduce waste packaging with Roche
    - Continue project work between RIICS and neighbouring Health Boards to identify and tackle plastic waste through Cardiff City Regional, SBRI and Life Science Hwb funding opportunities.
- Continue to develop Green Space and CTM Green as a means of engaging, communicating and inspiring our workforce to learn about and tackle climate change.
    - Work with staff to raise awareness and understanding of the importance of waste segregation is ongoing to ensure we can continue to meet our recycling targets
- We will review:
    - Our fleet in order to identify how to improve efficiency and switch to electric vehicles (EV) over time inclusive of identifying how to use electric vehicles within the Health Board and where EV charging points could be installed.
    - Staff mileage to identify patterns of travel and implement potential initiatives to reduce frequent unnecessary travel.

FOUNDATIONAL ECONOMY

The Health Board is acutely aware of the need to reduce health inequalities and ways in which it is aiming to do this are described in a number of sections of this Plan. It also understands the important role that health plays in the wider economy through its contribution to cross cutting policies such as the Wellbeing of Future Generations Act (2015) as described in the Population Health and Green sections, the latter of which also references work against the NHS Wales Decarbonisation Strategic Delivery Plan.

The Health Board recognises its important role as an anchor institution. Approximately 70% of our 13,000 workforce living within our region, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve. Examples of how we are looking to strengthen this role are demonstrated through this Plan with examples of local business partnerships to reduce our Carbon footprint, to apprenticeships within Workforce and development of the proposed Par Tri Sant Innovation Cluster which seeks to attract more businesses to the site which is already home to the Welsh Wound Innovation Centre, adjacent to the Royal Glamorgan Hospital (RGH).

The Health Board is committed to ensuring that Foundational Economy principles are considered in its strategic planning. The need to consider the principles will be included on the Prioritisation Framework, which cases and plans that go before our soon to be established Executive led Business Case Advisory Group and existing Integrated Strategic Planning Forum will be prioritised against.

COVID-19 RESPONSE: MOVING TOWARDS AN ENDEMIC SITUATION

In response to WG's transition programme *'Together for a safe future: Wales long-term COVID-19 transition from pandemic to endemic'* launched on 4 March 2022, the Health Board is planning for an associated reduction in Test, Trace and Protect (TTP) services over the coming weeks and months, together with a continued focus on the COVID-19 vaccination programme. Specifically, our COVID-19 response in 2022/23 will focus on protecting the most vulnerable people by:

- Providing a continued COVID-19 vaccination programme, aimed at priority groups and a timetable informed by the JVCI (Joint Committee on Vaccination and Immunisation).
- Ensuring the most vulnerable can access testing, treatment and support when they need to.
- Limiting the risk of acquiring and transmitting infection by maintaining proportionate capacity to test and contact trace within extant national frameworks.
- Keeping plans in place so we can respond to any local outbreaks.
- Keeping surveillance in place so we can detect clusters and new variants to ensure that we can respond to a possible resurgence of the virus.

The implication of this will be to:

- Maintain and mainstream capacity to deliver a COVID-19 vaccination programme and 'slimmed down' testing services via the UHB.
- Maintain and mainstream a re-calibrated, 'slimmed down' regional contact tracing service, via the LAs, with a focus on supporting the most vulnerable.
- Provide a COVID-19 data and intelligence service as part of mainstreamed public health services.
- Deliver an underpinning communications programme, co-ordinated where necessary across the Health Board and delivered via partner organisations' communications teams.

Building on the strategic direction set out by WG, which requires that a vaccination and 'slimmed down' testing service is available, at least for the medium term, the plan for 2022/23 is to create a single service to deliver this programme of work. A business case is in development to establish a new 'Prevention and Protection' directorate to deliver this service cost-effectively, together with providing additional prevention and early intervention measures where necessary. This service will look to bring together the current testing and vaccination programmes as well as other aspects of the Health Board's vaccination programme, such as the Specialist Immunisation service and the Health and Social Care staff Flu programme.

The remit of the directorate will be to deliver:

- COVID-19 vaccination for the CTM population and health and social care staff.
- COVID-19 testing for the CTM population and health and social care staff.
- Flu vaccination for CTM health and social care staff.
- Support to other services for vaccination programmes.
- Support to public health interventions to identify risk factors for chronic diseases for the CTM population.

By mainstreaming this service and facilitating the current individual services to work together with an integrated workforce that is skilled up to work across testing and vaccinations, the Health Board will be able to build in the flexibility and resilience required to meet any fluctuations in testing and/or vaccination demand, which may come in 2022/23 and beyond.

Due to the expected fluctuations in demand for these services and the need to plan for a possible surge, should there be a new COVID-19 variant of concern for example, we recognise that at a time of high demand, we will need to supplement our permanent team using bank, secondments and short-term fixed contracts. Similarly, at times of low demand, the permanent team will provide additional support to delivering other public health prevention and protection interventions.

During 2022/23, we will:

- Develop our future model for vaccination and testing.
- Mainstream the COVID-19 surveillance function as part of the Public Health function from April 2022.
- Mainstream the communications function via partner organisations from April 2022.
- Support and liaise with the LAs on the required, future contact tracing service, focused on the more vulnerable people within our population by June 2022.
- Support and liaise with the Third Sector and LAs on mainstreaming the remaining elements of the Protect service from April 2022.
- Maintain the capacity to respond to localised outbreaks, particularly in high-risk settings and ensure 'surge' preparations are made for the possible resurgence of COVID-19 and/or a new variant of concern.

PRIMARY CARE

There are 51 GP practices across the Health Board, with services organised in Clusters, based around localities, with 8 across the Health Board covering Cynon North, Cynon South, Merthyr North, Merthyr South, Rhondda North, Rhondda South, Taff Ely North, Taff Ely South, Bridgend West, Bridgend North and Bridgend East. The clusters are well established and functioning effectively, progressing a range of developments within each locality and supporting the development of the Primary Care Model for Wales at a larger scale.

Each cluster has produced their own Annual Plan for 2022-23 outlining their own priorities and ambitions in this transition year as pan-Cluster Groups are established, which are aligned to the NHS Wales National Planning Framework and the Health's Board's Strategic Goals and Developments. Primary Care plays a vital role in the delivery of the Strategy Group work and Transformation schemes, focussing on delivering care closer to home, avoiding the need for hospital care and seamlessly working with other services.

The priorities for Primary Care in 2022/23 and beyond are outlined as follows:

- **Urgent and Emergency Care** Development of second points of access and aligning urgent and emergency in order to meet the objectives directed by the 6 goals for Urgent and Emergency Care. This is also being incorporated into the review of the wider transformation agenda and development of a single point of access which is provides a responsive and wrap around services within primary and community.
- **Finalising the Primary/Community Estates Strategy** If agreed and approved by WG in 2022/23 this will put the Health Board in a strong position to secure funding for any new capital and revenue schemes identified to support the development of new health and social care hub and spoke developments. This work will form part of the wider Health Board Strategy and will be aligned to the recent guidance on Health and Social Care Integration and Rebalancing Capital Fund.
- **Embedding the Accelerated Cluster Development** A Programme Board to progress Accelerated Cluster Development has been established to ensure that the governance structure is in place and this will oversee the rollout and progress being made across the Health Board footprint. A light touch approach is encouraged by the National Strategic Primary Care programme for 2022/23 but the Primary Care team will work on stakeholder communications and engagement as a matter of priority through March and April via workshops. To further support this work the Health Board will aim to develop an outcomes-based approach to pathway development delivered by clusters.
- **A population health and prevention focus** A Primary Care and Public Health Oversight programme board has been established to oversee a number of previously described population health focused programmes (weight management, inverse care health check to include AF and pre-diabetes, patient education programmes).
- **Pathways to support planned care** Work will continue to progress the new pathways for eye care in the community, including Glaucoma, in line with WG Directives in respect of the development of eye care services within the community.
- **Modernisation of the Community Dental Service** The Health Board will develop a service which is efficient and responsive to the needs of the CTM population. This will include the development of Special Care Dentistry and paediatric assessments.
- **Delivering and implementing contract reform** In line with national guidance there is significant change for Dental and Optometry contracts and amendments to the General Medical Services contract aimed at improving access, capacity and capability and making the services more responsive to patient needs.

MENTAL HEALTH

It is recognised that COVID-19 continues to have a significant impact on the mental well-being of our population and that this is likely to continue with specific issues which are now emerging in relation to increased need. Emerging areas include increased number of people experiencing alcohol dependence and then the associated need for support to reduce this and for some full

detoxification. Demand for eating disorder related support, more general crisis support and psychological interventions has also increased. Pleasingly, a number of pandemic service responses have been very positive and will inform our longer term strategic direction, particularly in relation to crisis retreats and pathways for those with very acute mental distress and increased tier 1 responses by the third sector.

ADULT SERVICES

A wide range of Inpatient and Community Adult Mental Health services are delivered across the Health Board with significant partnership working with our LA and third sector partners. As outlined previously there are pressures growing in several areas and we have seen demand for the Local Primary Mental Health Support Services (LPMHSS) return to pre pandemic levels and also increases in Memory Assessment Services. To address this increased demand, services have accessed additional resource to keep a focus on recovery in key areas:

- Psychological therapy - directing internal capacity to support waiting list validation and interventions as well as seeking opportunities to bring in external capacity with some impact
- Continued increased capacity to reduce waiting times for memory assessment with good impact
- Working to remodel some group interventions with third sector partners, to increase capacity which has been very effective.

During 2022/23, the service will continue to monitor key performance indicators in order to identify areas of challenge early so that action can be taken to address these. A key focus will be on maintaining core service capacity as often that can reduce demand into sub-speciality areas. Work will continue to modernise our outpatient offer, moving away from shared care in its historic form while progressing some exciting developments with Primary care in relation to Accelerated Cluster Development and more formal models of joint and integrated care.

Early work on a 111 mental health pilot will also continue and inform the move to a single point of access for the management of people requiring an urgent appointment.

During 2021/22 it was challenging to identify the priority areas for the service improvement funding following a major restructuring and the need to progress internal benchmarking, quickly followed by the pandemic. Some progress was made but the emerging picture going forward is much clearer as set out below.

CHILD AND ADOLESCENT MENTAL HEALTH (CAMH)

A wide range of community CAMH services are provided across the Health Board and we are also commissioned to deliver the same across Swansea Bay UHB (SBUHB). The Health Board is also the provider for a number of regional and national specialist services, including the inpatient unit serving South Wales (Ty Llidiard), the national Forensic Service (FACTS), and the South Wales Eating Disorder Outreach Service (EDOS).

Demand for CAMH services has been growing, placing increasing pressure on services. Managing the partnership working has been a key priority as well as re-designing and investing in services. The Inpatient and Forensic services are under enhanced monitoring arrangements by the Commissioner, WHSSC and work remains ongoing to deliver the changes required in order for these to be de-escalated. To support this work and to address a number of internal concerns, additional investment has been made into providing enhanced management support for the service that will remain in place for 2022/23. Key areas of focus in 2021/22 have been:

- Commissioning 'Kooth', an online mental wellbeing chat and counselling service for young people;
- Maximising capacity within the Primary and Secondary CAMHS teams to reduce waiting times;
- Progressing security improvements in Ty Llidiard; and
- Further embedding the Single Point of Access team and re-designing pathways around this.

During 2022/23 the service will continue to work with commissioners on key areas of focus such as the service specification for inpatient services, the FACT Service and sustainability of on call rotas. Work will continue to be a focus on working with partners in LA, Education and third Sector to ensure that young people's needs are being met as early as possible, including the embedding of CAMHS Liaison Practitioners within LA services. The review and development of Eating Disorder services at all tiers will be a key area of focus as will the further development of unscheduled care and crisis pathways to ensure the provision of safe and appropriate services for our young people. The service will progress service developments against the funding provided for the Whole School Approach and making the changes required to improve performance and to ensure the delivery of safe and effective services.

NEW FUNDING

The Health Board is restructuring how mental health services will be delivered in 2022/23. Given the pressures and emerging demands and risks being seen from the pandemic this will help have a strong focus on categorically resetting the mental health strategic direction in adult and older adult services so we really focus in on having the capacity, the right workforce and the right experience critically for our population. This in turn will help us have much more confident plans and priorities for transformation and inform the very welcomed investment which was not straightforward previously due to the afore-mentioned restructure and pandemic. There was commitment to some key areas aligned to working in a more integrated way with Primary Care and also to increase opportunities and the voice of people with lived experience so as follows:

- £190k for Primary Care mental Health Practitioners – taking us to funding for 8 now in place, equivalent of 1 per cluster
- £43k for a Local Enhanced Service in conjunction with Primary Care to address physical health needs of some of most complex service users
- £91k for peer mentors to work in and with our community services

There are other priority areas that will complete utilisation of 2021/22 service improvement funding and continue to feature in 2022/23 including:

- Strengthening mental health pharmacy working to address a range of prescribing areas and opportunities;
- Tier 2 eating disorder interventions;
- Further streamlining of service access to give a consistently better experience;
- Building in third sector capacity to follow up people who had an emergency assessment but were not in need of admission or home treatment;
- Digital options to support self-help and first level interventions.

Funding has also been secured to find the following two proposals:

- Eating Disorder: development of a specialist eating disorder pathway, recruiting a multi-disciplinary team to deliver the Maudsley model and develop stronger links with other services including Primary Care, paediatrics and external agencies
- Psychological Therapy: funding for a Head of Psychological Therapies to provide leadership, coordination and development of Psychological Therapy in the Health Board, in line with

Matrics Cymru and to support delivery of the 26 week target for specialist psychological therapies.

The assumption for the Mental Health services included in the accompanying Minimum Data Set (MDS) are that:

- There is an almost static position from 21/22 to 22/23 in no. of 1a and 1b referrals, crisis referrals and Part 2 Duty caseloads with a treatment plan
- There will be a slight increase in the number of CAMHS referrals and assessments and Memory referrals and assessments
- There is a further need to understand how the increased reported demand will be met by the Mental Health funding and plans

LEARNING DISABILITIES

Specialist Learning disability services for the Learning Disability residents of the Health Board are provided through a commissioned arrangement with SBUHB, with non-specialist services provided by the Health Board.

People with a Learning Disability often have poorer physical and mental health than other people have and may face barriers to accessing health and care which can impact on people staying healthy. Too many people with a learning disability are dying earlier than they should, many from things, which could have been treated. Although there are some early signs of improvements, there are still considerable differences compared to the general population. 63% of people with learning disabilities die before reaching the age of 65, compared to 15% in the general population therefore despite this improvement this is not sufficient.

Within Primary Care there is the requirement under the Improving Lives Programme to reduce avoidable and premature deaths through early intervention, prevention and accessible services by improving the take up and quality of annual health checks to monitor and identify health needs early and work towards one GP register that captures population health needs. There is currently a Directed Enhanced Service (DES) in place for the provision of general medical services for adults with severe learning disabilities. This DES is intended to assist local partnerships to use enhanced services to deliver better healthcare to patients with a learning disability. Because of the impact of the Pandemic on Primary Care Services, the DES was relaxed up until September 2021 leading to a backlog in annual health checks which is looking to be addressed through dedicated Clinical Nurse Specialist time.

PARC PRISON TRANSFER

During the 1990s, the UK Government utilised the Private Finance Initiative (PFI) to design, build, fund, maintain and operate ten prisons. The first tranche of these PFI prisons' project agreements (contracts) are coming to an end, with the first of these being Her Majesty's Prison (HMP) and Young Offenders Institute (YOI) Parc ('Parc Prison') in Bridgend which expires on 14/12/2022**.**

HMP and YOI Parc is currently the only prison that has private healthcare provision in Wales. Primary healthcare is embedded into the HMP and YOI Parc contract and is currently being delivered by G4S Healthcare Services covering both adults and young people.

In December 2019, Her Majesty's Prison and Probation Service (HMPPS) in Wales wrote to WG in relation to the potential transfer of primary healthcare to the Health Board upon the expiry of the current operator contract. WG formally confirmed in October 2020 that they were content with this transfer of healthcare and following this the healthcare work stream was formalised. The work stream includes resources from HMPPS, the national project team, Youth Custody service commissioning team, the Health Board, WG and Public Health Wales.

A draft Service Specification has been written that defines the future standards of care expected from healthcare providers at HMP and YOI Parc. The specification has been developed by specialised clinicians, policy area leads and public health representatives to describe core service standards. The specification has also been informed by a health and social care needs assessment to better understand the health needs of the adult and child resident population in HMP and YOI Parc.

The high level timeline to enable this transfer is outlined as follows:

Month	Deliverable
March 2022	Detailed costings for service delivery approved by Health Board and provided to HMPSS
April 2022	Agree final financial settlement
May 2022	Final service specification sign off Memorandum of Understanding between CTMUHB, HMPPS and WG approved
December 2022	Transfer of HMP and YOI Parc Healthcare to CTMUHB

URGENT AND EMERGENCY CARE

The Health Board's Urgent and Emergency Care (UEC) Improvement Programme pulls together the delivery of the 'Optimum Community Model' with a collection of programmes improving acute care in our hospitals; linking our Social, Health and third sector care together in our communities; and supporting the ambulance service and other clinicians to navigate improved community services and viable alternatives to Emergency Departments (ED) and acute care across the Health Board.

This is being accelerated through a revised programme board chaired by the Health Board Chief Executive. The Optimum Community Model of integrated health and social care services at cluster level will seek to support people in the community to stay well and manage their existing conditions; improve the network of community support for those whose conditions escalate or who acquire a

new illness or injury; and build community-based assessment, treatment and support services for those treated in hospital to return home through a cluster-based model of community support.

The high-level objectives of the UEC Improvement Programme are:

- Improved population health and wellbeing outcomes
- Safe and quality-centred services restructured to the most efficient and effective settings
- Enhanced quality of care

Achieving these objectives will involve the implementation of Same Day Emergency Care (SDEC) and Frailty Pathways, the D2RA (Discharge to Recover then Assess) model; and safe, accurate signposting to services first time. The optimum Model will transform how and where health and social care are delivered:

- Integration of health and social care services
- Integration of physical and mental healthcare services
- Expansion of primary, community and social care to support greater provision of care closer
- to home

ALIGNING TO THE SIX GOALS FOR URGENT AND EMERGENCY CARE

One of the primary remits of the programme is to support delivery of the Six Goals for Urgent and Emergency Care by building integrated services designed and delivered at Cluster, Acute Hospital, Community Service and LA levels in the context of a Health Board wide outcomes and governance framework, to deliver equitable care across our whole footprint.

Goal 1: Coordination, planning and support for high-risk groups

The Health Board's Public Health team works with our acute, community services and clusters to deliver our Goal 1 aspirations including, for example, risk stratification of our population.

Implementation of the Optimum Community Model will build a localised support model for all members of our community to help prevent illness and improve their physical and mental health, help people to take responsibility for their health and wellbeing, and help them to manage escalations in their existing conditions or help them deal with new illnesses and injuries. Initial work has begun to establish focused services in each of our Primary Care Clusters.

Whilst we have one Urgent Primary Care Centre (UPCC) in the Rhondda, our priority is to re-align urgent and emergency care and a draft proposal is jointly being worked up as part of second contact for 111.

We are seeking to strengthen our existing community and primary care services which run across a number of teams including 'Stay well@home', Stay well@home2 and a community health and wellbeing team to provide more benefit through having a single point of access including a home visiting service that can respond to both health and social care needs within a 2 hour, 4 hour or 24 hour timeframe. This would create capacity to support our GP surgeries and reduce unnecessary ED attendances.

Goal 2: Signposting to the right place first time

111 and our Flow Centre (the secondary point of access for our 111 service) along with the Out of Hours (OOH) GP services are obvious front line access points for fast, accurate signposting, but our vision is for our population to access the right care first time regardless of how they choose to access NHS or Social Care services. The Flow Centre helps patients to access primary and community care, particularly in the OOH period, and gives clinicians including Ambulance Crews and community practitioners with senior clinical advice and support, with the aim of reducing conveyances to our EDs.

Our Navigation Programme is tasked with designing a network of linked access points, creating a comprehensive Directory of Services (DoS) and establishing standardised triage and assessment tools.

These will allow ambulance crews and other clinicians to access the full range of services across the health board so that people receive appropriate rapid treatment whether they access our services via 111/999, through their GP surgery, via a specialist service such as a mental health advice line, or if they simply walk into an open-access service such as an ED or an Urgent Primary Care Centre. Where possible, direct booking will be an option, speeding up patients' access to the services they need.

Goal 3: Access to clinically safe alternatives to hospital admission

Implementation of Patient Transport Advice Service and/or other direct support to people who have called 999 and who need urgent treatment, but do not need to access a full ED, is a key role of our Flow Centre. This work will be underpinned by the work of the Navigation Group outlined above in Goal 2.

Where a person either attends an ED of their own accord or where a clinical referral or ambulance conveyance has determined that an ED is the safest place for them to be assessed, we are building and improving a range of pathways that will meet their needs without the need for admission:

- We successfully secured funding for a range of SDEC schemes that include greater access to rapid assessment and referral to ambulatory medical and surgical pathways.
- We are implementing SDEC Pathways for frail elderly patients in our three EDs
- Implementation of D2RA Pathway 0 in the community and Pathway 1 at the front door linked to our SDEC frailty pathways as part of our D2RA Programme (see below)
- Our Navigation team's work linking the standardisation of triage and assessment linked to a comprehensive DoS will support ED staff to refer/book patients into alternative services

Goal 4: Rapid response in a physical or mental health crisis

The Flow Centre directly supports patients, but also supports clinicians including Ambulance Crews to access alternatives to ED making those who have to attend ED can access assessment and treatment more quickly, and people who can be assessed and treated elsewhere can access less crowded facilities. The DoS will also enable people to access the right services at the right time.

Goal 5: Optimal hospital care following admission

A key pillar of our D2RA implementation is effective discharge planning supported by improvements to Board Rounds partly enabled by the implementation of a Health Board wide eWhiteboards scheme across all acute and community wards.

Implementation of the Emergency Department Quality and Delivery Framework (EDQDF) is also underway and will improve the way our EDs run through establishing clearer ambulatory surgical and medical pathways and giving staff the tools and time to make more informed decisions around treatment, onward referral and discharge.

Our Frailty and SDEC pathways aim to return people to the community on the same day they arrive in ED, but for some, even if they are able to follow an SDEC pathway, this will not be possible. However, rapid medical and surgical interventions prior to admission will significantly shorten the amount of time they will need to be in hospital as will the effective links continuing to be built with social and community care health care services.

The development of the Optimum Model is informed by our work with DU on Rightsizing Community Services based on the work of Professor John Bolton. Work to right-size our community services is underway, looking to match capacity to demand so people can access care in a timely way.

GOAL 6: Home First and Reduced Risk of Admission

D2RA is the key to delivering Goal 6's Home First ambition after admission, and Pathways 0 and 1 are key elements of reducing the risk of admission. SDEC and frailty pathways aligned to D2RA will align with services close to patients' homes delivered through implementation of the Optimum Community Model.

The Health Board recognises a disproportionate reliance on bedded care for our frail elderly population and other vulnerable groups, and so the 'Optimum Community model' element of the programme is focused on integrating community health and social care services to reduce attendances and admissions through our EDs: to treat and discharge those that come to our EDs on the same day where possible; to eradicate unnecessary bed-based treatments and assessments in our acute hospitals; and to default to home-based assessment and recovery as soon as needs that can only be met in an acute environment have been met.

BENEFITS

The benefits to the system, though not necessarily cash-releasing, will be significant in terms of flow and in reducing the number and complexity (and therefore cost) of clinical interventions brought about by delays to discharge. We have not quantified further financial benefits through an increase in fitness at the point of discharge, but it follows that reducing decompensation and additional illness through the patient's stay in hospital will make them less dependent on health and social care services when they return to the community, and less likely to tip over into needing another hospital stay. These will positively impact our LAs care budgets and the overall spend per patient for our most vulnerable people.

A USC Improvement Programme is in place on PCH, Merthyr following inspections undertaken by Health Inspectorate Wales (HIW). A detailed action plan is being implemented and monitored by a dedicated team and Executive-led Improvement Board and will be ongoing through 2022/23 along

with continuing to work with the National Delivery Unit and Improvement Cymru in order to make a positive, sustainable changes.

The assumptions for unscheduled care which are reflected in the MDS are that:

- There will be no improvement forecast in the total conveyances taken to a service other than a Type 1 Emergency Department (remain at 0%) – will focus on non-conveyance
- The number of people admitted as an emergency who remain in an acute or emergency who remain in an acute or community hospital over 21 days since admission will reduce due to reduction in Covid cases which has an extended Length of Stay.
- The Social Care crisis will not be addressed.
- There will be demand for Winter beds, but no associated funding

During 2022/23, we will…

- Reduce ambulance conveyance rates
- Reduce the number of Emergency Department attendances
- Reduce the number of admissions
- Reduce the Length of stay for those that do require admission
- Focus on reducing those with a length of stay over 21 days by continuing to work closely with colleagues in LAs to reduce the number of patients in NHS beds who are waiting for social care placements and care packages
- Close the Field Hospital Capacity through facilitating reducing the bed requirements
- Continue to implement the PCH Improvement Programme

PLANNED CARE INCLUDING CANCER

The plan to recover and reset Elective Recovery across the Health Board builds upon the following principles and align with the National Recovery principles across Wales:

- Care for those with the greatest need first, providing equitable access to all
- Do only what is needed and do no harm, transforming the way we provide care
- Reduce inappropriate variation through evidence based approaches, clinically driven and quality pathway development

Targeted work has been undertaken during April to set out our position for recovering and resetting our planned care recovery (PCR) during 2022/23. This informed the MDS. The structure of the PCR Programme has been updated to include a greater focus on longer term planning with the Director of Strategy and Transformation taking on the role of Senior Responsible Officer.

PRINCIPLES

An iterative approach is being taken to the PCR Programme which will need to be constantly reviewed and developed over the course of the year, given that demand and achievable productivity levels remain so uncertain. However, the following general principles have been agreed for the programme in 2022/23:

- Continuous validation will be undertaken to ensure that demand and capacity plans are robust and accurate, with accountability from specialties on their respective waiting lists.

- We will need to maximise productivity and minimise the anticipate growth in demand wherever possible. Plans will seek to minimise idle resource which are 'normally constraints' e.g. theatre teams and surgeons

- As a principle we will take numerous steps to pool lists and equalise waiting times across the HB and specialties although clinical prioritisation will be the over-riding factor

- We will look to have greater discipline in our application of existing policies around Interventions not normally undertaken (INNUs), with the value programme being directed to support the more challenging planned care pathways

- Use of Companies providing triaging capacity will be increasingly refined in line with our attempt to improve Value, an example of this will be amending our contract towards those specialties where the unit price per removal rather than patient seen is 'relatively' lower

- Outsourcing strategies will align to these principles but will also focus on maximising what activity we can contract.

DEMAND AND CAPACITY

Demand and Capacity work has been undertaken by Grant Thornton in relation to five specialties and the HB's Information service for the totality of specialties in order to identify the gaps and solutions required to meet them on a short and long term basis. Details of this work is included in the accompanying MDS.

MINISTERIAL MEASURES

The HB is working towards the following ministerial measures in 2022/23:

- Eliminating waits of over 104 weeks for new outpatient appointments by the end of July 2022

These waits are currently only in Pain Management/Anaesthetics but total almost 900 patients.

- Eliminating waits of over 52 weeks for new outpatient appointment Improvement trajectory by October 2022.

These waits are in Ophthalmology in addition to Pain Management/Anaesthetics.

- Reducing the number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% by 30% by March 2023 against a baseline of March 2021

Our assumption is that Follow ups not booked (FUNBs) will continue to increase by 2% a month for first six months and then decrease by 2.5% a month (due to roll out of OP initiatives)

- 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%

By year end we are seeking to reduce urgent component waits to close to a maximum 4 week wait, prior to addressing the routine backlog.

MINISTERIAL PRIORITIES

The WG letter in October 2021 which announced the availability of £26.1m of recurrent funding for the Health Board for Planned and Unscheduled Care sustainability set out key ministerial priorities that we are working to. Our current planned assumption is that there will be 10% additional activity through funded schemes (currently equals 1160 activity).

Specific work that we are undertaking in line with the priorities is outlined as follows:

Endoscopy

A Mobile Endoscopy Unit based on the RGH site is due to be operational from mid-May for a period of 15 months. This will increase endoscopy capacity by up to 14 lists a week after an initial lower throughput whilst staff acquaint themselves with the new environment. The expectation is of 8 patients rather than points per list, therefore providing capacity for 112 patients a week.

Ophthalmology

The HB is focussing attention on Ophthalmology in general rather than just specifically cataracts.

As part of the Elective Recovery plan for 2021/22 a number of schemes were funded for improvement within Ophthalmology services which were already challenged and in need of improvement prior to the pandemic. These included: setting up of a community glaucoma optometry service, two dedicated glaucoma consultants, additional medical photographers, Project Management support for the implementation of Open Eyes and sessional time for a specialist optometrist for the paediatric refraction service. Collectively these schemes have delivered a large amount of clinical activity, however far more is required.

As we move into 2022/23 further programmes of work and improvement schemes have been developed in addition to those above. These include permanent funding for eye theatre staff in order to maximise utilisation of available theatre sessions in POWH and outsourcing of cataract procedures. It is clear from recent analysis that there will still be an overall capacity gap. It is anticipated that the overall waiting list will be reduced in follow ups and treatments, however a projected increase in the new outpatient waiting list is expected.

A new virtual service for outpatients is being trialled in other specialties across the Health Board and initial discussions have taken place within Ophthalmology. Should this proceed, it is expected that a reduction of circa 10% of patients requiring on site, face to face review would be realised. A further 30% of patients would enter the virtual hospital where the team will request diagnostics, review results and plan ongoing care for that patient so that when patients then enter back into the Health Board they would have a management plan developed for review at their follow up appointment with the local specialist team.

Orthopaedics

It is recognised that Orthopaedic elective operating has significantly reduced over the last 18 months, with periods of inactivity across our three hospitals. It is acknowledged that there is variation across the Orthopaedic teams within the Health Board and as part of our GIRFT (Getting it Right First Time) Improvement programme this will be improved.

Whilst a regional plan for Orthopaedics is still to be developed, a number of local schemes are in place although we recognise that these do not meet the necessary capacity to clear the backlog of waiting lists and put us into a sustainable position. From an outpatient perspective, a Knee Fellowship post and a number of Therapy led schemes are increasing both new and follow up activity. A number of schemes are also in place to address the Orthopaedic surgical waits including additional theatre staff to maximise existing theatre capacity in POWH, alongside the Ophthalmology scheme, use of the previous private capacity 'Bridgend Clinic' on the POWH site and outsourcing to the independent capacity. A ward has been identified on the RGH site as a protected orthopaedic ward with an intensive therapy input and dedicated pharmacist in order to improve length of stay.

Diagnostic and Imaging services

Demand and capacity analysis is being undertaken within the cellular pathology service, which has been significantly pressured since cancer treatment and diagnostics have restarted. Support has been provided to cellular pathology, via outsourcing of wet tissue specimens; including staff to support the efficient transfer of specimens ensuring that the logs are accurate and tracking is undertake. Furthermore, a revised operating model has been supported to allow more complex work to be split for the experienced staff whilst two new more junior staff members train and manage the less complex work.

A key priority for 2022/23 will be continuing the transformation of pathology services, ensuring that digital technology is utilised to its maximum effect. This will require further investigation.

Within Radiology a Locum Radiologist is in post and increased DEXA capacity (to address Rheumatology follow up waits) through contracts with C&VUHB and the University of South Wales, again we are aware that change of service delivery is required rather than doing more of the same in order to sustainably increase capacity.

Critical Care

The National Critical Care group suggests that Wales should prioritise the attainment of the English average for critical care beds; 7 beds per 100k population. This equates to circa 30 beds across the Health Board at levels 2 and 3. There are 22 beds at level 3 across the three hospital sites, excluding PACU (Post Anaesthesia Care Unit). Each unit has a critical care outreach team available 24/7 as per the recommendation of the network and a PACU is being developed on the RGH site for 6 beds, part funded with PCR monies to address the financial shortfall.

However, there are ongoing concerns around the sustainability of the workforce models and recruitment challenges within the Health Board have been well documented. There is a risk of service collapse during 2022/23 if the service is not reconfigured and workforce issues are not addressed. The service is developing a range of options for service delivery and agreed model of care that adhere to the GPICS guidelines.

Cancer Services

Treating cancer patients remains our priority. Multiple schemes have been supported during 2021/22 aimed at increasing the capacity available to treat and diagnose patients (including support to pathology, imaging and increased workforce) however the position remains challenging. The current assumption is of 1% improvement a month from 50% performance in March 2022 against the achievement of 62 day target.

In 2022/23 we anticipate that the benefits from the 'C the Signs' (which is an evidence-driven Artificial Intelligence platform for healthcare professionals, to accelerate early cancer detection and improve referral quality) pilot will be realised, which include faster referral routes and dedicated advice directly into Primary Care.

Within Urology, a new dedicated cystoscopy suite on the RGH site operational from June 2022 will help to reduce the waiting times for this diagnostic procedure and reduce the overall time a patient is on a cancer pathway. a PSA Co-ordinator is due to start in post to support patients' self-management of PSA monitoring, therefore reducing the requirement for surveillance by clinical staff.

An Improvement Plan to address the significant backlogs in the suspected Breast Cancer pathway was initiated in March 2022, increasing capacity through a Locum Consultant Breast Surgeon, a new Breast Clinician to increase one stop clinics, use of the independent sector and additional Breast Radiographer and Pathology sessions. The Breast Service is the priority service for the HB in 2022/23 to disaggregate from Swansea with split site working contributing to recruitment difficulties.

Additional Clinical Nurse Specialist support is also being put in place in Colorectal, Gastroenterology and Hysteroscopy, non-recurrent Consultant support in ENT and Oral Maxillo-Facial surgery and MDT administrative support across a number of cancer sites.

Further work is required to specifically target tumour site improvement and the demand and capacity work being undertaken will help to identify opportunities for the greatest impact.

Stroke Services

It is recognised that Stroke is a priority for the Health Board and an organisation wide proposal for improving current services has been developed. This is looking to be funded on a phased basis via the recovery funding when the non-recurrent schemes cease.

Primary Care Improvements

Wellness Hubs have been developed across the Health Board to offer alternative non-medical intervention with wellness coaches providing intensive 9 month evidence based programmes to change behaviours and lifestyle factors that impact on physical and mental health and reduce secondary referrals for specialist advice. The service is currently supporting long waiting patients in four initial services: Gastroenterology, Cardiac, Community Mental Health and Pain Management. Each Wellness coach will have a caseload of 50 participants on each programme and is expected to see 5600 patients per calendar year.

USE OF PLANNED CARE RECOVERY ALLOCATION

During 2021/22, WG allocated non-recurrent funding to the Health Board in order to assist with elective care recovery. This funded in excess of 100 individual schemes, across eight work-streams.

The recurrent funding of £26.1m allocated to the Health Board from 22/23 to support sustainable and transformational change in unscheduled care and planned care alongside commissioner developments, has been allocated at a high level as follows:

Area	22/23 (£)
Commissioning commitments (Other HBs, EASC, WHSSC, Velindre) 10% reserve	2,610
Recurrent commitments agreed	6,776
Non-recurrent commitments	7,714
Outsourcing	7,000
Productivity reserve	2,000
Total	**26,100**

REGIONAL PLANNING

The Health Board recognises that many services across Wales can be enhanced and optimised when Health Boards collaborate and plan on a joint basis to maximise benefit to the wider population. The Health Board remains committed to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams meet on a regular basis to agree common approaches to strategic challenges progress ongoing regional collaborative programmes; share experience/best practice and consider future opportunities for closer working to mutual benefit.

A number of collaborative regional programmes will be progressed in 2022/23 as follows:-

SWANSEA DIS-AGGREGATION

The Health Board continues working with SBUHB to disaggregate where appropriate, the contractual mechanisms including Long Term Agreements (LTA), Clinical Capacity SLA's and individual medical staff, service and staff service level agreements (SLA's) that were established to ensure the continuation of services for the Bridgend post transition from the boundary change.

After three years of a limited number of cessations taking place, additional funding from WG to put in place project support posts in 2022/23 will allow the disaggregation of a number of services to accelerate. A high level plan for disaggregation has been established, with further detail on specific timelines to be provided by the end of May 2022.

VASCULAR SERVICES

In 2021 the regional programme for Vascular successfully developed and formally engaged on plans for launching the South East Wales Vascular Network (SEWVN) culminating in an approved business case by all four Health Boards in July 2021. As part of its implementation phase a number of readiness assessments were undertaken for all network components through a process overseen by Medial Directors and Chief Operating Officers across the three provider Health Boards. The latest plan is for the Network to be launched in June 2022.

The Health Board has been designated as the host provider for the SEWVN and in this role will need to ensure that the Network Board is accountable to the organisations represented on its board and

that both the hub and the spokes operate within the protocols and procedures agreed by the Network Board. As host, the Health Board will also ensure that an annual account of network activities and achievements is produced to demonstrate improvements in Vascular care in line with the agreed Network specification.

OPHTHALMOLOGY

The South East Wales Regional ophthalmology programme and Board has been established to oversee the regional Ophthalmology work streams and ensure delivery of objectives for short term service recovery and longer term sustainability, both of which are described in the Regional Ophthalmology Strategy.

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

An additional major development within 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.

DIAGNOSTICS INCLUDING ENDOSCOPY

The need to increase diagnostic service capacity and improve performance was recognised prior to COVID-19 but the significant loss of activity during this period has exacerbated the situation further. Collaboration with neighbouring Health Boards to create Community Diagnostic Hubs; where hubs will provide testing closer to home, away from acute sites is under discussion. As host to the National Imaging Academy Wales, the Health Board has a pivotal role to play in supporting the required increase in the diagnostic workforce, including considering new roles and ways of working. Our Chief Executive as Chief Executive Lead for Endoscopy has set up three regional groups to feed into the National Programme and work up options and solutions to collaboratively address the challenge of increasing endoscopy capacity.

STROKE SERVICES

During 2022/23 the Health Board will work with the NHS Wales Collaborative and Health Boards in South East Wales to develop a business case which describes the proposed specific configuration of Stroke services and the local and central investment required to implement this in order to establish effective and sustainable regional Stroke services.

Informed by the experience of improving stroke services elsewhere in the UK, the national Stroke Implementation Group seeks to establish Comprehensive Regional Stroke Centres (CRSCs) and establish regional Stroke Operational Delivery Networks centred on the CRSCs, that will incorporate designated Acute Stroke Units (ASUs) and be responsible for the delivery of a comprehensive range of stroke service

TRANSFORMING CANCER SERVICES

Key areas of focus in 2022/23 are working with Velindre and South East Wales Health Boards delivery of the Acute Oncology Services model and consideration of enhancement of a regional integrated radiotherapy solution.

REGIONAL PATHOLOGY SERVICES

As a Health Board we have the opportunity to work with partners in both the east and the west to establish Regional Pathology services aligned to the strategic direction laid out in the National Pathology Statement of Intent (2019). There is an ambition to realise a South East Wales Regional Pathology Services, bringing 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.

SEXUAL ASSAULT REFERRAL CENTRE (SARC)

The agreed service model for the delivery of Sexual Assault Referral services in south Wales to provide more integrated services that meet clinical, forensic, quality and safety standards, along with robust governance arrangements is due to be implemented in 2022/23 with the establishment of the regional SARC hub in the Cardiff Royal Imfirmary. Key priorities for the Health Board during 2022/23 will be to engage locally on the changes that this will bring for our population.

SPECIALISED SERVICES

The Health Board commissions' specialist services for its population via the Welsh Health Specialised Services Committee (WHSSC), who work on behalf of all 7 Health Boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Health Board is also host to WHSSC.

Through the established Management Group mechanism, the Health Board has been fully engaged in the processes and decisions that have led to the development of the Specialist Services Integrated Commissioning Plan (ICP) which was approved by the WHSSC Joint Committee (made up of the 7 HB Chief Executives) in early 2022. The plan outlines the commissioning priorities for the period 2022-2025 with associated financial requirements. The strategic priorities included for 2022/23 are to:

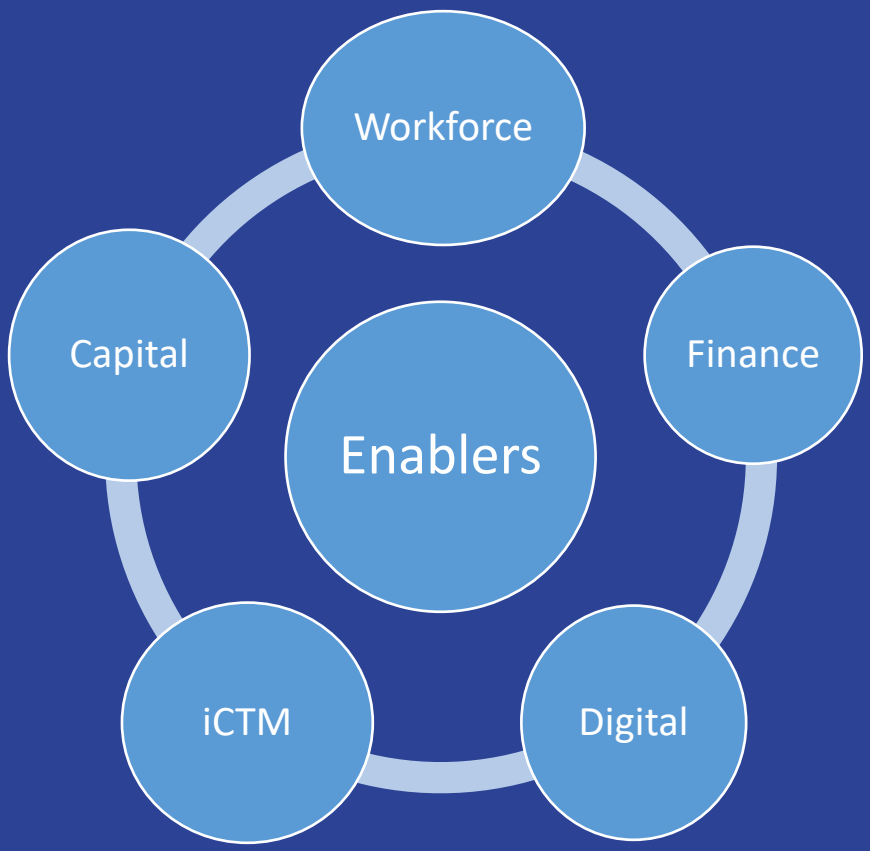
- Develop a Specialist Services Strategy, a Specialist Mental Health Strategy and a Specialist Paediatrics Strategy for NHS Wales
- Enhance Major Trauma Provision
- Undertake reviews in Intestinal Failure services and Neonatal cots
- Implement the All Wales PET programme

This year, the ICP also contains a profile of recovery of the main specialist service areas. It notes that the main challenges are in South Wales, and areas of particular concern are Bariatric surgery; Cardiac surgery; Plastic surgery; Neurosurgery and Paediatric surgery. The plan signals a commitment to continue to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms and to seek to secure alternate pathways for welsh residents where required and possible.

EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) AND WELSH AMBULANCE SERVICES TRUST (WAST)

Building on the close working relationships established between the Health Board, the Emergency Ambulance Services Committee (EASC) which is also hosted by the Health Board and Welsh Ambulance Services NHS Trust (WAST), we will continue to work in close collaboration to develop, implement and evaluate a range of key transformational service change work streams that impact the Health Board and the core services provided by WAST including: the Emergency Medical Services (999); Ambulance Care (formally known as Non-Emergency Patient Transport) and the national 111 service. Robust plans will be developed to address and relieve the significant pressure across urgent and emergency care, reducing the risk of harm to our patients and improving the patient experience and patient outcomes.

Key areas of focus for this three year plan include the continued response to COVID-19; working together to deliver regional solutions; strategic service change programmes that are actively underway and locally agreed service improvement initiatives.


Workforce
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WORKFORCE

As we move from pandemic to endemic and plan for a COVID-19 stable future with the facility to flex to COVID-19 Urgent, the organisation faces an immediate challenge of ensuring appropriately resourced clinical services with the right workforce, skills, values and behaviours. The workforce needs to be in the right place to deliver ambitious recovery plans in planned and unplanned care within a challenging financial envelope whilst always providing high quality patient care to be proud of. At the same time, as the Health Board's 2030 Clinical Strategy is finalised, there is an opportunity to consider longer term future workforce planning solutions through partnerships and multi-agency across Health and Social Care with LAs and Third Sector and regional working across health to support regional clinical services. The Health Board will also engage closely with HEIW (Health Education and Improvement Wales) to support the delivery of 'A Healthier Wales' and benefit from national research and workforce planning approaches for the future workforce.

This section provides a high-level overview of the key workforce demographics, risks, and opportunities to underpin workforce planning activity over the duration of the plan.

CURRENT WORKFORCE DEMOGRAPHIC

- The Health Board currently employs 11,099.28 whole time equivalent (WTE) staff, with a headcount of 12,691 and 72% of our workforce live within the health board's footprint.
- The gender split of the workforce is 80:40 female: male. 39% of the workforce is part time and out of the total female workforce 46% work part time and out of the male workforce 12% work part time.
- Turnover is at 11.08% (January 2021) with hotspot areas in Healthcare Scientists (18.10% turnover) and increases in Nursing and Midwifery, Estates and Ancillary, Additional Clinical Services and Allied Health Professionals.
- The workforce is ageing with 35% of the workforce aged 51 or over and challenges for HCSW (Health Care Support Workers) at 35%, Nursing and Midwifery at 31% and AHPs (Allied Health Professional) at 18% in this age bracket. The average retirement age is 60.9 years and the HB has 755.7 FTE who are that age or older.
- 1,408 staff left over the past 12 months of which 24% retired and 8% completed fixed term contracts. Of note is the 21% who left citing work life balance reasons.
- The overall Health Board rolling twelve-month sickness rate to January 2022 is 7.22% and the rolling COVID-19 sickness is 0.94%.

WORKFORCE AVAILABILITY RISKS AND MITIGATIONS

Workforce risks	Mitigations
Increased retirements resulting in a loss of specialist clinical skills and leadership skills that are hard to recruit or replace	Talent and succession planning and Leadership Development programmes.
Increased number of leavers from the NHS particularly citing work life balance reasons	Employee Engagement work programme to understand and remove challenges to work life

	balance including role design and consideration of environmental factors. In addition to consider employment package for older workforce.
National shortages and hard to recruit to posts in key professions	Detailed workforce planning including education commissioning of advance skills
Capacity to train sufficient students, especially in some Healthcare Scientist professions	Review of training provision and ongoing engagement in national discussions.
Shrinking recruitment pool to fill HCSW	Organisation wide recruitment and attraction plans; development of apprenticeship pathways to grow our own workforce; work with Local Authority partners to explore employment pathways across Health and Social Care
Ongoing absence because of COVID-19 including new variants	Engagement with national plans and monitoring of absence and other COVID-19 implications.
Inability to fill critical clinical posts	Workforce plans that engage in multidisciplinary planning, consideration of advanced practice opportunities and role redesign
Significant recruitment and retention issues across community service and Primary Care e.g. GPs, Dentists & Practice Nurses	Early identification of practices who are at risk and introduction of new roles, practice mergers, managed practices, and cluster collaboration around skill mix.
Continued expenditure on temporary Nursing, Medical and AHP workforce	Improved rostering, recruitment to vacancies and multidisciplinary workforce planning.
Challenging labour market for Domiciliary Care posts to support health and social care packages attributed to the local labour market and local shortages which directly impacts on hospital discharge capacity	Joint workforce planning in this area to explore recruitment pathways and roles that span Health and Social Care.

WORKFORCE ASSUMPTIONS

- Overseas nurse recruitment will bring in 100 nurses during 2022/23 as part of ambition to reduce the number of nursing vacancies to a minimum.
- Focused work as part of Medical Productivity and Nurse Efficiency work-streams will reduce temporary workforce spend.
- Sickness Absence modelling assumes that COVID-19 absence will be minimal and managed as part of Managing Attendance at Work policy. In addition, where Clinically Extremely Vulnerable remain in an alternative role, plans will be developed for permanent resolution.
- Education commissioning and student streamlining processes for Nursing, Midwifery and AHPs will support the recruitment pipeline.
- Planned Care recovery planning will require a review of service models and include a review of job plans and ways of working
- The Health Board will utilise opportunities to enable Pension Flexibilities to retain experienced specialist medical expertise.

- All Workforce planning approaches will be for a diverse and inclusive workforce that reflects all aspects of the community it serves and recognises its place as a major employer in Wales.

WORKFORCE SUPPLY

To mitigate the impact of the changing workforce demographic and profession specific challenges the following areas will form the basis of the Health Board Workforce planning:

- Ongoing development of staff across all areas, allowing higher bands of staff to specialise and work at the top of their licence.
- Requirement for robust succession and talent planning to ensure adequate pipeline of staff and specialist skills to replace staff leavers and retirees.
- Baseline establishments to be agreed to enable establishment control and ensure correct complement of staff taking account of funding models including fixed term tenure and short notice funding opportunities.
- Identification of long-term vacancies and design recruitment and attraction events.
- A review of retirement planning across services including a review of the Retire and Return policy and consideration of the employment offering to our older workforce.
- Workforce planning across professional boundaries to address skills shortages and to fully utilise different workforce models including Physicians Associates and Paramedics
- Development of advanced practice skills across acute/community pathways and to address skills gaps across professions
- Development of alternative clinical practitioner roles including opportunities across community and Primary Care to enable care closer to home.
- Deliver emerging opportunities from the implementation of the Accelerated Cluster Development Programme.
- Development of the Support Worker workforce through a multi-faceted approach.
- Provide a range of pathways to employment facilitated by a developed apprenticeship offering and provision of opportunities through Kickstart, Future Generations Leadership Academy, Voices in Care and Project Search.
- Develop closer links and opportunities to work in partnership with Further Education Colleges and Universities to generate different employment opportunities e.g. Project Search with Bridgend College through its Engage to Change project offering 4 internships to those with a learning disability and/or Autism.
- Develop the digital offering and a technology enabled workforce that supports increased homeworking and reduces the repetition in routine processes.
- Development of a multi-disciplinary workforce composition within Urgent Primary Care OOH including an exploration of the employment model for GPs to work OOHs and to address the issue of 'worker' and 'employee' status for its sessional GPs.

During 2022/23, we will address the Workforce Ministerial Priority Measures Phase One by:

- Our Workforce Efficiency and Productivity work-streams which are split into Administrative, Medical and Nursing workforces focus on **reducing agency spend**
- **Staff Engagement**: listening to staff voice through: Employee Experience work stream. Pulse survey planned for Spring 2022 (to cover: culture, values and behaviours; Equality, Diversity and Inclusion, Engagement Index and Innovation) National staff survey and Culture and Leadership work-streams as part of Service Improvement plans.

- Progressive and ambitious well-being offering to support the mental, physical, and financial well-being of staff. **Staff reporting that their manager takes a positive interest in their health and well-being** is part of **staff engagement** and is an area that we recognise we need to improve on.
- Introduction of 'Your Conversation' a new model of Personal Development review is focused on well-being, values and behaviours and we hope will lead to improvements in the **number of staff who have undergo PADR/Medical Appraisals**.
- Compliance for all **completed level 1 competencies of the Core Skills and Training Framework** by organisation: and **sickness absence rates** are routinely reported.

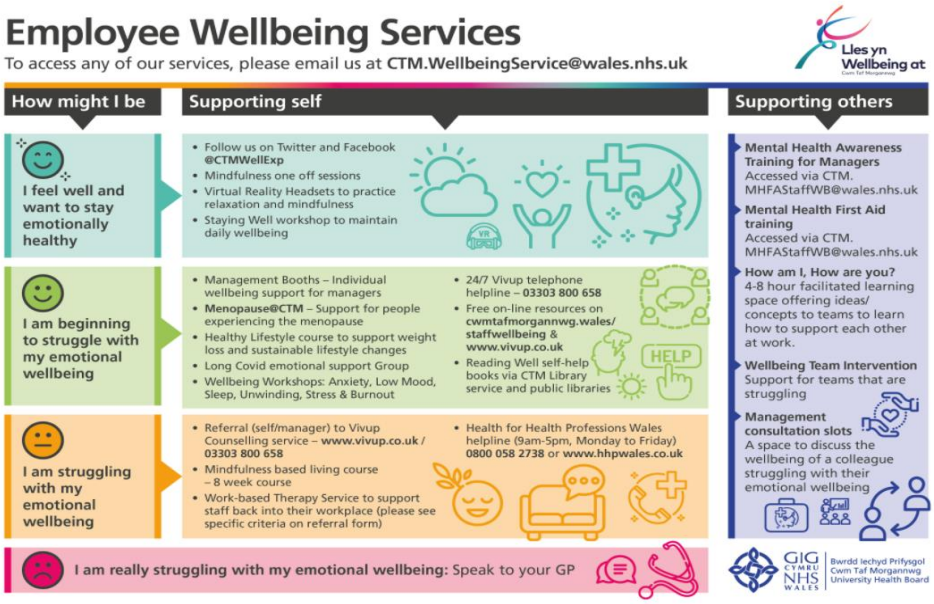
PEOPLE PRIORITIES

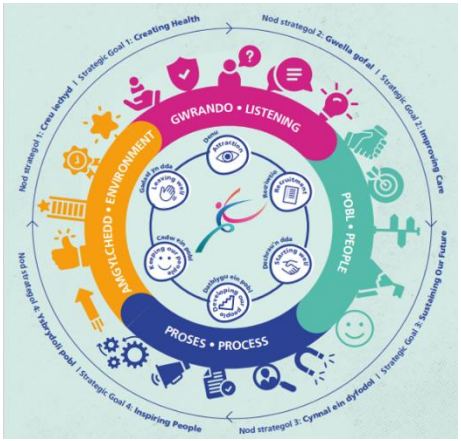
The people priorities set out in this plan have been informed by *A Healthier Wales: Our Workforce Strategy for Health and Social Care* which sets out seven themes to deliver a seamless workforce across Health and Social Care and underpin the priority areas set out below. The All-Wales ambitions chime with the Health Board focus on population health and the role of the organisation as both a provider of healthcare and influencer of health choices as a major employer.

The people agenda is significant for the Health Board as the organisation sets out its strategic ambitions and direction in CTM 2030 and as a major employer in the area, the Health Board can make a real difference as an 'Anchor Institution' through its people being at their best; the best behaviours, skills, and opportunities. The people ambitions and priorities identified will inform the development of a **People Strategy** for the Health Board and articulate the vision and supporting actions that make the Health Board a great place to work.

The Health Board will not be able to deliver its ambitions alone and effective partnership working with stakeholders will be key. Strong partnership working with Trade Union Partners has never been more important. We believe the continued strengthening of these relationships is critical to our future success and look forward to further developing our ways of working together to achieve our shared ambitions for the Health Board moving forward.

The Health Board is committed to supporting staff **well-being** and ensuring that their experience in the workplace is positive. The Health Board's well-being offering is ambitious and far reaching as it looks after the psychological and physical health of the workforce and emphasises a preventative, as well as interventive approach. Given the economic challenges experienced by our workforce and their families, the service will explore its financial well-being offering to ensure staff feel supported in all elements of their lives.





A positive **employee experience** will be achieved by listening to our people through regular surveys and understanding what works well, what does not and what actions will make the Health Board a great place to work. Particular focus will be on the recruitment and occupational health process and identifying opportunities to improve their first experience of the Health Board. In addition, the Health Board is working to identify opportunities to improve communication for staff without routine access to IT during their working day. We will use the lens of employee experience to drive the improvement agenda across the Health Board's people processes and services.

The delivery of the HB's **Strategic Equality plan** and delivery **of Welsh language standards** are key to achieving an inclusive culture across the organisation. Building on existing work, with success around sensory loss and the development of the BAME network, plans include a focus on:

- gender, including the establishment of a Women's network;
- race equality and the further development of our BAME network and applying learning to other protected characteristic groups, and;
- population health with a focus on the needs of socio-economically deprived sectors of our population.

Recognising intersectional considerations, the Health Board is working with its overseas nurses to understand their experience of work and view of their career prospects within the Health Board; by listening and understanding their experience the organisation can learn and improve.

The Health Board is committed to the delivery of the **Welsh Language** standards and has made significant improvements with the use of Welsh across clinical services. The focus is to continue with ward auditing to ensure compliance with the Welsh Language Standards and the principles of 'More Than Just Words'; this will include celebrating good practice and gathering patient stories. In addition, we will develop a Welsh language communications guide and re-establish our Welsh-

speaking staff network to ensure a supportive network of Welsh speakers. This will help underpin operational workforce plans to increase the ability of clinical services to be delivered in Welsh.

The embedding of the Health Board's values and behaviours will be further enabled through Team Behaviour Health Check workshops and supported through a values-based PDR (Personal Development Review), aligned to the Pay Progression process, that enables positive, well-being focused conversations between a manager and staff member underpinned by the values and behaviours. It will also be supported by values-based recruitment processes to ensure we employ people with the Health Board's values driving the right behaviours from the start of their employment journey.

Cultural transformation is integral to service transformation and particular focus will continue to be provided to the clinical services that have been under the spotlight of Targeted Intervention and HIW (Healthcare Inspectorate Wales) reports and where improvement is required. Culture and Leadership plans are being delivered across Maternity Services, PCH, CAMHS and Pathology to deliver safe and improved patient care. Building on these cultural interventions, the Health Board also plans to introduce a 'Speak up Guardian' to ensure staff can confidently raise clinical concerns in a safe and supported manner. The Health Board is learning from work undertaken by Mersey Care to introduce 'Just Culture' principles in the management of employee relations cases to ensure we fully explore all opportunities to learn from adverse incidents in an open and trusting way.

Key to the transformation of our culture is the development of capable compassionate leaders across the whole Health Board who have the capacity and skills to deliver high quality care that deliver for the needs of the population today, while planning for the future.

An ambitious programme of **leadership development** has been developed to ensure all leaders are equipped with core skills to be a great manager; to lead a team with impact and influence, and; to empower senior leaders to create the culture at the Health Board through their actions and behaviours. The development of **capability and capacity to deliver service change within leaders and across the workforce** is a priority requiring the use of improvement and organisation development tools and techniques to support people through uncertainty.

The development of model for **workforce planning** is a key priority for the Health Board to ensure the development of local, operational workforce resourcing plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised.

Workforce planning will enable the Health Board to explore and understand the workforce complexities and opportunities of system wide planning with LAs and other partners, multidisciplinary workforce models as well as the future workforce required to deliver CTM2030. Less focused on the workforce numbers required, this strategic approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace.

Recognising the ambitious recovery plans to be delivered, underpinned by affordable financial plans, a review of **workforce efficiency and productivity** is essential to ensure that the Health Board has optimal processes in place that drives the quantity and quality of the workforce contribution. Understanding the data that drives the decisions is key and programmes of work to review the Medical and Nursing and Midwifery workforces have been established with a view to progressing establishment control; improving roster management; reviewing the use of bank and agency; developing a medical rate card; progressing overseas recruitment, and; reviewing medical job planning.

The Health Board is one of the largest employers in the area and a considerable proportion of our workforce, around 80-85%, live and work within these communities. As such, the Health Board has a real opportunity to make a difference to the lives of its population by opening improved opportunities and **employment pathways** that provide opportunities for people to gain experience of work and understand the full range of opportunities available.

During 2022/23, we will…

- Build on the well–being offer to support the mental, physical, and financial well-being of staff across the stepped care model of intervention through evaluation of the interventions and listening to the needs of the workforce.
- Promote a positive employee experience by listening to staff feedback and removing the process blockers and barriers that impact on Health Board being a great place to work; priority areas include the recruitment process, Occupational Health access and IT (Information Technology) access.
- Deliver the Strategic Equality plan and delivery of Welsh language standards and enable an inclusive culture across the organisation.
- Drive culture change across the Health Board to ensure it can be at its best, achieved through the embedding of organisational values and behaviours, service specific culture change programmes to enable improved clinical care, the introduction of Speak up Safely Guardians, and the introduction of a Just learning culture.
- Deliver the leadership capacity and capability through ambitious, high quality leadership development programmes for all leaders (Ignite, Aspire, and Inspire)
- Develop transformation capacity and capability to deliver an ambitious programme of service change across the Health Board
- Develop an approach to workforce planning that will enable the Health Board to deliver operational resource plans and strategic, future facing system wide plans with partners that will support the delivery of the strategic ambitions of CTM 2030.
- Deliver data driven plans to improve workforce efficiency and productivity with a particular focus on Administrative, Nursing and Medical workforces.

- Working with partners, develop an ambitious offering of employment pathways that provide opportunities for members of our population to gain experience of work and understand the full range of opportunities available.
- Engage and develop a People Strategy that captures the ambitious workforce priorities and sets the direction for the next three years.

FINANCE

OVERALL FINANCIAL PLAN FOR 2022/23

The financial plan for 2022/23 can be broken down into three separate elements: Core Plan, Exceptional items and Covid response as outlined in the table below.

	Core plan £m	**Exceptional items £m**	**Covid response £m**
Recurrent deficit at 31 March 2020	17.6		
Recurrent savings shortfalls 2020/21	16.2		
Forecast recurrent savings shortfalls 2021/22	11.1		
Other recurrent underspends	(0.4)		
Forecast recurrent deficit at 31 March 2022	**44.5**	**0**	**0**
Planned surplus on Core plan	-18.0		
National insurance changes		5.0	
Energy inflation		11.6	
Real Living Wage for Social Care Workers		2.4	
Ongoing Covid response costs (Programme costs and Non Programme costs)			32.3
Total	**26.5**	**19.0**	**32.3**

The plan includes a number of risks and uncertainties which span the core plan and also the estimated costs for ongoing Covid response and Exceptional items. These risks and cost estimates will continue to be refined and updated during 2022/23.

CORE PLAN

The core financial plan for 2022/23 builds on the current financial plan and is based on the funding confirmed in the 2022/23 allocation letter. The key assumptions driving the core financial plan for 2022/23 are summarised below:

- A 2021/22 recurrent deficit of £44.5m, which is the starting point for the 2022/23 plan. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from Covid plus a £11.1m savings shortfall in 2021/22 also due to Covid.

- ILGs and Directorates have also identified additional recurrent cost pressures from 2021/22 of circa £11m and recovery plans are needed to manage these overspends back to agreed budgets. These cost pressures have not been included in the financial plan for 2022/23.
- Additional recurring allocations from WG for 2022/23 is £71.8m. This includes £25.9m of un-earmarked growth funding (excluding funding for pay wards) plus £44.2m of earmarked funding for service improvement. The latter includes £26.1m of funding to strengthen planned care services.
- Provision for recurring inflation, cost and service pressures of £27.4m. This includes £12.9m for pay rises, incremental drift and inflation (excluding pay awards) plus £14.5m for other service and demand pressures.
- The plan also includes for 1.0m for locally determined service improvement schemes.
- Recurring savings of £17.3m are planned in 2022/23. This is circa 2.2% of an estimated controllable budget for the Health Board of circa £800m.
- Fully delivery of the core financial plan for 2022/23 would still leave a recurrent deficit at the end of the year of £28.0m.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

	Core Plan		
	2022/23		
R = recurring NR = non recurring	R	NR	Total
	£m	£m	£m
Brought forward recurring deficit/-surplus	**44.5**		**44.5**
Income changes			
Share of core un-earmarked £150.0m Sustainability funding	-22.9	0.0	-22.9
Share of core un-earmarked £20m MH funding	-3.0	0.0	-3.0
Additional funding:			
Pay inflation	tbc	0.0	tbc
Annual leave on overtime changes	-1.5	0.0	-1.5
Community pharmacy contract uplift	-0.5	0.0	-0.5
Service improvement - earmarked funding	-44.2	-2.9	-47.1
Invest to Save repayments	0.0	0.5	0.5
All Wales top slices	0.3	0.0	0.3
Sub total income changes	**-71.8**	**-2.4**	**-74.2**
Cost pressures and investments			
Pay rises, incremental drift and inflation	12.9	0.0	12.9
Service and demand pressures	14.5	0.0	14.5
Service improvement - locally determined	1.0	0.0	1.0
Service improvement - earmarked funding	44.2	2.9	47.1
Other Non-recurring costs	0.0	4.0	4.0
Other Non-recurring benefits	0.0	-6.0	-6.0
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	**72.6**	**0.9**	**73.5**
Efficiency & re-design savings - 21/22 shortfalls	-11.1	0.0	-11.1
Efficiency & re-design savings - 22/23	-6.2	0.0	-6.2
Sub total	**-17.3**	**0.0**	**-17.3**
Total change on previous year	**-16.5**	**-1.5**	**-18.0**
Revised surplus/deficit	**28.0**	**-1.5**	**26.5**

EXCEPTIONAL ITEMS

The following cost pressures have been classified as 'Exceptional' and have been excluded from the Core plan:

	22/23 £m
Energy inflation	11.6
National Insurance changes	5.0
Real Living Wage for Social Care Workers	2.4
Total	**19.0**

- Energy inflation- The estimated cost pressure of £11.6m includes £8.3m based on the latest mid range estimates from NWSSP for Gas and Power plus £3.3m for PCH which is covered by a separate Combined Heat & Power PFI scheme.

- National Insurance – The introduction of a Health & Social Care Levy of 1.25% on Employers National Insurance contributions for 2022/23 has been estimated at £5.0m

- Real Living Wage for Social Care Workers – The additional cost of implementing the Real Living Wage of £9.90/hr for 2022/23 for Social Care Workers in the independent sector has been estimated at £2.4m.

Further to the WG letter dated 14 March, the Health Board is anticipating additional funding from WG for these three areas and will seek to mitigate these costs as far as possible.

COVID RESPONSE COSTS

The table below shows the latest assessment of our ongoing Covid response costs for 2022/23:

Covid costs and funding 2022/23	Q1	Q2	Q3	Q4	Total
	£	£m	£m	£m	£m
Programme costs:					
TTP	3.4	1.0	1.0	1.2	6.5
Mass Vaccination	3.2	1.7	1.2	1.2	7.4
PPE	0.4	0.4	0.4	0.4	1.6
Sub total	**7.0**	**3.1**	**2.6**	**2.8**	**15.6**
Assumed funding- programme element	-7.0	-3.1	-2.6	-2.8	-15.6
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Capacity and Facilities Costs:					
Cleaning Standards	0.6	0.6	0.6	0.6	2.3
Bed capacity - YS	0.7	0.0	0.0	0.0	0.7
Bed capacity- POW	0.6	0.3	0.3	0.3	1.5
Bed capacity - RGH	0.2	0.1	0.3	0.3	0.8
Prescribing costs	0.5	0.5	0.5	0.5	2.1
Dental income losses	0.6	0.6	0.6	0.6	2.5
Increased workforce costs:					
Increased sickness & shielding costs	0.4	0.4	0.4	0.4	1.6
Services supporting Covid response :					
Digital and Home working	0.4	0.4	0.4	0.4	1.5
Long COVID	0.2	0.2	0.2	0.2	0.8
Flu extension	0.0	0.1	0.2	0.3	0.6
ED streaming	0.3	0.3	0.3	0.3	1.0
Discharge support	0.2	0.1	0.1	0.1	0.6
Other income losses	0.3	0.2	0.1	0.1	0.8
Sub total	**4.9**	**3.7**	**4.0**	**4.1**	**16.7**
Assumed funding- Non programme eleme	-4.8	-3.7	-4.0	-4.1	-16.7
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Further to the WG letter dated 14 March , the Health Board is anticipating additional funding from WG for the 'Non programme COVID-19 costs' noted above and will seek to mitigate these costs as far as possible during 2022/23.

CAPITAL AND ESTATES

The Health Board recognises the importance of ensuring that strategic links are made between significant service change plans and capital investment. The capital programme is therefore developed in alignment with service planning and the emerging clinical services strategy.

The restrictions on the availability of WG strategic capital funding to support the capital costs of the key changes included in the Plan is a significant risk. The reductions in the 2022/23 All Wales Capital Programme (AWCP) and subsequent 25% reduction to discretionary capital will present a challenge in addressing ongoing statutory compliance and equipment replacement in addition to support service change in the light of the pandemic and elective care recovery. The 5 year capital plan included in the submission represents a first draft of the 10 year infrastructure plan to be submitted to the Government on the 31st March.

APPROVED WG CAPITAL PROGRAMME

The table below illustrates the approved capital programme for 2022/23 with the Prince Charles Hospital Ground and First Floor (G&FF) scheme comprising the majority of the approved and funded programme. However this 3 year cycle will see the completion of the Bridgend Ligature works as well as the completion of the Bridgend Health and Wellbeing Centre at Sunnyside in partnership with Linc Cymru.

2022/23 Capital Resource Limit (CRL)	**2022/23 £m**
DISCRETIONARY CAPITAL FUNDING	**7.782**
ALL WALES CAPITAL PROJECTS WITH APPROVED FUNDING	**55.364**
Prince Charles Hospital Refurbishment G&FF	45.564
Primary Care – Sunnyside	6.000
National Programme – Imaging	3.080
Fire Enforcement Works – Princess of Wales - fees	0.220
Anti-ligature works	0.500
TOTAL CRL (Approved Funding)	**63.146**

The following approved schemes will continue or complete within this three year planning cycle:

1. PCH G&FF project – this refurbishment programme will address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. The Programme is well underway and we are now in the key major phases since approval by WG in October 2020 of the £220m Full Business Case (FBC) for the Phase 2 works.

   Works for the phase 2 programme commenced in November 2020 following the completion of phase 1 that saw the construction of the new catering, coffee shop and restaurant facilities along with all new pharmacy department. These areas were prioritised as this remediated non- compliant kitchen areas (high risk of fire) which were centrally located in the hospital on the ground floor.

Phase 2 is broken into 6 sections some of which overlap across a 5.5 year programme and over this period will deliver all new Theatres, ITU, Radiology, Pathology and a combination of ambulatory care service accommodation housing Outpatients, Maxillo Facial, Endoscopy, Transfusion as well as some support accommodation.

As it had taken a number of years to secure approval for this major capital investment, a review has recently been undertaken to ensure the proposed plans accommodate adjustments to suit changes to working practices and technology advancements. In addition the lessons learnt from COVID-19 have been factored in to ensure accommodation is resilient and where possible flexible to adapt to potential future changes in flow and demands required of a District General Hospital (DGH) site within the wider Health Board estate.

The first major section within phase 2 has recently been completed to create permanent accommodation for Diabetes, Cardiopulmonary and Podiatry services along with a significant amount of decant accommodation required to free up main hospital space ready for full fire and asbestos remediation.

There is an additional smaller phase 3 of final accommodation improvements due to be linked to this programme for which a separate business case will be in development across 2022/23. The intention being to overlap these Phase 3 works (Central Sterile Supply Department, Research & Development and other "back of house" and support functions) as much as possible with the latter phase 2 elements so as to shorten the overall programme to remediate the accommodation needs of the fire enforcement notice.

2. Strategic programme to develop the primary care estate. Three capital schemes within the CTM area: Tonypandy, Dewi Sant Health Park phase 2 and Bridgend Health and Wellbeing Centre (BHWC) (Sunnyside) were identified in phase 1 of the Primary Care Pipeline attracting WG capital funding with Mountain Ash receiving revenue support to proceed under a third party development arrangement. Tonypandy, Mountain Ash and Dewi Sant all completed over the last IMTP cycle.

   The Bridgend Health and Wellbeing Centre scheme transferred over from Abertawe Bro Morgannwg University Health Board with an endorsed Outline Business Case (OBC). During 19/20 and 20/21 the Health Board developed the FBC in partnership with Linc Cymru with the business case for £10.7m being approved in September 2020. A formal partnership agreement was signed with Linc Cymru and site works commenced in early 2021. Unfortunately due to the original contractor going into administration works halted in July 2021 and works have been ongoing to appoint a new contractor. It is anticipated that the works will commence early in this three year cycle and complete in late 2023. With most of the phase 1 primary care pipeline schemes nearing completion, WG attention has turned to a second phase of investment and it will be critical for the Health Board to be fully engaged in developing its next programme of priorities for capital investment and revenue support.

3. The Health Board currently has a fire enforcement notice in place for POWH theatres which has been extended until December 2023. On submission of a high level funding case, WG released fees for the development of a business case for decant theatres on the site. However, at a mid-point, costs and programme have increased and in the light of the current capital constraints there is an urgent review of the option to carry out essential works with

the theatres remaining in situ. During 2022/23 the Health Board will undertake a detailed options appraisal. It is imperative that funding is secured for a decant solution to enable works to be carried out as soon as possible. Whilst the theatres are decanted for the enforcement notice it would be a major opportunity to upgrade and provide compliant theatres at POWH. This business case will be developed alongside the decant theatre case however there will need to be demand and capacity modelling to consider the theatre model moving forward as it likely that an increase in the current number will be required especially with the expected need to repatriate sessions from Neath Port Talbot. Due to the size of this investment this case will sit outside the funding identified above for Wales wide infrastructure schemes however WG have confirmed that this will be a priority for funding within the wider AWCP.

4. Bridgend area anti ligature this scheme will complete in early 2022/23 having been approved in late 2020/21. It will ensure consistency in all fittings and furnishings in Adult Mental Health Units across the Health Board in terms of ligature proof technology.

ANTICIPATED WG ALLOCATIONS

There are a number of recurrent WG AWCP funding allocations that are anticipated to support the Health Board's capital programme over the next planning cycle and predominantly cover:

- Imaging Equipment Replacements
- ICT (Information and Communications Technology) And Digital Upgrade Programmes

Imaging Replacement

This funding enables the replacement of major radiology equipment within organisations and major radiology modernisation programme across all DGHS, in 2021/22 the Health Board received funding for the replacement of the MRI magnet and Fluoroscopy room CT in POWH. During 2021/22 all Health Boards were asked to bid for replacement equipment in 2022/23. A sum of £5.4M was approved for the replacements outlined in the table below, to support the programme a number of items of equipment were purchased in advance and will be stored until works are undertaken and completed. The equipment purchased in advance comprises all 5 general rooms and the MRI magnet. The gamma camera will be ordered and installed in 2022/23.

	21/22 £M	22/23 £M
POWH Replacement Gamma Camera		1.18
RGH General Room Replacement (3)	1.05	0.9
YCR General Room Replacement	0.35	0.3
POWH Replacement General Room 4	0.35	0.3
RGH Replacement MRI Magnet	0.72	0.25
Sub Total	2.47	2.93
Total Imaging Funding		**5.4**

A 10 year major equipment replacement programme is being developed to form part of the infrastructure return to WG to inform the major imaging investment needs over both this planning cycle and beyond.

ICT and Digital Upgrade Programmes

The HB will continue to work with the WG Digital cell in the allocation of this funding in the development of both national and local ICT initiatives. In 2021/22 through this funding, the HB was able to invest over £1.3M in supporting a range of server, cyber security and digital enabling technology to further innovative ways of working.

UNAPPROVED AWCP PROJECTS

The Health Board has a large number of strategic capital programmes and schemes that require funding. These are included on the template capital tab within the submission. However it should be noted that almost all of these have very highly estimated costed and profiles and that the prioritisation in this submission remains as draft. Whilst some of the schemes are within the WG business case process others are new cases. These are split between investments to support infrastructure and those required to effect service change:

- The discharge of the Health Board fire enforcement notice in place at POWH will require capital investment over the next 2 years to provide a safe and compliant theatre environment. The first step will be to develop an option appraisal to determine the best way to proceed. Once this has been determined WG have confirmed that this will be a priority for funding within the wider AWCP.
- During the COVID-19 pandemic the Health Board worked closely with its LA partners who supported the mass testing and mass vaccination programmes by making available a number of leisure centre and vacant office premises. This was facilitated by the WG hardship fund ensuring that the LA's could make this available at a nominal cost whilst still being able to meet its own financial obligations. However, with the opening up of the economy there is a need to reinstate these premises to the original purpose and therefore for at least the next 12 months suitable premises need to be secured to deliver mass vaccinations and support the administration and management of the testing and vaccination process. It is a significant challenge to find available and suitable spaces in a short timeframe however it is inevitable that a level of capital investment will be required immediately in year to deliver this solution.
- The need for a centralised decontamination unit in POWH is recognised as a high priority and has been subject to a scoping meeting with WG and agreement for a single stage joint OBC/FBC which is under development. The project will address both failing infrastructure in HSDU (Hospital Sterilisation Decontamination Unit), JAG accreditation requirements for endoscopy and provide standardised auditable decontamination processes within POWH. This is in line with other facilities in the Health Board.
- The Programme of major engineering infrastructure schemes in RGH has half completed with the electrical infrastructure works having been undertaken in 2021/22. The strategic programme has been endorsed by WG and the final phase concerns the replacement of mechanical systems and air handling plant. The business case for the cooling and ventilation elements can commence as soon as WG can release fees. Should funding be forthcoming the works will complete over the next 3 year cycle.
- Significant investment will be required for the POWH site to address a number of statutory and infrastructure risks. The 4 facet survey has required further reworking and will support a prioritised programme of development. However one of the highest priority investments has had to be the addressing of the fire enforcement notice in theatres on the POWH site. The level and nature of work and investment in the theatre areas may cause significant site disruption and it would be prudent to consider upgrade to the theatres on the site whilst this disruptive work takes place.

- A recent HIW inspection of mental health services at RGH has reported concerns within the infrastructure of the current inpatient unit affecting patient dignity and respect. A recommendation that the unit requires investment to address the issues has been raised. Work is ongoing to develop the scope of the project.
- The decarbonisation Agenda needs to be accelerated and therefore the Health Board has engaged the ReFit Cymru Framework to support the Health Board to make all our buildings more energy efficient. This will be delivered over a number of phases to deliver carbon neutral plans and programmes for the estate. In addition to this there may be capital investment required to engage with our 3 LA partners to deliver alternative energy by connecting and partnering to create solar or wind farms within areas. This work has commenced in all 3 areas to look at supply to our acute and community hospitals. Other initiatives for achieving net carbon zero are being considered and will be developed into business cases as required. The next 3 year planning cycle will be instrumental in setting these foundations to ensure delivery in this timeframe.
- In terms of primary care 3 key pipeline schemes will include the creation of a primary care and wellbeing hub at Llanilid which is recognised as an area with a shortage of primary care facilities. As part of the planning permission the housing developer is mandated to provide a health building on a housing development in this area and the Health Board could be part of an innovative partnership to develop the hub. Whilst the financial obligation rests with the housing company there could be a need for capital investment. In addition the pressures of increased housing in the Llantrisant area and current primary care infrastructure require investment in a hub for services in this area. It is considered that this would be an ideal location for an enhanced hub providing diagnostic services within the community as well as an opportunity to bring the dental training facility to a more central location. Finally the need to further support primary care services in North Cornelly has also been recognised and approaches will be made to other public sector or housing organisations to consider opportunities for partnership working.
- The capital proforma contains a number of acute service developments including a phased approach to refurbishment of the emergency departments at PCH and POWH in line with recent HIW inspections. Both schemes will require a high level of planning to deliver in areas of high activity but will be critical to address capacity and flow concerns and ensure sustainable future services. In addition the fragility of rotas for clinical staff in the South of the Health Board have led to concerns over the provision of ITU services and urgent works to consider consolidation of this service which will have capital intensive implications.
- In addition to the above the ongoing challenges in elective care provision and capacity remain and in this planning cycle there will need to be moves to increase endoscopy capacity at RGH (JAG requirement for accreditation as well as the need to address waiting lists and demand increases), elective and orthopaedic capacity and the Health Board has been investigating the option of a central elective orthopaedic centre on one of its sites. In addition to support ongoing demands on elective care expansion of rapid diagnostic facilities will need to be included covering both pathology and radiology requirements.
- Regional work streams are continuing to develop programmes to address a number of areas including regional ophthalmology care, developing facilities for mass fatalities and regional diagnostic facilities, over this planning cycle it is likely that these areas will progress with regional bids for capital investment required to implement the plans.
- Finally community hospital investment cannot be overlooked in this cycle with the need to consider equality of provision across the Health Board and replicating the Health Park model for Bridgend residents. There have been proposals on the Ysybty George Thomas hospital for a joint investment on the site to include primary and community services for local residents as well as the provision of extra care housing. Finally the community hospital inpatient facilities need further review and consideration of investment for the remodelling

of wards at YCC and YCR to support the development of shared care ward environments for patients with Dementia.

With ongoing pressures on WG capital funding over the next 3 years, the Health Board will continue to take advantage of any other funding opportunities or routes which become available.

The capital priorities for investment are included within the detailed templates submitted and the Health Board Infrastructure programme to be submitted at the end of March.

DISCRETIONARY CAPITAL PROGRAMME

The Health Board is seeing a 25% reduction to its discretionary programme in 2022/23 and it is not clear when/if this will be reinstated. Therefore the current planning cycle will need to focus on a reduced capital allocation of £7.7M against the previously recurrent £10.2M.

The Health Board will continue to commit its discretionary programme to meet organisational priorities under the following headings: achieving statutory compliance; backlog maintenance; replacement equipment; ICT and funding service transformation and change. However the reduced allocation will put increased pressure on this funding which may require greater focus on "keeping the lights on" as opposed to being able to support any transformational and service change programmes.

The internal processes together with organisational risk registers will determine how the funding is utilised to ensure service continuity, compliance and to address smaller scale service change requirements in the light of the COVID-19 pandemic. In addition to the above the Health Board will continue to develop a programme to utilise any additional funding opportunities available as well as any mid-year or late year WG AWCP slippage.

DIGITAL

The Health Board's Digital Health Vision sets out that: *The Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.*

The development of our informatics capabilities underpins our ambition to provide integrated care around the patient, improving our information and understanding as to the relative value of the interventions that we could take post COVID-19 and thus which would have the most impact on improving our population's health and wellbeing.

Our approach is designed to enable working across the artificial boundaries of hospital and community, with services integrated and seamless, with health, social care, and other professionals being able to work supported by common, reliable, up-to-date information. It is also a critical enabler to our ambition to improving our communities' health and wellbeing through preventative and predictive population health measures.

The Digital and Informatics strategic solutions are as follows:

During 2021/22 the Health Board realised further strong improvements in the Health Board's digital and security capabilities and competencies. Building on this progress, the Health Board is continuing into the second year of its present 3 year digital accelerator programme.

The primary focus for 2022/23 is the **aggregation of the Bridgend and old-CT digital services.** This is a critical development for the Health Board, enabling and facilitating integrated working and allowing the spread and scale of locally born digital innovations. The requirement for this development results back to the creation of CTMUHB, at which time there was insufficient resource or time to disentangle and create a single digital architecture and service. Consequently the Health Board entered into a service agreement with the newly formed SBUHB for the Bridgend locality to continue to use Swansea Bay digital services. The past 2 years has exposed the inefficiencies and challenges of this arrangement and by March 2023 we are hopeful that, with ongoing WG and Digital Health and Care Wales support, the majority of the digital merger can be completed.

There are a further 28 transformational business critical programmes that are taking forward, all of which have funding, or the likelihood of funding being forthcoming from national programmes, has been assessed as high. These are:

ID	Programme
1	Cancer - See the signs *GP guide to identifying cancer*
2	Endoscopy *set up of mobile units to help with the backlog*
3	Commercialisation / R&D strategy *Development of a framework to underpin UHB 's role as an anchor organisation for the region identifying options and requirements for digital initiative*
4	Single sign on *Roll out of the Imprivata single sign on functionality to YCR*
5	PCH Ground & First Floor refurbishment *to modernise the ICT set up alongside the hospital refurbishment*
6	e-referrals (H2H) *move from paper to digital referrals*

7	Estate strategy *home working, Seren closure, changes to inventory mgt & support requirements*
8	Cyber -Security *reducing the risk of cyber attacks and protect against the unauthorised exploitation of systems, networks and technologies.*
9	Workforce development *Developing the digital and data skills of the informatics professionals and wider UHB staff*
10	NLP - auto coding / data mgt *developing automated Natural language processes to code clinical data to provide real time coding*
11	Business Intelligence development *To improve the functionality, scope and user experience of the UHB's BI tools including a re-appraisal of the service provider*
12	System demand capacity modelling Using analysis to improve the UHB's operational and tactical approach to care provision across the system in line with NCCU recommendations
13	Performance Management framework and tools Ensure that at all levels of the organisation there is a focus on and understanding of realising our strategic priorities.
14	Benchmarking *measuring our services, and processes against those of organisations known to be leaders*
15	Parc prison *to support the provision of health care delivered at Parc Prison*
16	PAS upgrade *upgrade WPAS to latest version required for CanISC replacement and move to WPAS to manage MDT's*
17	Open Eyes (inc PSBA for 50 optoms) *deploy Open Eyes which will integrate Health Board and non-Health board Ophthalmology services*
18	e-prescribing *move from paper to electronic prescribing*
19	Snomed e-forms *coding of data at source of data capture for analytics*
20	Infrastructure review programme *assess current infrastructure to maximise and improve existing solution*
21	NDR *work on both the local and National Data repository*
22	API management *to develop the API's with DHCW and Tarian*
23	POW community dental *to replace the POW solution with the CT solution for community dental*
24	Pathology ETR -Bridgend continue rolling out pathology ETR in Bridgend
25	Digitising Inpatient Care continue deploying WNCR and enhance scope to be multidisciplinary
26	Community Care *continue deploying WCCIS the national community system*
27	LINC *replace current Laboratory system with Citadel*
28	PACS & RIS upgrades *reprocurement of current RIS and PACS due to end of contract*

Subject to the availability of resources, capabilities and competencies, over and above those required for Bridgend and supporting the rapidly expanding digital service, we have greater ambitions to rapidly digitise our ways of working. Thus over the course of the year we will continue to seek out opportunities and ways of resourcing with the following initiatives:

ID	Programme	Implementation costs - revenue	Ongoing costs - revenue	Capital
a	Clinical AD&Ts *move to real time ADT's exploring the option for clinical staff to undertake the process*	£43,139	£43,139	£0
b	e-Whiteboards *real time digital patient flow*	£64,234	£104,593	£0
c	Digitisation of cancer record *adopt WPAS and WCP to manage MDT's as CanISC is decommisioned*	£13,901	£54,260	£0
d	Digital Histopath / AI in pathology *move from to digital histology enabling the use Natural Language Processing to be able to apply AI*	£34,433	£59,536	£100,000
e	Digital transcription *to move from digital dictation to digital voice recognition*	£48,902	£42,900	£100,000
f	foetal monitors *two stage project to replace out of data monitors then move to capturing the CTG's digitally across CTM*	£81,320	£154,593	£500,000
g	Tarian development (3 parts) *an initiative to enable UHB to sharing data across care sectors and by making the care record more accessible to patients*	£37,070	£126,942	£0
h	IG development plan *Improve UHB's ability to use and share data securely, ethically and legally*	£0	£40,329	£0

IMPROVEMENT AND INNOVATION

In early 2021 the Health Board implemented a new Directorate 'iCTM' to ensure a robust Improvement, Innovation, VBHC and Change function existed to support and facilitate service and quality enhancement throughout our organisation and enabling us to build the change capability needed to meet our strategic objectives and future vision.

An iCTM Business Plan for 2022-25 is being developed, setting out how iCTM will enable the organisation change capability and resilience working with Workforce and Organisation Development colleagues. As well as nurturing and enabling improvements and innovation iCTM will develop and enhance the organisations ability to deliver and adapt to change laying the foundations needed to successfully deliver the CTM 2030: Our Health, Our Future strategy.

IMPROVEMENT

Together with our people, patients and partners we will work to understand areas for quality improvement alongside developing the capability, capacity and delivery mechanisms across the whole health system. This will help to deliver improved outcomes and working practices for our patients and improved working practices for our people aligned to our Health Board Values and the principles of Prudent and VBHC.

Our improvement aims centre on building the capacity and capability for improvement so that by 2025;

- All teams within the Health Board will have access to and pull on Quality Improvement support resulting in a measurable increase in capacity and capability to improve services.
- We will have a mature ideation process in place where all our people know how to and actively engage in identification of problems and forming solutions
- Improvement will form part of all our people's roles and they see it as core to their day to day work.
- We will have a community of practice for improvement where our people collaborate on improvement.

In 2022/23 this will involve*:*

- *The establishment of an organisational programme of improvement training*. The training will be provided at various levels across the organisational – the nature and volume of which will be based on an organisational assessment of capacity and capability.
- *The establishment of a staff ideation programme* linked to local support through our improvement faculties that allows us to capture, champion and deliver improvement ideas from staff based on key organisations challenges
- *The establishment of an organisational wide quality improvement programme* focussed on patient safety. Initial work suggests the key areas of work in this programme will be community acquired pressure damage, falls in acute settings and medicines safety.
- *The development of an Improvement 'Community of Practice'* to provide a forum for peer support and sharing of best practice.
- *The provision of bespoke support* aimed at improving the quality of patient care to teams identified as in need of additional support. This will develop iteratively over the year but currently includes;
    - Safety improvements in use of fluids
    - Improvement Culture in CAMHS
    - Improvement Culture in Rhondda Taf Ely General Medicine

As well as these specific deliverables, we will work to ensure improvement and change capability is a core part of the culture throughout the organisation. We will provide advice, support and coaching to all teams through membership of relevant management teams and through partnership working with the Quality and Safety and Staff Wellbeing and Experience functions of the Health Board. iCTM will participate in and support the major improvement priorities identified elsewhere in this plan, including maternity and flow.

We will work closely with our Quality and Safety Team to publish a longer-term 'Quality Strategy' aimed at improving quality across the organisation in line with the goals set out in our long term strategy 'CTM 2030'.

INNOVATION

As a University Health Board, Innovation is at the heart of our objectives and we are strengthening our role as a catalyst for transformation and accelerated improvement in health care delivery. The Health Board has built a strong profile and close partnerships within and outside the organisation and this focus on continuous learning, quality improvement and strategic innovation will remain of high importance for the organisation.

Significant work is planned with our academic partners in preparing for the triennial review process to maintain 'University' Health Board status, with a series of discussions focussed on setting future priorities in the key areas of research, innovation and training and education.

There have been a number of high profile innovation activities across a number of key areas that will continue into 2022/23, these include:

Digital Innovation

- The Head of Innovation has been seconded into the Life Sciences Hub to explore and develop the potential of the Health Board to be a digital innovation test bed.
- Working with the Wales Institute of Digital Innovation (WIDI) to drive the simulation agenda specifically around the use of virtual and augmented reality for education purposes.

Rapid Manufacturing and Prototyping

- Expand the Advanced Digital and Physical Engineering hub to provide rapid design and prototyping facilities to drive engagement internally (patients/staff) and externally (Academic/Industry).
- Create the *Crëwr* makerspace in the new iCTM faculty building in the proposed Parc Tri Sant Innovation Cluster

Parc Tri Sant Innovation Cluster

- Develop the business case and stakeholder engagement for the proposed Par Tri Sant Innovation Cluster next to RGH, Llantrisant.

Waste Plastic Recycling

- Continue to work with the Accelerate Programme on novel approaches
- Explore new opportunities with the Cardiff Capital Region Challenge fund programme in partnership with industry, academia and third sector.

Commercialisation

- Work with All Wales Innovation Leads to develop a consistent approach to IP management and commercialisation across NHS Wales.
- Expand the amount of revenue from commercial activity led by the innovation team.

Academic Partnership Working

- Continue to build on and develop partnerships with HEI partners e.g. Accelerate, WIDI and Universities.
- Develop new formal partnerships with Further Education sector e.g. Bridgend College

VALUE BASED HEALTH CARE – HEALTH BOARD

The Health Board's VBHC strategic delivery plan as part of iCTM business plan will be progressed with a whole systems approach in Heart Failure, Palliative care, Diabetes and wider programmes areas including Lymphoedema, Cellulitis and Alcohol Liaison Services. We will use the Finance Delivery Unit's (FDU) VBHC maturity matrix to review progress and direct focus on key delivery areas.

The VBHC funding delivery plan is aligned to National VBHC priorities and the FDU guidelines and outlines the key funded projects throughout the patient / condition pathways. Consistent programme management and reporting frameworks will be implemented to support project progression and oversight.

The Health Board's VBHC portfolio includes strategic and VBHC funded projects, as well as projects in Trauma and Orthopaedics, mental health, AF and Hypertension, spanning Primary Care Clusters, Third Sector SLAs, which receive support and guidance from the VBHC Team.

In 2022/23 the Health Board will be undertaking a procurement exercise for a PROMs provider platform aligned to the Value in Health PSOM National guidance. This will enable implementation and progress our digitally enabled system, to collect, analyse and utilise PROMs data in personalised delivery of care and service review. We will continue to roll out and align use of PREMs data using the Civica platform. We have developed and are testing the use of a new measure, WREMs, workforce reported experience measures, which will help us to understand how the use of PROMs data is impacting on clinical perspective of shared decision making, and clinical/patient relationship and outcomes.

We will be working on embedding VBHC principles and skills with our workforce, patients and partners. We will embed VBHC into our CTM leadership training and education, continue to support staff attendance at the VBHC Academi, embed the VBHC e-learning package being developed by the Academi and work with the National Value in Health Centre to identify and implement appropriate training for the workforce.

We will establish a VBHC Communities of Practice and develop a range of engagement and learning opportunities for staff and patients including Intranet/Internet pages, How to Guides, Workshops and information guides.

We will develop mechanisms which enable identification of strategic areas for VBHC review, due to high cost, low value, harm, unwarranted variation, and the processes necessary to repatriate efficiency savings to source.

VALUE BASED HEALTH CARE – NATIONAL

In April 2021, CTMUHB was formally requested by WG to host the Value in Health programme, its Director and core staff. The CEO of CTMUHB is also Chair of the Value in Health Strategy Board. In November 2021 the programme updated its strategy and identity, becoming the Welsh Value in Health Centre, located at Ysbyty'r Seren.

By providing leadership, support, expertise and the strategic direction for embedding VBHC across NHS Wales, the Welsh Value in Health Centre is seeking to drive better outcomes for patients in a way that is sustainable for the long-term.

The work programme for the next year will include the implementation of a suite of information products (including atlases of variation in healthcare and visualisations in the clinical portal); a review of clinical pathways, for instance in heart failure; the implementation of PROMs data standards across Wales; academic research; evaluations on clinical analysis; delivery of innovations in partnership with industry; storytelling the impact of projects; hosting a series of webinars and engagement sessions; and the delivery of an All Wales Outcomes Collection Framework.

Many Health Boards and Trusts in Wales have already set up dedicated teams to focus on VBHC. Under the stewardship of the Welsh Value in Health Centre's National Leads for Planning and

Delivery Group, these teams will be delivering initiatives throughout the healthcare pathway that improve the outcomes that matter most for patients, staff and the wider population.

RESEARCH AND DEVELOPMENT

The organisation is ambitious as a University Health Board and the Research and Development (R&D) Department continue to support a broad range of high quality collaborative commercial and non-commercial research studies. The department meets and collaborates with its academic partners to optimise research opportunities that will have impact, both for the NHS and academic institutions. There has been investment into the Health Boards R&D infrastructure during 2021/22, with discussions ongoing in relation to further posts via Health and Care Research Wales to support research in 2022/23 and joint posts with academic partners also being explored.