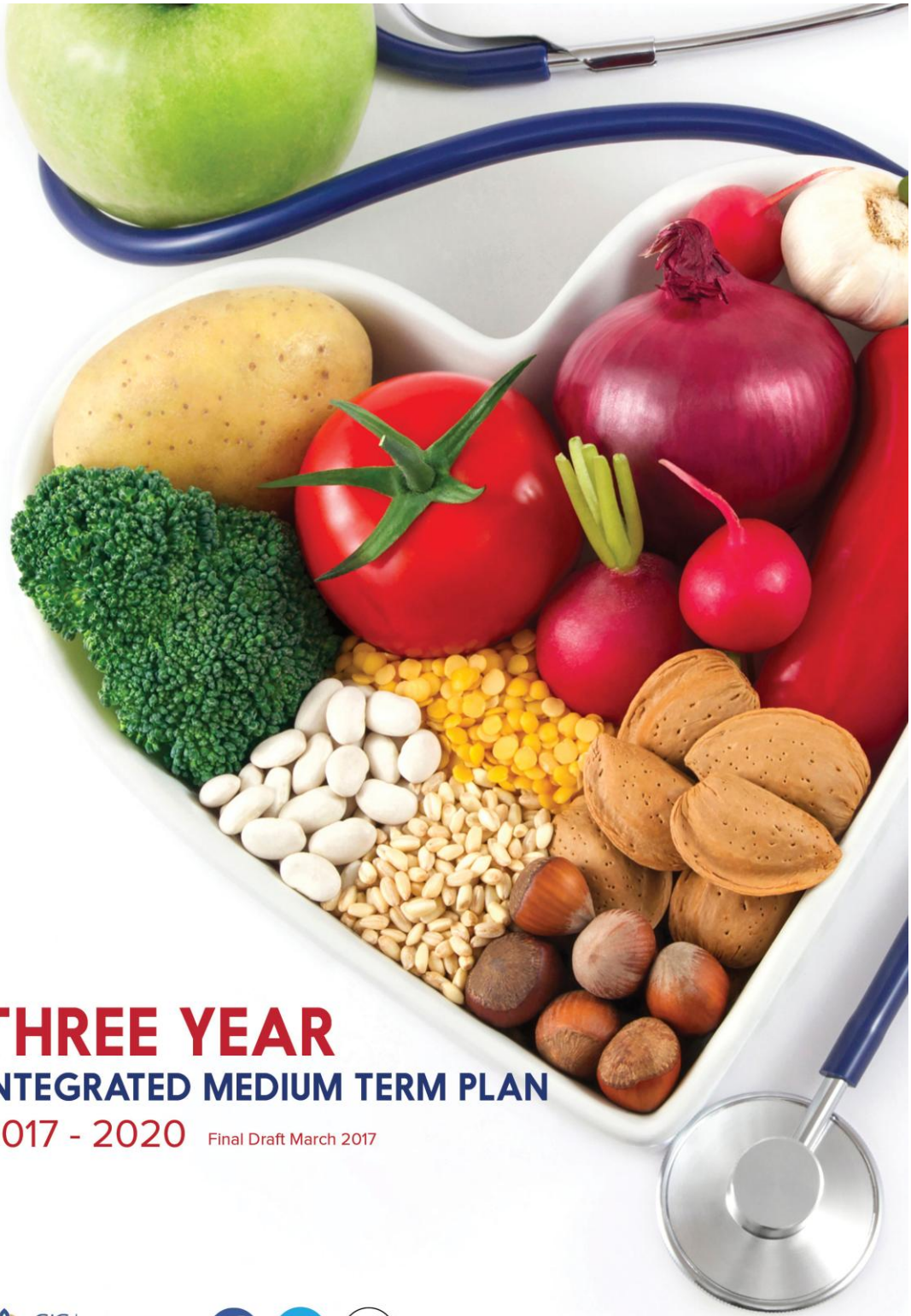

THREE YEAR
INTEGRATED MEDIUM TERM PLAN
2017 - 2020

Final Draft March 2017

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

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STRUCTURE OF OUR PLAN

This Integrated Medium Term Plan (IMTP) 2017-20 builds upon and refreshes the Health Board's approved Plan for 2016-19. The IMTP describes the entirety of the Health Board's business, describing how its budget and workforce will be deployed over the coming three year period. As such we recognise that this has in the past been a very long document.

We have therefore changed the structure of our Plan for 2017-20 in the hope that this will make it more succinct and easier to read. We have also followed the suggested structure in the Welsh Government's National Planning Framework as closely as has been possible.

The refreshed Plan is therefore set out in the following way:

MESSAGE FROM THE CHAIR & CHIEF EXECUTIVE **A welcome to our refreshed IMTP**
PREFACE **Sets out the vision and ambition for the next 3 years and beyond**
CHAPTER 1 – EXECUTIVE SUMMARY **Providing an overview and summary of key messages**
CHAPTER 2 – PROGRESS IN DELIVERING OUR PLAN **Outlining the journey travelled since 2014 and achievement in 2016/17**
CHAPTER 3 – HEALTH BOARD PROFILE **An overview of our services and approach to our IMTP**
CHAPTER 4 – STRATEGIC CONTEXT **Key strategic drivers, including the clinical services strategy for the next 10 years**
CHAPTER 5 – WORKFORCE & ORGANISATIONAL DEVELOPMENT **Detailing the main workforce challenges and opportunities**
CHAPTER 6 – FINANCE 2017/18 TO 2019/20 **Setting out the financial plan**
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MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

Allison Williams
Chief Executive

Dr Christopher Jones CBE
Chairman

We are delighted to introduce the Cwm Taf University Health Board (UHB) three year integrated plan for the period 2017-2020. We have achieved 3 years of approved plan status, which is not to be taken lightly and is recognition of our competency and maturity as an organisation that plans and delivers. This year's refreshed plan continues to build upon our achievements of the last three years and outlines the opportunities and challenges ahead. We continue to learn from the planning process and apply that learning to develop and strengthen our plan going forward. We are confident that our Plan puts the Health Board in a strong position ensuring local services are safe and effective and are organised to deliver the best possible outcomes for our patients.

Quality and safety continue to underpin our system of integrated planning. Within the context of a community that experiences significant challenges in terms of deprivation and the burden of ill health, the focus is clearly on quality of delivery, improved patient experiences, ensuring optimal access to services, prudent healthcare and equity of resources.

We recognise the need to continue to develop our services and culture, which focus more on the clinical pathway that best serves our patients and not the setting in which care is delivered. In order to inform this culture we recognise the need to strengthen some areas of the services we provide to patients and this includes delivering a strengthened primary care service, developing integrated health and social care services, working collaboratively with other Health Boards, and an overarching focus on the reduction of health inequalities. We recognise the significant challenges in delivering the transformative change set out in this plan. In particular, ensuring we respond effectively to the opportunity of more integrated care, that we reduce the variation in the quality of primary and community care, and that we remain well placed to adapt to an evolving, changing healthcare environment.

A key strength of Cwm Taf is the ability to work together with our communities and partner agencies to deliver a whole-system approach to public service delivery. This underlying philosophy values individuals, builds upon their own support systems and considers their place in the wider community. We value and recognise the importance of our partnership working with service users, carers and the wider public to involve them meaningfully both in decisions about individual treatment and care as well as engagement and consultation about service changes.

Our workforce is clearly our most significant asset and we recognise that, to meet the challenges in our Plan, we need to ensure our staff and Primary Care contractors are fully engaged to embrace the principles of Working Differently Working Together. The success of any plan is in its implementation and we are committed to fully engaging our staff on the way that we implement our Plan and ensure our workforce is supported through these changes, working closely together and in partnership with our staff representatives including our Working in Partnership Forum.

The plan outlines many challenges in the coming years these include, growth in our population need, increased costs and significant resource constraints. The lifespan of this plan will be particularly challenging with further real terms reductions in resource allocations, along with significant clinical service redesign over this period. In financial terms, the Plan assumes recurring efficiency and redesign savings of £21.9m in order to deliver a balanced budget in 2017/18. This is 4.3% of the controllable budget of circa £500m. The recurring savings requirement reduces to £10.0m (2.0%) in 2018/19 and £13.0m (2.6%) in 2019/20. The total recurring savings over 3 years is £44.9m (8.7%). However, given the scale of the challenge in 2017/18, the plan includes a £4m non recurring savings provision which reduces the in year savings target to £17.9m (3.5%). This provision recognises that some savings schemes will not be fully implemented from the start of the financial year.

Our focus in the plan is making most effective use of all the resources available to the Health Board, as opposed to focusing only on agreed financial savings targets. Whilst the healthcare needs of our local population and the quality and safety of patient care remains our number one priority, the Health Board understands and is committed to radically redesigning both systems and services in order to ensure that the best value is achieved from its resources.

We are determined that by implementing our transformation programme and by working closely with our partners we will maximise the resources available to us to ensure that we can continue to deliver safe and effective services to the population of Merthyr Tydfil and Rhondda Cynon Taf. Working together remains important to us and is essential if we are to make our vision a reality.

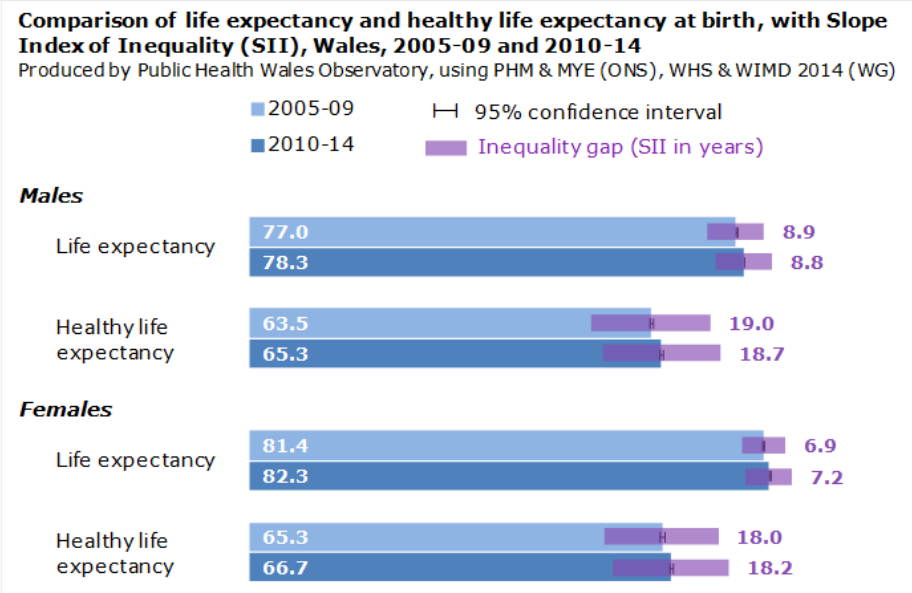
As with any Plan, its effectiveness is dependent on its delivery. In real terms, our priorities and aspirations for the organisation for the coming year include that by the end of 2017/18, we want to see further integration of health & social care services – including the development of our well-being plans in partnership; increased pooled budgets and emergent joint commissioning arrangements; strengthened, core primary care services; Dewi Sant becoming a vibrant Cluster Hub; the Diagnostic Hub in operation at the Royal Glamorgan Hospital (RGH); the new Neonatal Unit being completed at Prince Charles Hospital (PCH); our unscheduled care and waiting times performance further improving; implementation of our next phase of mental health service redesign; working with LHB partners on regional centres; our recruitment challenges being mitigated; commencement of the first phase of the ground and first floor project in PCH and increased public sector partner collaboration on the use of our estate. We look forward to the opportunities ahead.

PREFACE: STATEMENT OF INTENT

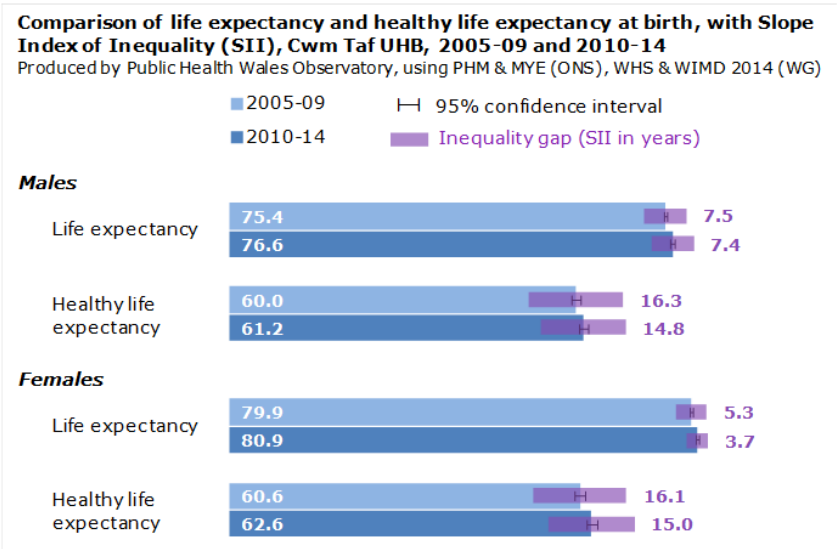
Reducing health inequalities within Cwm Taf remains the single largest challenge for the Health Board and its local partners. We believe that our collective efforts as public service leaders must be focused towards creating a climate where opportunities to prevent ill health, to improve longer-term well-being and to increase the resilience of local communities are maximised.

We are already making early and encouraging progress in these areas. The previous Measuring Inequalities (2011) report showed that people in Wales and Cwm Taf are living longer and remaining longer in good health. However, large and persistent inequalities between the least and most deprived areas remain. The following charts compare life expectancy and healthy life expectancy for Wales and Cwm Taf, providing a comparison between the periods 2005/09 and 2010/14.

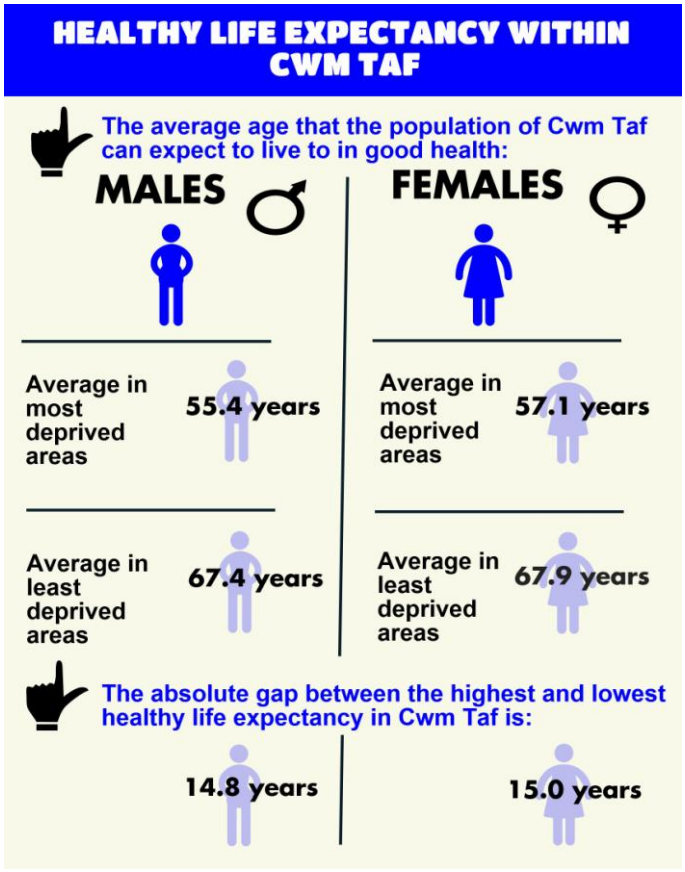
Wales:



Cwm Taf:



In Cwm Taf, life expectancy and healthy life expectancy (2010 -2014) have improved since the previous report (2005-2009), and the inequality gap between the most and least deprived has narrowed across all of the parameters. This is very positive and has not been seen in other parts of Wales.



However:

- Cwm Taf remains the Health Board with the lowest life expectancy (76.6 years men, 80.9 years women) and healthy life expectancy (61.2 years men, 62.6 years women) in Wales, despite the increases demonstrated.
- Across Cwm Taf the inequality gap (difference between the most and least deprived) for life expectancy is 7.4 years for men and 3.7 years for women. This is not as big a gap as in some other parts of Wales, but instead reflects the extent of deprivation across the area. The gap for healthy life expectancy is 14.8 years for men and 15.0 years for women
- For male life expectancy in Rhondda Cynon Taf, the inequality gap has increased since the previous report from 7.4 years to 7.8 years.

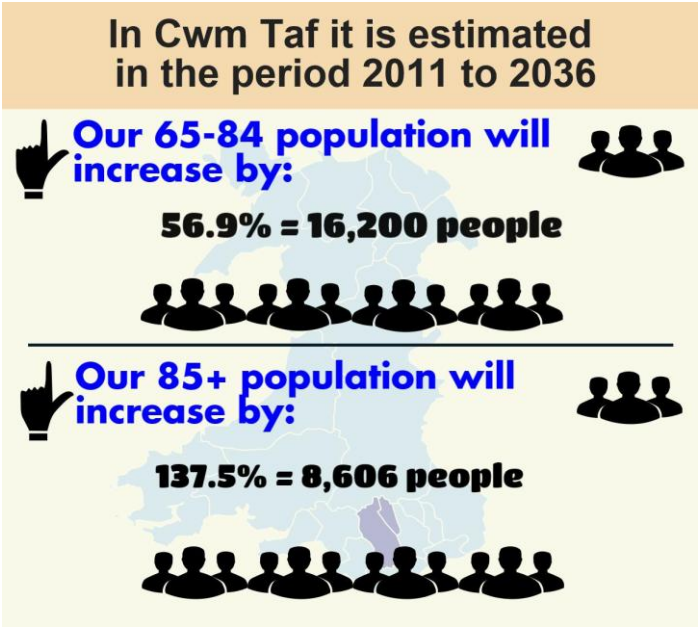
Demography of our population

The resident population of the Cwm Taf University Health Board area (Merthyr Tydfil and Rhondda Cynon Taf) was estimated to be 296,735 in 2016.

The recently published 'Demography 2016 - A Welsh Summary Report' produced by the Public Health Wales Observatory indicated that the population of Wales is projected to increase by almost 9% by 2036.

Within Cwm Taf an overall population increase of 2.1% is projected by 2026, falling to a 1.6% increase by 2036 when compared to the Welsh Government population projections for 2011. The Merthyr Tydfil population is projected to have the largest increase within Cwm Taf at 6.1% by 2036.

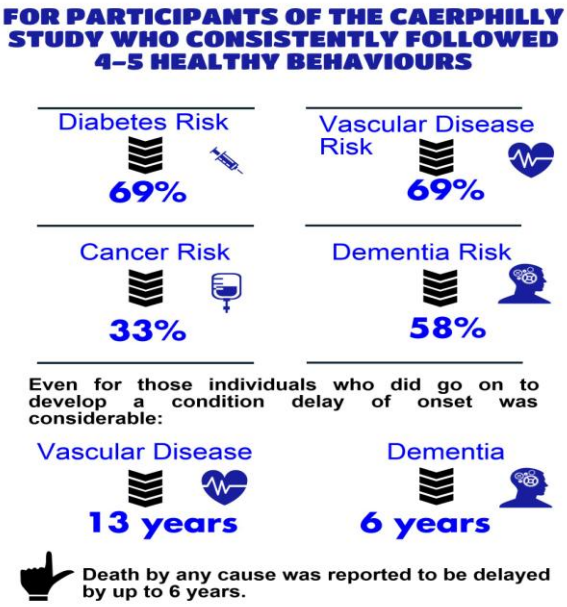
The 65 to 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated 1 in 4 people in Wales will be aged 65 and over.



These projections will have significant implications for the way in which we design and provide health (and increasingly integrated health & social care) services. With an increasing population and especially an increasing older population it is even more important that we support our population to live long and healthy lives, free from the limiting effects of multiple chronic conditions.

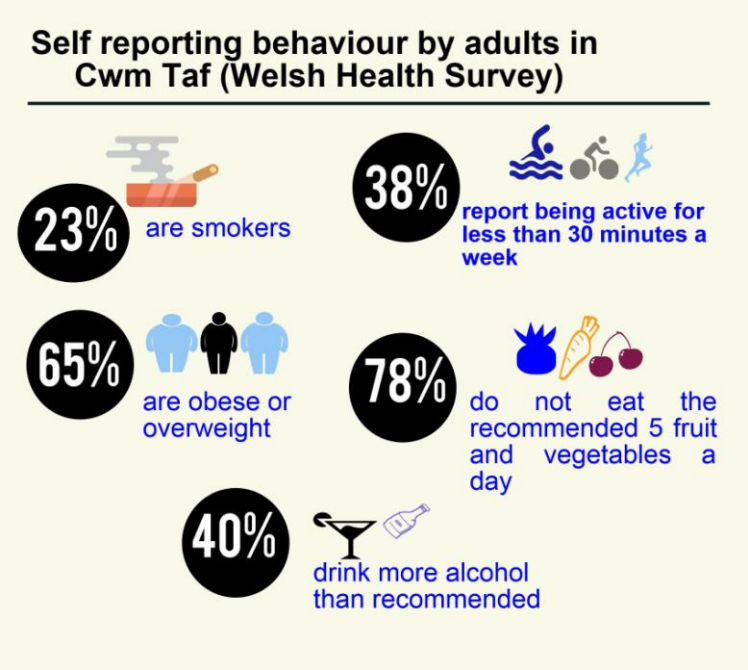
Prevention & Our Longer-Term Intent

We know from evidence like the Caerphilly Study that enjoying four or five healthy behaviours as opposed to zero or one can have a huge impact on life expectancy and prevent the development or delay the onset of debilitating chronic diseases:

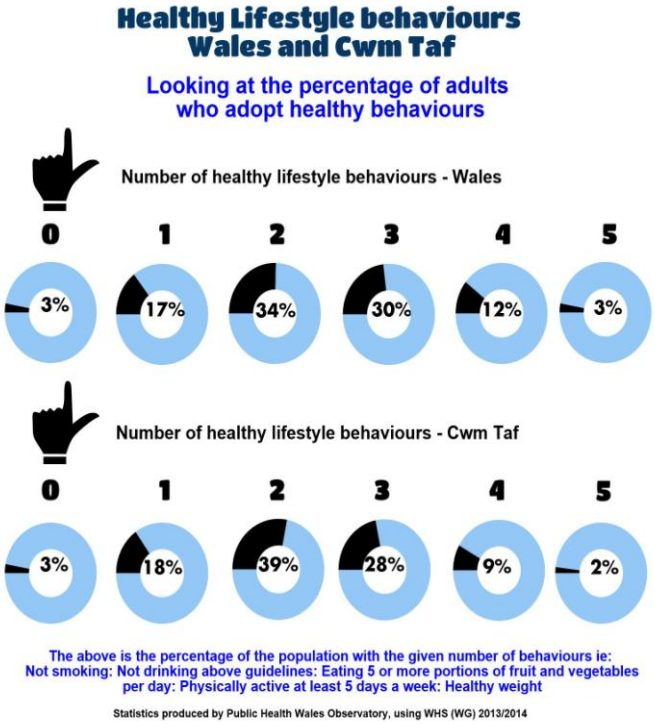


So what are these healthy behaviours?
Put very simply the five healthy behaviours are:

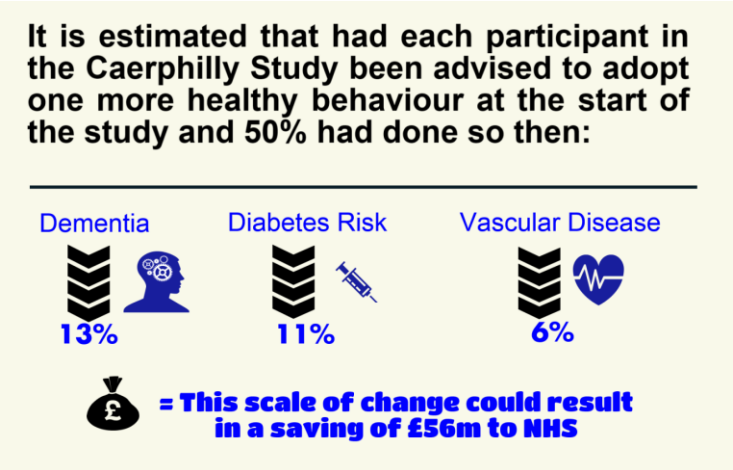
The following infogram shows that we have much work to do to improve life expectancy, healthy life expectancy and to reduce inequalities in Cwm Taf:



We are not unique in Wales but in Cwm Taf there are fewer people enjoying four or five healthy behaviours than across the rest of Wales. We need to help move the percentages towards four and five behaviours to improve the lives of our population:



The Caerphilly Study has also estimated the impact of small changes in our population:



So this is our Challenge: To lead and support change with our partners across Cwm Taf to support our staff, patients and people to enjoy four or five healthy behaviours.

This will therefore be the major focus of Cwm Taf Health Board's refreshed IMTP for 2017-20: Effecting long-term change, in line with the principles of the Well-Being of Future Generations (Wales) Act 2015, to improve the health, well-being and resilience of the communities we serve.

To achieve this, and in preparation for the Act, the focus for Cwm Taf University Health Board's IMTP will be to embed this challenge into every part of our delivery and "Making Every Contact Count".

During 2017/18 we will also work collaboratively with Public Health Wales and our Public Service Board Partners to explore the potential for promoting 'one more health behaviour' amongst our staff, our patients/ clients and communities. We have also had early discussions with Velindre NHS Trust to begin to scope partnership initiatives.

Well-Being Objectives

The Well-Bing of Future Generations (Wales) Act 2015 also requires the Health Board to set Well-being Objectives and to publish a Well-being Statement. This must include an explanation as to why we feel the objectives will help us achieve the well-being goals and how we have applied the sustainable development principle. We must also explain how we propose to involve other people; timescales; review and governance arrangements.

Cwm Taf UHB has decided to integrate its well-being statement and delivery of its well-being objectives into the IMTP 2017-20. The rationale for this is to ensure that the Act is at the core of decisions the Health Board makes about the delivery of its services.

Full detail of our Well-Being Objectives, how we developed them and how we intend to apply them (our Well-Being Statement) are contained within **section 1.1**.

Prevention Priorities

In summary, our emerging priorities under the heading of prevention include:

- "Making Every Contact Count" by encouraging our patients, staff, and wider population to adopt one more healthy behaviour, with a view to the majority of the population enjoying four to five healthy behaviours by 2030
- This will be achieved though the continuation of the following preventative schemes:
  - MAMSS, Bump Start and the Joint Care Programmes
  - Inverse Care Law
  - Implementation of Tier 3 obesity service
  - Introduction of Best Start
  - Implementation of the Healthy Child Wales Programme
  - Implementation of the forthcoming Welsh Government Healthy & Active Strategy
- A focus on Early Years and the prevention of Adverse Childhood Experiences (ACEs)
- Promotion of the 'Wellness Home'

Please see **Book A1** for a more in depth analysis of our local public health needs and challenges, and **Book A3** for further detail about our prevention priorities and how these will be embedded across our service areas.

Similarly, the Cwm Taf UHB Director of Public Health's Annual Report 2015/16 contains more detail about our approach to prevention.

For detailed information about Cwm Taf's clinical services strategy, please refer to **section 4.2 and Book A3**.

During 2017/18 we will develop a comprehensive 10 year clinical services strategy for Cwm Taf University Health Board and the populations it serves. This will further test and refine our intentions in relation to: prevention and population health; our emerging clinical services strategy; integration of health and social services; and collaboration with neighbouring Health Boards.

1. EXECUTIVE SUMMARY

We are pleased to present our refreshed Integrated Medium Term Plan (hereafter known as 'the Plan') for Cwm Taf University Health Board (UHB), for the period 2017/17 to 2019/20. This Plan builds upon our last Board and Welsh Government approved Plan for the period 2016/17 to 2018/19 and refreshes it for the forthcoming three year period.

The integrated planning process is a central tenet of the way in which we do business in Cwm Taf, clearly linked with our 'Cwm Taf Cares' philosophy which sets the patient and the delivery of quality services at the heart of all we do.

The Plan has been developed as part of a 'bottom-up' planning process, building upon our Directorate, Locality, Corporate Department and Cross-Cutting Theme plans. It integrates our service, workforce and financial plans and makes explicit links with the performance and quality improvements we intend to achieve over the coming three year period. Above all our Plan is predicated upon people, principles and prudence.

The Plan is an opportunity to both reflect upon the achievements of the last year and the opportunities and challenges ahead. The past twelve months have continued to see scrutiny and significant service and financial challenges in the NHS in Wales. As it is for all healthcare organisations across the UK, developing a Plan which meets our objectives of maintaining and improving quality and safety, while achieving cost reductions of around £44.9m of re-design and efficiency savings over 3 years (8.7% based on controllable expenditure of circa £500m) will not be easy.

Whilst the Health Board is extremely proud of its strong reputation for developing IMTPs which have been approved by Welsh Government in three consecutive years, it does not underestimate the challenges entailed in delivering such an ambitious Plan for the coming three year period.

The test for us in leadership positions in the Health Board is to create a culture and a Plan, which we can deliver for the benefit of our population, where compassionate care can flourish and where all staff feel cared for, no matter what pressures we face with budgets and targets.

Our 2016-2019 Plan submitted to Welsh Government in March 2016, demonstrated the ambition of the Board to drive forward improvements in the standards of care for our patients, whilst remaining focused on an ever challenging financial and performance agenda. By approving the Plan, the Board acknowledged the real challenges to ensuring its delivery and they continue to recognise that engaging the ongoing support of all our staff, clinical and managerial leaders and other key stakeholders to achieve the necessary 'transformation through innovation' will be the key to its delivery.

There is no doubt that the next 3 year period will be challenging, whether those challenges arise from meeting performance targets, workforce issues, patient safety, finance or patient/ stakeholder/ political expectations. However, the next 3 years also bring with them opportunity: Opportunity to implement service change, to innovate, to embrace new

technologies and to develop new workforce roles. This Plan is the platform for articulating and balancing those challenges and opportunities.

In three years time ….

…. if we are to be successful at the end of this period we will have achieved a range of priority objectives including:

- a **reduction in ill health** across our communities and an improvement in well-being;
- **strengthened core primary care** services through extending enhanced services across federated practices to improve equity of access;
- the **development of Cluster Hubs** to further drive locality working, thus facilitating a demonstrable shift of service from secondary to primary care;
- **implemented innovative and efficient workforce and service models** in primary, community and acute services to support implementation of our clinical service strategy;
- **implemented redesigned secondary care service** models across our 'fragile' service areas, as part of wider regional arrangements with our partner Health Boards and Trusts;
- **delivered truly integrated services** with our partners across the health, social care and wider public sector community, particularly for children, young people, people with learning disabilities and older people;
- **embedded value and prudent healthcare** in our service planning and delivery; and
- fully embraced and demonstrated progress against delivery of the principles and ethos of the **Well-Being of Future Generations (Wales) Act 2015.**

This will be achieved by working closely in partnership with our staff, partners and local communities; in line with our quality and performance standards; and within a financial envelope which is both value for money and affordable.

1.1 VISION AND STRATEGY

1.1.1 Vision

In refreshing the IMTP for the forthcoming three year period, the Health Board has reviewed and revised its vision and corporate objectives (as set out in the previous IMTP 2016-19) through the lens of the Well-being of Future Generations Act. As a result, the UHB Board agreed at its Board Meeting in March 2017 that its refreshed vision is to:

"To be recognised as a population well-being organisation that continually makes a positive contribution to improving the lives of all Cwm Taf residents".

1.1.2 Well-Being Objectives

To deliver this vision, we have revised our corporate objectives to develop the following well-being objectives, which were also endorsed at the UHB Board Meeting in March 2017.

In developing our new Well-Being Objectives, we recognised that we wanted to take a fresh and innovative approach by ensuring that they were contributed to by representatives from across the organisation in the following 5 step approach:

1) Within the Health Board's Local Planning Framework 2017/18, the Act is described as being central to the refresh of the IMTP for 2017-20 and beyond. As a consequence, each Directorate was asked to undertake an analysis of how it is currently, and intends in the future, to work towards the seven well-being goals and the principle of sustainable development.
2) An IMTP Engagement Event was held on 17th November 2016 to ensure participation from across the organisation in the refresh of the IMTP. The event was very well attended and included a workshop to support the analyses to be undertaken by Directorates as described above.
3) An all day session of the Health Board's PACT (Performance through Action) Group was dedicated to the development of the Well-being Statement and Well-being Objectives. Facilitated by Alan Netherwood from Netherwood Sustainable Futures, the Directorate Managers and their Business Partners were encouraged to explore their corporate responsibilities under the Act.
4) The Well-Being Objectives take on board and reflect comments made by our stakeholders and the community as part of the extensive engagement and consultation on the Cwm Taf Well-Being Assessment.
5) Finally, the outcomes of the above steps were used to inform the development of the Health Board's Well-Being Statement and Well-Being Objectives, as set out below. This approach was presented at the Board Development Session in February 2017 and endorsed by the Board in March 2017.

As a result the UHB's proposed Well-being Objectives are:

- **We will work with communities to prevent ill-health, protect good health and promote better health and well-being.**
- **We will provide high quality care as locally as possible wherever it is safe and sustainable.**
- **Our service delivery will be innovative, reflect the principles of prudent health care and promote better value for users.**
- **We will work collaboratively with our public service partners and a broader range of partners to join up health and other services where this potentially represents better value for our residents and care users.**
- **Through our commitment to corporate social responsibility and to improving health & social equity, we will work with our staff, partners and communities to build upon strong local relationships and solid foundations of the past.**

1.1.3 Well-Being Statement

The Well-Being of Future Generations Act stipulates that public bodies must also publish a Well-being Statement. This must include an explanation as to why we feel the objectives will help us achieve the well-being goals and how we have applied the sustainable development principle. The Health Board must also explain: (1) how we propose to involve other people, (2) timescales, and (3) review and governance arrangements.

The relationship between the proposed Well-Being Objectives, the seven Well-Being goals set out in the Act, the sustainability principle and the UHB's refreshed IMTP are illustrated in the table below:

Proposed Well-being Objectives	Relationship with the Well-being Goals	Examples of Current Priorities	Examples of 1-3 Year Priorities	Examples of 10 Year + Priorities
We will work with communities to prevent ill-health, protect good health and promote better health and well-being.	A healthier Wales and a more equal Wales	A range of health improvement initiatives (e.g. Bump start, MAMMS, Joint Care Programme, Inverse Care Law Programme, Sensory Impairment Standards) A range of health protection measures (population disease screening, vaccination programmes)	• Encouraging our patients, carers, staff and communities to adopt at least one more healthy behaviour • Researching and implementing patient activation, wellbeing literacy, social prescribing) • Developing integrated place-based initiatives with our partners	Working with public service partners to reduce Adverse Childhood experiences Focus on First 1000 days
	A resilient Wales	• MAMMS • Active travel	• Healthy Homes • Working with our communities to increase resource robustness and adaptive capacity)	Through the Public Service Board we are working with Natural Resources Wales to explore how the built and natural environment could be used to promote active living and improve mental

Proposed Well-being Objectives	Relationship with the Well-being Goals	Examples of Current Priorities	Examples of 1-3 Year Priorities	Examples of 10 Year + Priorities
				health and emotional well-being
	A Wales of cohesive communities	• Valleys Steps	• Develop an extended Valleys Steps programme for Young People	Through the Public Service Board we are exploring opportunities for Children's Zones/ Community Networks
We will provide high quality care as locally as possible wherever it is safe and sustainable.	A healthier Wales	• Primary & Community Care Delivery Plan • Primary Care Cluster Development • Relocation of Palliative Care Services to RGH • Paediatric Assessment Unit • Diagnostic Hub • Regional Work (e.g. ENT/ Vascular)	We will develop and implement a clinical services strategy, with more care delivered in primary and community based settings, reducing the need for hospital inpatient care wherever possible. Examples include: • Primary Care Sustainability • Integrated health & social care solutions • Valleys LIFE • Regional Working	We are in early discussions with partners to explore the potential for Health & Social Care Villages in a number of our local communities (sometimes referred to as Dementia Villages)
Our service delivery will be innovative, reflect the principles of prudent health care and promote better value for users.	A healthier Wales	Through our University Health Board status we are working with our academic partners to ensure we bring research, innovation and high quality teaching to	Hosting the Imaging Academy Developing value-based population health	We are interested in working with Academic partners, neighbouring Health Board and public service partners to explore the potential for an Innovations Hub, which
	A prosperous Wales		Securing national and	

Proposed Well-being Objectives	Relationship with the Well-being Goals	Examples of Current Priorities	Examples of 1-3 Year Priorities	Examples of 10 Year + Priorities
		support our staff and services. Examples include: • Age Well Drink Wise • Valleys Steps • Sepsis Boxes	international funding to support our R&D Programme	would promote both R&D and career progression within Cwm Taf.
	A globally responsible Wales		Sharing learning and results from Cwm Taf across Wales, the UK and internationally	
We will work collaboratively with our public service partners and a broader range of partners to join up health and other services where this potentially represents better value for our residents and care users.	A healthier Wales	• Integrated Family Support Service • Joint Equipment Store • WCCIS	• Stay Well @Home • Integrated Autism Service • Pooled budgets for Learning Disability Joint Packages of Care • Pooled budgets for Care Homes	Our longer-term aim is to develop a range of aligned and integrated health, social and other services: • Older People • Children with Complex Needs • Learning Disabilities • Mental Health • Carers
	A prosperous Wales	Working with local schools and colleges to promote careers in Cwm Taf UHB	Working with local schools and colleges to contribute to the Valleys Life model	We would like to work with partners to develop a career path/apprenticeship scheme from local schools into our vibrant public services
	A Wales of cohesive communities	Participation in the Dementia Friendly Communities initiatives in Maerdy, Pontypridd and Mountain Ash	Assets based PSB work stream/collaboration work - sustainable infrastructure etc.	Delivery of truly co-produced services building on people's and communities' strengths (asset based community development)

Proposed Well-being Objectives	Relationship with the Well-being Goals	Examples of Current Priorities	Examples of 1-3 Year Priorities	Examples of 10 Year + Priorities
Through our commitment to corporate social responsibility and to improving health & social equity, we will work with our staff, partners and communities to build upon strong local relationships and solid foundations of the past.	A Wales of vibrant culture and thriving Welsh language	Ward B2 at YCR is the UHB's first Bilingual Ward	Develop Bilingual Wards on other Hospital sites	Exploring how we market the Cwm Taf area: Its landscape/ attractions/ heritage etc. Promoting local, national and international recruitment and the appeal of Valleys/ Welsh culture to other communities.
	A Wales of cohesive communities	• Supporting local Food Banks • Green spaces project • Pennies from Heaven	• Further developing the UHB's Strategy for and role in Corporate Social Responsibility • Exploring volunteering opportunities for staff • Developing arts within the UHB cites to promote the benefits of art & health • Taking specific actions to address social determinants of health (e.g. training and incentivising HB staff to anticipate, identify and address social needs amongst CTUHB patients)	
	A globally responsible Wales	We are proud that the philosophy of "Cwm Taf Cares" extends well beyond our geographic boundaries: • PONT • Vulnerable Persons Relocation Scheme • Aide work undertaken by	• Further developing the UHB's Strategy for and role in Corporate Social Responsibility	

Proposed Well-being Objectives	Relationship with the Well-being Goals	Examples of Current Priorities	Examples of 1-3 Year Priorities	Examples of 10 Year + Priorities
		our staff in countries that have been struck by natural disasters		

The above table provides some examples of how the UHB's proposed Well-being Objectives are to be delivered via the refreshed IMTP for the period 2017-20 and beyond. More detail is included in the relevant service sections of the IMTP as these interventions are integral to our plan, not merely listed as a mapping exercise. Most importantly, as the previous section (**Preface : Statement of Intent**) has explained, the main focus will be to effect long-term change which improves the health, well-being and resilience of the communities we serve. This is the connecting link between all our well-being objectives which also encapsulate the five ways of working (sustainable development principle) as being integral, not added on to our IMTP.

For example:

- **PREVENTION:** Information can be found about our approach and priorities for prevention in the **Preface: Statement of Intent** and **Book A1**.
- **COLLABORATION AND INVOLVEMENT:** The Health Board will work collaboratively with internal and external stakeholders to deliver our Well-being Objectives, and the priorities which contribute to them. This will also help build social capital and community resilience. Detail on our approaches to citizen engagement, co-production and employee engagement can be found in **sections 4.7.12 and 5.6** respectively.
- **LONG TERM:** We recognise that we have more to do to plan and redesign our services to be sustainable and meet the changing needs of our population, in particular to meet the challenges of an ageing population. Our work in 2017/18 to develop a 10 year Clinical Services Strategy (see **section 4.2**) will be a significant step to mainstreaming this way of working and will help us to better understand what we need to do to look even further ahead to plan effectively for the future.
- **INTEGRATION:** The IMTP includes numerous references to the need for integrated services, for example, implementation of the Social Services & Well-Being Act (Wales) 2014 continues to be a priority focus for the Health Board with partners, as we look to further implement our Regional Implementation Plan and deliver improved integrated services for our local communities, supported where appropriate with the introduction of joint commissioning arrangements and pooled budget. However, integrated health and social care is only one aspect of a whole system wide approach that we will need to develop across all our services and partners if we are to reduce inequalities across Cwm Taf. **Section 4.7** provides details of our approach.

Whilst the Health Board is proud of the early work completed to embrace the principles of the Act and to embed the Well-Being Objectives within the IMTP, we recognise that there is much work left to do to strengthen and mature our approach even further. This will therefore continue to be a key area of activity both within delivery of the IMTP and through the development of a refreshed IMTP for 2018-21.

We must use the sustainable development principles and ways of working proactively to shape transformational change, not just use them retrospectively to justify decisions that have been made. In addition to our corporate planning processes, we will also need to consider how we apply the Act to other activities such as procurement, financial planning, workforce planning, performance management, risk management and use of our assets to ensure we are embedding the sustainable development principles/five key ways of working effectively.

Progress against delivery of the Well-Being Objectives will be also therefore be integrated and monitored via the quarterly IMTP progress reports, which are prepared for the Executive Board, UHB Board and Welsh Government, and will also be reported on formally via the UHB's Annual Report.

Under the leadership of the Director of Public Health, the Cwm Taf Public Service Board is required to develop its own Well-being Objectives and a Well-being Plan by 31st March 2018. This will be informed by both the Cwm Taf Well-Being Assessment and a wide ranging engagement and consultation process.

1.1.4 Operational Objectives

The Health Board also has the following five operational objectives, derived principally from the Institute for Healthcare Improvements (IHI) Triple Aim, which provide a clear framework for the plan and complement the Well-Being Objectives. These operational objectives are to:

- Improve quality, safety and patient experience.
- Protect and improve population health.
- Ensure that the services provided are accessible and sustainable into the future.
- Provide strong governance and assurance.
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.

1.1.5 Priorities

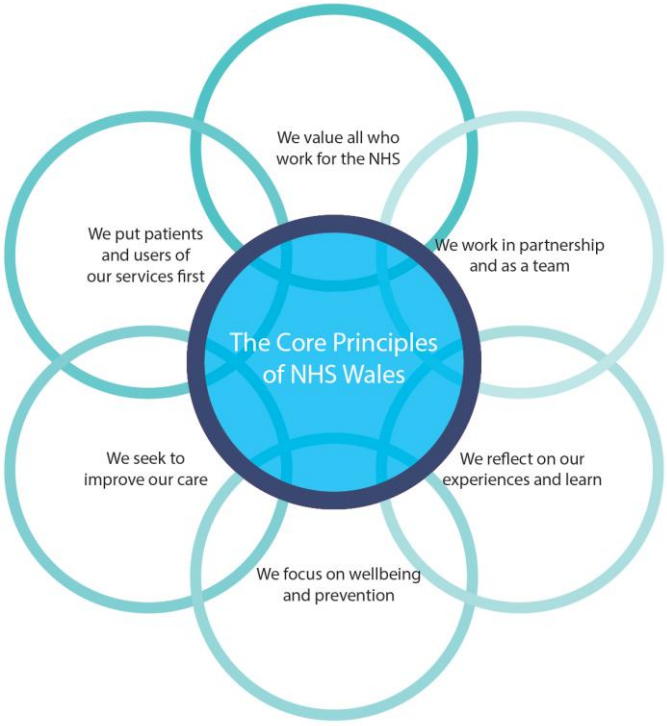
As a University Health Board, our priorities for 2017-20 are to:

- Continue to improve patient experience throughout the University Health Board.
- Embrace the prevention agenda, for example by encouraging our patients and staff to adopt 'one more healthy behaviour' and supporting the well-being of our communities with our partners.
- Demonstrate greater integration across health & social care, particularly in the way in which services are provided to our more vulnerable client groups with increased joint commissioning arrangements, pooled budgets and making better use of our estate in partnership.
- Implement our refreshed primary and community care plans including improving the sustainability of primary care; further development of our Clusters and Cluster Plans, improved demand management and evidencing the shift of service from secondary to primary care.
- Implementation of our next step mental health service improvements, including the next phase of older adult mental health service redesign and new approaches to dementia care.
- Further develop our clinical service strategy, including the implementation of the outcomes of the South Wales Programme (specifically paediatrics, obstetrics and neonates and further development of the acute medicine model in 2017/18).
- Development of regional service planning and delivery where appropriate in areas such as regional treatment centres such as diagnostics, ophthalmology and orthopaedics, as well as vascular and ENT service redesign.
- Continue to improve scheduled and unscheduled patient care, patient flow and urgent care processes including: maintaining and improving upon the target of no patients waiting for treatment over 36 weeks; maintaining and improving upon the target of no patients waiting over 8 weeks for diagnostics, continuing to work to the 95% 4 hour target (maintaining wherever possible at least 90% performance) and having no patients waiting over 12 hours.

- Continue to meet the 31 day target and work to meeting the 62-day cancer target, maintaining at least a 90% position.
- Address recruitment and retention challenges with a priority on workforce planning and redesign and development of new roles such as Physician Associates.
- Further developing leadership and delivery capacity across the organisation.
- Continue our strong involvement and approach to the commissioning of specialist services working with partners such as WHSSC, EASC and Velindre NHS Trust.
- Engage with an increasing number of members of the public and staff in Cwm Taf through a variety of accessible platforms to involve people in the design and development of new clinically led and patient focused services, both in and out of hospital.
- Improve data quality, including reporting and transparency.
- Ensure compliance with legislation.
- Achieve financial balance.

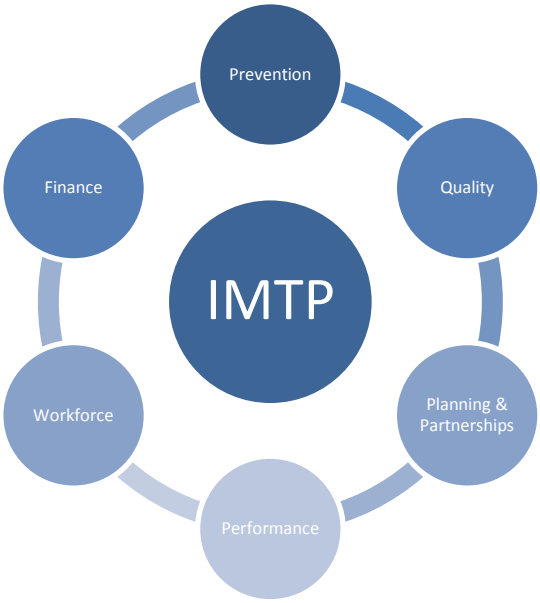
1.1.6 Values and Core Principles

The Health Board's central philosophy is 'Cwm Taf Cares', which sets patients and the delivery of quality services at the heart of all we do. This commitment encourages all of our staff to be aware of their own potential and to take opportunities to be personally responsible to show we are all passionate about the care given to our patients. We know that staff need the right environment to give the best care and it needs to be built on the foundations of dignity, respect, transparency and trust. To reinforce this philosophy, the UHB reaffirms its commitment to the NHS Wales Core Principles which were launched by the Minister for Health and Social Care in February 2016:



1.2 OUR IMTP INTEGRATED PLANNING APPROACH

Cwm Taf has adopted a truly integrated planning approach with a 'golden thread' running through the IMTP which links quality to population need, service planning, demand & capacity, workforce, capital and financial planning. This approach has been refined even further for the refresh of the 2017-20 IMTP, with prevention and collaboration being more prominent than ever before:



To support implementation of the integrated planning approach, the UHB has invested in an integrated Business Partner Model. This model is embedded and is maturing. As we move into year two of the Business Partner Model, support is in situ from Patient Care & Safety; Planning; Workforce & OD; Finance; Procurement; and IT. This year named Business Partners have also be assigned from the Performance & Information Team to support Directorates in developing more robust demand & capacity plans.

The Health Board's intention has been for the IMTP to be more "bottom-up" in its approach for 2017-20, building upon the information, intelligence and priorities set out within the underpinning Directorate Plans.

For the next three year period, the areas that the Health Board has specifically looked to focus upon and strengthen are:

- Developing a brief statement of longer-term strategic intent for the Health Board, as informed by the Well-Being of Future Generations Act, the prevention agenda and a commitment to tackling health inequalities (see the **Preface**);
- Development of an emerging clinical services strategy (see **section 4.2**);
- Collaboration with neighbouring Health Boards to design regional service solutions (see **section 4.2**);
- The development of more robust demand & capacity plans, with a stronger focus on productivity and efficiency (see **section 4.6 and associated annexes**);

- A focus on the Health's Board approach to implementing the requirements of the Well-Being of Future Generations and Social Services & Well-Being Acts, with an emphasis on commissioning/ developing a greater range of preventative services (including third sector services), integration of health and social services and the transformation of local public services (as led by the Public Services Board) (see **section 4.7**);
- Clearer identification of workforce plans, particularly in relation to recruitment and retention in more fragile areas, workforce innovation and building delivery capacity (see **Chapter 5**);
- Development of financial plans which will deliver recurrent savings (see **Chapter 6**);
- A more robust assessment of capital implications (see **Chapter 7**);
- Further building upon the Health Board's approach to Quality Assurance and Quality Improvement (see **Book A2**);
- Further development of the Health Board's Cross-Cutting Themes (see **Book A3**);
- Integration of Service Delivery Plans for the 9 major health conditions into IMTPs (see **Book A3**);
- Stronger articulation of our commissioning intentions (see **Book A3**);
- And overall, greater Directorate/ stakeholder engagement in the development of the Plan.

2. PROGRESS IN DELIVERING OUR PLAN

This chapter offers an overview of the progress made in implementing the Health Board's previous Plan for 2016-19. Further details on progress and achievements made during 2016/17 can be found in ***Annex B1****.*

Overall, we continue to make solid and steady progress in delivering our 3 Year Integrated Plan and in fact this will be the fifth year that we have moved from delivering an organisational 'turnaround' agenda into delivering a much more mature, innovative and exciting transformational agenda for the Health Board.

Of significance in this journey is the date 31st March 2016 as it signals the end of the three-year period for the Health Board's original IMTP 2014-2017. It is therefore important and timely to reflect upon how far the Health Board has come in its integrated planning journey, the benefits of having an approved plan and integrated planning process locally and the service changes, which have been implemented as a result.

2.1 OUR JOURNEY

The last few years have been very challenging for the Health Board. The UHB is on a journey and is demonstrating the maturity necessary to continue forwards toward 'transformation' underpinned by a programme of strategic and organisational development.

Whilst not exhaustive, the table below illustrates just some of the progress made by the Health Board over that three-year period, and also identifies those areas where further progress is still to be made:

Deliverables 2014-17	Further Sustained Improvement Required
• Prudent healthcare approach • Primary & Community Care Delivery Plan • Redesign of Out of Hours • Explorer Pathfinder with WAST • Sustained A&E and development of the Acute Medicine Model • Centralisation of Acute Stroke Services • Diagnostic Hub Model • Sustained Paeds, Obs & Neonates • Innovation (e.g. Valleys Steps) • Older People's Mental Health Phase 1 • Intermediate Care Fund & Implementation of the Social Services & Well-Being Act • @Home Services • Graduate Growth & PACT Programmes • Clinical Engagement • Financial balance	• Unscheduled Care • Referral to Treatment Times • Cancer targets • Delayed Transfers of Care • Mental Health Measure • CAMHS • Primary Care Sustainability • Recruitment & retention in certain areas • Integration

Whilst challenges remain, the progress realised over the first three years has been considerable. Central to this are many of the lessons learnt, such as:

- Leading from the front, with a confident but realistic IMTP that sets the vision for the Health Board
- A relentless commitment to tackling the health inequalities within Cwm Taf
- The importance of strong clinical leadership in service redesign
- The requirement for clear focus on performance and accountability
- The need to nurture delivery capacity within the organisation
- The need for firm foundations and trust between partner agencies
- The true meaning of 'Cwm Taf Cares', the value we place upon our workforce and the commitment by all to secure the best possible outcomes for the patients we serve.

The achievement of being the only Health Board in Wales to have its IMTP approved in three consecutive years cannot be underestimated. This provides Cwm Taf UHB with the reputation of an organisation that is trusted to deliver. The Health Board can therefore afford to be bold in its ambition for 2017-20 and beyond.

2.2 PROGRESS IN 2016/17

Some major highlights for the Health Board in 2016/2017 are detailed below (with a full appraisal of progress contained in **Annex B1**):

- Prevention: Implementation of the Joint Care Programme, MAMMS and Bump Start.
- The development of Cluster Plans and implementation of pace setter projects and cluster priorities.
- Launch of the Rhondda Docs website, which aims to improve primary care recruitment in the Rhondda.
- Continued development of the GP Out of Hours service and a fill rate of over 80% has been maintained. Both GP and patient satisfaction levels have significantly improved.
- Progression of Phase 1 of the Dewi Sant Health Park model as a pivotal development in the implementation of our Primary & Community Care Delivery Plan.
- Agreement to progress an innovative new Early Cancer Diagnostics pilot in the Cynon Valley Cluster.
- Continued roll-out of the Inverse Care Law initiative targeted at reducing cardiovascular risk.
- The UHB's first Primary Care Research & Innovation Conference held in July 2016.
- The development of a new Cwm Taf-wide integrated assessment and response Stay Well @Home Service.
- Introduction of a new all-age Integrated Autism Service.
- Extension of the Psychiatric Liaison Service to a 7-day service.
- The Paediatric Assessment Unit was piloted in situ in the Royal Glamorgan Hospital during the month of September 2016, the results of which demonstrated that the pilot was successful in reducing the number of hospital admissions.
- Approval to proceed with capital plans for Paediatric, Obstetric and Neonatal services at PCH.
- Implementation of the Acute Medicine model at RGH has seen the complete redesign of pathways resulting in the saving of 14 bed-equivalents in first 6 months.

- Development of an Acute Oncology service to fast-track the care and management of Oncology patients admitted to hospital with acute illness. This is impacting on length of stay and clinical outcomes.
- Board endorsement of the proposal to centralise breast services at the Royal Glamorgan Hospital. The Health Board was also a partner in a hugely successful 'Giving to Pink' fundraising day in October 2016.

- Enabling works have commenced for the Diagnostics Hub at the Royal Glamorgan Hospital.
- In partnership with MacMillan, we have progressed plans for a new Palliative Care Unit at RGH.
- Cwm Taf's Pathology Department has been awarded the Certificate of Accreditation to ISO 15189:2012. This really is quite significant as, not only are they the only Pathology Directorate in Wales to receive the accreditation, they are also only the second in the UK and the third in the world.
- A national digital nurse recruitment campaign showcasing life at Cwm Taf was launched in August 2016. The campaign has generated a 3-4 fold increase in applications for nursing posts.

- Jointly hosting the NHS Wales Planning Event with Welsh Government in July 2016 and jointly leading the development of a new Academic Programme for Learning.
- The UHB's annual staff recognition awards ceremony, which saw staff being recognised for innovative practice and exceptional care to patients.
- For the second year Cwm Taf's Executive Directors, as well as the Assistant Directors this year, went 'Back to the Frontline' in October 2016 to find out how they could further improve healthcare services through direct engagement with staff and patients.

Our Board maintains a strong focus on quality, performance and delivery and we are able to demonstrate that we are an organisation that has matured in our governance and assurance arrangements. Progress against delivery of the Health Board's IMTP is formally reported to the Executive Board and UHB Board on a quarterly basis and to the Joint Executive Team Meetings with Welsh Government bi-annually.

The Health Board is also projecting breakeven in 2016/17 which will be a success given the challenging nature of our plan.

Whist challenges remain going forward, we will continue to build on our achievements and celebrate our success with notable improvements in performance and quality outcomes having been delivered for our community.

2.3 OUR QUALITY AND IMPROVEMENT JOURNEY

NHS Wales Health and Care Standards (2015) were published in April 2015. The seven quality themes and 22 standards have been presented to the Board, Directorate, Locality and Primary Care local Quality and Safety groups, to inform agenda planning and quality assurance and quality improvements and their use has become embedded in directorate and locality business.

The Prudent Healthcare principles have been considered to inform the development of the UHB's Quality Delivery plan:

- Patients and professionals working as equal partners;
- Caring for those with the greatest need first;
- Only doing what is needed and doing no harm; and
- Reducing inappropriate variation through evidence based approaches.

Triangulation of quality data and the learning from national reviews has informed the design and refresh of Cwm Taf's Quality Delivery Plan for 2017/18. The Quality Monitoring Tool has been designed to present and monitor the progress of the quality projects in the Quality Delivery Plan and these are presented in the quarterly Quality Report to the Quality, Safety and Corporate Risk Committee. Over 350 staff have been trained to silver level for Improving Quality Together (advocating the model for improvement), promoting local team ownership and empowerment for leading quality improvement projects. The Health Board's monthly Quality Blog also promotes key quality stories, improvements and resources.

Local team leadership for quality improvements has also been led through the application of the model for improvement. This has been strengthened with the use of Business intelligence system Qliksense.

The Quality Hub intranet site is a single location for staff and students working across Cwm Taf to access quality resources to support their quality improvement journeys. Presentations, posters and quality improvement story boards for silver projects are presented and shared on the Quality Hub, along with the presentations from the

Directorate, Locality, Primary Care Annual Quality and Safety Show Case Events held each spring, which inform the development and design of the Health Board's Annual Quality Statement which is published each September on our website.

Cwm Taf's Annual Quality Summit is held each October to celebrate the Quality Improvement projects led by our staff across primary, community and secondary care services, with key partners and patients, with presentations and posters being shared after the event on the Quality Hub.

2.4 OUR PERFORMANCE TRAJECTORIES

In terms of the quality and performance improvement trajectories we have set ourselves in our current plan, we have made some significant improvements during 2016-17 including:

- The percentage of residents who made a quit attempt via **smoking cessation** services remains amongst the best performance across Wales, although rates have dropped across all Welsh Health Boards. Smoking rates continue to decrease over the last three years, from 31% to 24% in Merthyr Tydfil and in Rhondda Cynon Taf from 28% to 26%.
- The UHB continues to report the best performance of all Health Boards for **childhood vaccinations** with an overall rate of 87.3% for Qtr 2 2016/17 (the latest reported statistics).
- We have a positive, ongoing programme of **staff vaccinations** for seasonal flu for frontline staff. As at January 2017, 3,626 staff overall had received their flu immunisation (46% uptake), and others will have arranged this personally via their own GP Practice.
- Cwm Taf practices have maintained good performance on patient access to GPs appointments.
- We are sustaining our positive performance in **clostridium difficile** infection rates and **MRSA** infection rates.
- We continue to have the best performance across Wales for the number of 15 minute and over **one hour emergency ambulance patient handovers**.
- The UHB works closely with WAST colleagues to improve performance on the **RED Calls 8 minute response times**. This has resulted in delivery of performance regularly above target.
- In terms of percentage of our patients referred as **non-urgent suspected cancer seen within 31 days**, our position regularly achieves the 98% target, a position we plan to maintain.
- In terms of **compliance against the stroke bundles**, the UHB implemented a single site Stroke Unit in April 2015. During the first year of implementation, performance has been variable but a more proactive approach to managing the stroke pathway is seeing positive results across all four bundles and for individual Quality Improvement Measures.
- We are currently off our overall profiled position for **Referral to Treat Time (RTT) targets,** however we are still forecasting there will be no patients waiting over 36 weeks at the end of the year. Ophthalmology has been a significant challenge and further detail can be seen later in the Plan in terms of the current improvement actions we are taking to remedy this situation.

- In terms of our **diagnostic waiting times**, we currently anticipate achieving an improved position with a maximum of 250 patients waiting over 8 weeks by the end of 2016/17. These patients will be in the Endoscopy service.
- The UHB has been working with Welsh Government colleagues to pilot a reporting processes for patients referred with a suspicion of cancer. Using the Tracker 7 system, developed by the Information Team at Cwm Taf in 2011, this collaboration has expanded the logic to incorporate reporting capability for a **single cancer pathway,** which is under pilot implementation at Cwm Taf prior to further roll-out across NHS Wales. Shadow reporting of this important change to the management of suspected cancers will commence on 1 April 2017.
- A **delayed transfers of care** action plan has been developed with partner agencies and is scrutinised and monitored monthly via the Social Services & Well-Being Executive Leadership Group.

In terms of our more challenging areas of quality and performance improvement:

- In terms of our **eye care services**, we have made considerable progress in meeting the challenges in ophthalmology, through a variety of initiatives. **Section 4.6.5** provides a demand and capacity plan that covers new and follow up outpatients and surgical treatments. It shows the interventions being made and their impact over the year in a way that enables the service to monitor and track them. It also shows that the planned interventions to address the recurring capacity gaps. **Book A3, section 1.15** outlines our Eye Care Plan including the actions being taken to meet the requirements from the National Planned Care Board. There are some important interventions which have been initiated in the community with optometrists, and these are also reflected in our primary care development plan outlined in **Book A3, section 1.21**. **Chapter 6** also highlights the investment we have made in this area and there will be a need to continue this.
- In terms of the %age of our patients referred as **urgent suspected cancer seen within 62 days**, performance during this financial year has been variable. The UHB remains committed to achieving a minimum performance of 90% and is working hard to deliver and sustain improvements in this measure.
- For **A&E measures** (%age of patients waiting less than 4 hours and the number of patients waiting more than or equal to 12 hours for completed treatment in A&E), the UHB has not consistently delivered against the targets historically although the performance largely continues to be at or above the all Wales level on a monthly basis.
- The Health Board is now achieving the 90% target of all of our residents, who are in receipt of secondary mental health services, having a valid Care Treatment Plan. Improvements have also been seen in both elements of Part one of the Mental Health Measure for patients to receive assessment and treatment within a 28 day target.

2.5 PROGRESS IN IMPLEMENTING OUR CROSS-CUTTING THEMES

The UHB continued to make progress in implementing its eight Cross-Cutting Themes in 2016/17:

1. Continuing Healthcare
2. Contracting and Commissioning
3. Integrated Unscheduled Care
4. Non Pay
5. Outpatient Improvement

6. Planned Care
7. Site Rationalisation & Service Redesign
8. Workforce Productivity and Improvement

During 2016/2017, the Health Board's Programme Management Office (PMO) has continued to support the development of a more robust programme and project management approach in Cwm Taf, focussed on supporting the delivery of the outcomes and benefits in the Cross-Cutting Theme Improvement Programme. This approach includes strengthening the programme and project tracking to further improve the assurance and governance arrangements enabling the Executive Programme Board to effectively oversee the implementation of the Programme.

There have been a number of significant achievements to date, as can be seen below, and progress has also been made in delivering significant enablers for achieving further large scale service change and redesign in 2017/18.

Achievements include:

- Harnessing the value of technology to improve patient experience and improve outpatient processes using the principles of prudency:
    - Successful implementation of 'Self Service Check-In' with the 'take up' in Cwm Taf (patients using the self service check to book into their appointment) being reported by the company we are working with as one of the highest achieved internationally at implementation; 240,000 patients have logged in at the self serve kiosk to date with 60,000 updated contact numbers being gathered. Similar systems have been introduced in our primary care practices.
    - Electronic and online telephone booking systems have been introduced in some primary care clusters enabling easier patient access to routine appointments and reduced pressure on practices as peak call times.
    - A new Clinical outcomes form is currently being introduced which is expected to positively impact on RTT times, reduce breaches, and improve patient flow. This will be one of the first steps in working towards an electronic patient record.
    - A 'text and remind' system is operational for outpatient appointments across the Health Board, with 204,699 text reminders for patient appointments successfully sent since commencement of project. The service is now in use by Outpatients, the Education Programme for Patients (EPP), Veterans Services and the Staff Bank and is being rolled out to other areas of the Health Board such as Mental Health, CAMHS and Therapies.
    - Improving information to manage capacity and performance through the development of more detailed directorate level information on follow up rates, DNA rates and hospital and patient cancellation rates. This work has further informed the delivery of the outpatient service improvement programme targets for 2017/18.
    - A renewed focus on rethinking systems and integrated pathway development in areas of high demand, long waiting times or clinical concern to ensure that patients are referred to and managed in secondary care as appropriate. This formed a core element of our outpatient improvement work in 2016/17 and will continue through 2017/18.

- Maintained our work focussing on flow through improvements in unscheduled and scheduled care:
  - Continuing to assess the utilisation of theatre lists to improve theatre efficiency and performance and to support the appropriate identification of theatre patients maximising surgical procedures undertaken as day cases without the need for a bed.
  - Continuing to review all opportunities to reduce the reliance on inpatient beds including securing recurrent funding through the Integrated Care Fund for the development of the multi-agency Integrated Assessment and Response Service (IRAS) which scheduled for implementation in the last quarter of 2017.
- As part of our Scheduled Care theme work during 2016/2017, we have commissioned consultancy services for the development of a demand and capacity model for the use of inpatient and day case beds across all sites in the Health Board, which can be used for short term, medium term and long term planning purposes through 2017/18.
- Good progress in 2016/17 to improve the process and ownership of non-pay management within Directorates and Localities, maximising the value of procurement opportunities; reviewing maintenance and utilities contracts; and moving to a 'paperless board'. Projected saving as a result of this work is approximately £980,000.
- Implementation of the e-Rostering programme has commenced and the majority of Directorates have been using the system from October 2016.
- Work has been ongoing through 2016/17 to minimise the use of high cost locum consultants. Examples of this positive progress can be seen in Pathology and Histopathology where recruitment opportunities were focused and appointments have been made despite a national shortage in these fields.
- Nursing recruitment remains a challenge. The Health Board is continuing to focus on national multi media recruitment campaigns which are having some success.
- During 2016/17, work has been ongoing to reduce the use of external nursing agencies and to further develop our local nurse bank. However, it has not been possible to eliminate the use of agency nurses and therefore the Health Board has been working hard to develop more cost effective contracts with nursing agencies.

3. HEALTH BOARD PROFILE

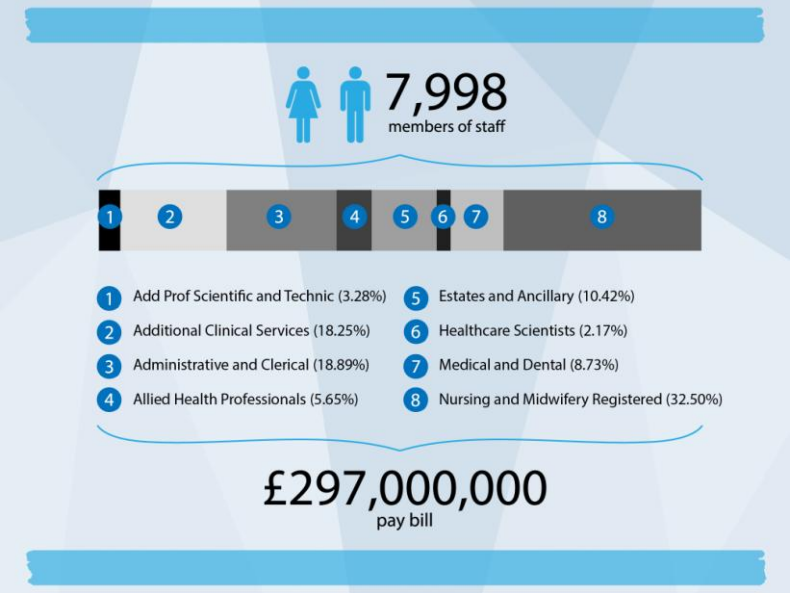
3.1 OVERVIEW

The resident population of the Cwm Taf University Health Board area (Merthyr Tydfil and Rhondda Cynon Taf) was estimated to be 296,735 in 2016, accounting for 10 per cent of the Welsh population. Almost 81% of the population live in Rhondda Cynon Taf Local Authority and the remaining 19% in Merthyr Tydfil. The Health Board's catchment population increases to 330,000 when including patient flow from the Upper Rhymney Valley, South Powys, North Cardiff and the Western Vale.

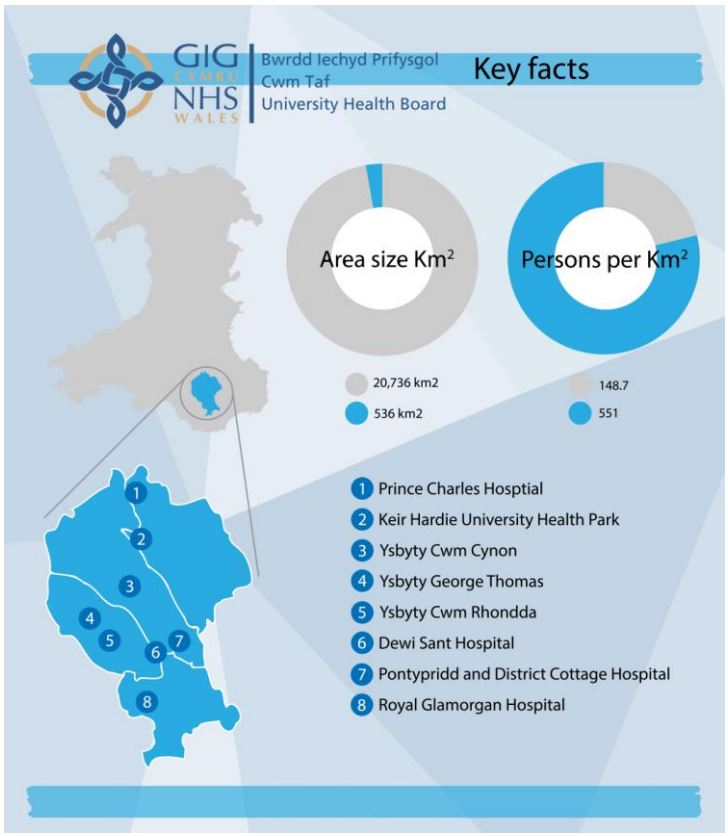
The Health Board provides and/or commissions a full range of hospital and community based services to the residents of Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services; GP Practices, Dental Practices, Optometry Practices and Community Pharmacy; and the running of hospitals, health centres and community health teams. The Health Board is also responsible for making arrangements for the residents of Rhondda Cynon Taf and Merthyr Tydfil to access more specialised health services where these are not provided within the Cwm Taf area.

In the primary care sector, Merthyr Tydfil and Rhondda Cynon Taf has:

The Health Board employs on average 7,031 whole time equivalent (WTE) staff, a headcount of approximately 7,998 and has a total pay bill of circa £270m per annum. The following diagram highlights how our workforce is made up by staff groups. As the second largest employer in the area, a significant number of our workforce live and work within the communities that we serve.



Cwm Taf's main hospital and community based sites are:



Source: Public Health Wales (2015)

The Health Board's estate covers a total land area of 74 hectares with buildings having a total gross internal floor area of 178,002m$^{2.}$ The estimated value of our property is in the region of £300m, with equipment valued at a further £20m. As a result of the significant investment that has taken place over recent years, the Health Board's estate is now amongst the most modern in Wales.

On a whistle stop tour of South Wales, Eve Conway, president of Rotary International for Britain and Ireland 2016/17 visited the Macmillan Unit garden at Prince Charles Hospital on July 29th. She was accompanied by Steve Jenkins, Rotary District Governor for South Wales.

Ysbyty Cwm Cynon

Ysbyty Cwm Rhondda in Llwynypia officially unveiled its new cafe in April 2016 offering fairtrade coffee and a light, modern space for patients, staff and the public to meet for coffee and lunch.

In August 2016, a purpose-built sensory room to help dementia patients to communicate their thoughts and feelings was officially opened at Ysbyty George Thomas, in Treorchy, thanks to the work of occupational therapist Hayley Jones.

Keir Hardie University Health Park in Merthyr Tydfil

Detailed information about the services we provide and our facilities can be found on our website in the section 'Local Services'.

3.2 SERVICES PROVIDED

In terms of clinical activity, the UHB directly provides, or contracts for the following services each year:

Activity Type	2015-16
New Outpatient Attendances	136,294
Follow-up Outpatient Attendances	338,007
Total Outpatient Attendances	474,301
Elective Inpatients	6,867
Non-Elective Inpatients	51,035
Total Inpatients	57,902
Daycases	20,385
A&E Attendances	136,349
Daycare Attendances	14,278
Allied Healthcare Professional Attendances	249,988
Radiology examinations	307,530
Ward Attenders	15,401

As well as delivering services to its local population, the Health Board provides patient care services to the populations of other Health Boards. Aneurin Bevan UHB is the largest external commissioner of services from Cwm Taf and this reflects the patient flow from the Upper Rhymney Valley.

Where we are unable to provide services locally, usually for more specialist or tertiary services, the UHB arranges with other Health Boards or Trusts to provide these services on its behalf. In addition, the Welsh Health Specialised Services Committee (WHSCC) commissions highly specialised services on behalf of all the Welsh Health Boards. In summary for 2015/2016, the forecast outturn of these 'flows' was as follows:

	Inflow	Outflow
	£m	**£m**
Aneurin Bevan	19.209	0.859
ABMU	4.142	4.362
Cardiff and Vale	6.007	20.159
WHSSC	5.825	56.988
Velindre	-	6.992
Powys	1.052	-
Hywel Dda	0.185	0.270
Total	36.420	89.630

Source: Cwm Taf University Heath Board Commissioning Plan 2016 -2019

3.3 QUALITY AND PATIENT EXPERIENCE

Safe Care, Compassionate Care (2013), the National Governance Framework to enable high quality care in NHS Wales, has informed the development of the UHB's Quality Strategy and Quality Delivery Plan. The Triple Aim is the foundation of our plans, ensuring that our services are:

- Providing the highest possible quality and excellent patient experience;
- Improving health outcomes and helping reduce inequalities;
- Getting high value from all our services.

We are committed to ensuring that we put patients and carers at the centre of all our work, engaging and listening to those who use our services to inform our quality improvement priorities and to address any concerns. 'Cwm Taf Cares' is our philosophy and the Quality Strategy and Quality Delivery Plan embrace this to ensure that we deliver services that are safe and effective, by staff that deliver care with compassion.

The Quality Strategy will be refreshed in 2017 to reflect national and local drivers and will take account of the Well-Being of Future Generations Act (2015) well-being goals and sustainable development principles.

Our strategy reflects our drive to further improve quality, safety and efficiency and our approach over the next three years will build on current good practice to optimise these, focusing on the quality improvement priorities across NHS Wales including working closely with the 1,000 Lives Improvement Service. The Strategy includes:

- Further and sustained improvements in patient flow;
- Inverse Care Law Programme;
- Improving Quality Together – Model for Improvement.
- Accurate, useful and relevant information.

Book A2 is dedicated to providing further detail about our aims and ambitions in terms of driving further quality improvement across the Health Board, as well as setting out our priorities and the outcomes expected over the next three years.

3.4 PERFORMANCE

During 2016/17, the Health Board remained committed to improving services to patients and achieving key targets set locally and by the Welsh Government. Good progress was made across the Health Board in 2015/16, which has been largely sustained during 2016/17. This includes areas such as improved patient flow which has enabled better unscheduled care services, winter planning and demand and capacity planning for scheduled care service delivery. **Chapter 2** provides a summary of our progress in 2016/17.

The Health Board reports regularly on its performance including the Delivery Framework targets set by Welsh Government. The key reporting mechanisms are through the Health Board, Executive Board, the Board's Quality and Safety Committee, Finance, Performance and Workforce Committee and through other UHB meetings. A fuller snapshot of performance measures is available in our monthly Integrated Performance Dashboard, with the latest 'At a Glance' details attached at **Annex B2**.

3.5 PARTNERSHIP WORKING AND CO-PRODUCTION

As well as demonstrating our corporate priorities and actions, this Plan is also an important vehicle for the Health Board in strengthening our approach to partnerships across the public and third sectors, acknowledging that securing many health outcomes for our population will depend upon more than one organisation playing their part. The Health Board has embraced the ideals of co-production, which offers a transformative, whole-system approach to public service delivery. This underlying philosophy values individuals, builds upon their own support systems and considers their place in the wider community. This requires us to move away from service-led or top-down approaches to one of genuine

citizen empowerment, involving service users and their communities in the co-commissioning, co-design and co-evaluation of services.

This radically different approach to the planning and provision of health care will need new skills and attitudes, along with health care systems that operate very differently. This will be challenging, however above all, we recognise that managing the increasing pressures on statutory sector services associated with demographic changes and the growth in health expenditure, needs a 'transformational' change. This can only be achieved by developing a genuine and reciprocal partnership between organisations, professionals, service-users and their communities with patient centred, inspirational leadership. Further detailed plans and priorities for partnership working and co-production can be seen in **section 4.7**.

With the implementation of both the Social Services and Well-Being (Wales) Act 2014 (SSWB) and the Well-Being of Future Generations (Wales) Act 2015 (WBFG), effective and transformational partnership working will remain a priority. The Health Board recognises the fundamental principles of working with partners to produce and implement collaborative strategies which meet the needs of our residents now and in the future. The legacy and positive experiences of working together in Cwm Taf have enabled us to move forward confidently into the new partnership arrangements required by the Well-Being of Future Generations (Wales) Act 2015, including the establishment of a single Public Services Board for Cwm Taf. This will be at the heart of our multi agency planning, agreeing strategic priorities and driving improvements in service areas to tackle the most difficult problems facing our communities (see **section 4.7** for further details).

3.6 WORKFORCE

The Board has adopted an organisational development approach to the maturing Health Board. The intention has been to build capacity and capability from within to enable staff to change, improve the quality of service delivery and continuously enhance performance. The priority has been to build leadership capacity and capability amongst key individuals, teams and staff groups, so that they are empowered to take responsibility to make the necessary change happen and so continue to improve our services for patients and the population.

Sustaining and accelerating the performance trajectory of the Health Board remains a key challenge and significant investments to underpin this were made during 2015/16 and will continue over the coming years. New leadership programmes have been introduced as part of an integrated Organisational Development approach including the "Performance into Action Programme" (PACT) for 40 senior managers including general managers and business partners from all corporate functions. This programme is critical to the ongoing performance delivery aims and also for succession planning into more senior roles.

The introduction of the Business Partner model within corporate functions has been a key part of the OD strategy. Partners are directly linked to key service areas and so general managers of these services have the support they need to sustain performance and quality improvement.

Developing the managerial talent pipeline for managers into Cwm Taf UHB was a significant business investment decision during 2015 and this strategic intention continues for 2017

and beyond. This is epitomised by the implementation of our Graduate Growth programme where Cwm Taf has taken on 2 cohorts of graduate recruits to date and will provide Graduate trainees for other Health Boards. A new Essential Leadership and Management programme has been put in place at the same time to support growing of our middle management capacity from within. Further work on a talent management framework will be progressed during this plan's timeframe.

Growing a visionary, progressive, dynamic and dedicated leadership body for the Health Board, able to work co-creatively with its relevant partners is a reflection of the Sustainable Development Principle for Wales and one of our commitments to implementation of the Well-Being of Future Generations (Wales) Act 2015. We continue to design an organisation structure that supports this principle and which enables our service management performance and quality trajectory to continuously improve.

During 2016/17 we reviewed our Executive Management portfolios, and the subsequent structures to support the delivery of our service change (see **Annex B3**). These have been the subject of a lengthy consultation with stakeholders to shape the future delivery structure. As shared through the engagement and consultation process, the key drivers for change are:

- The growing priority given to the primary care agenda: Both as primary care and also at the interface with community and secondary care.
- The implications of the Well-Being of Future Generations Act and Social Services and Well-Being Act.
- The increased requirement for new service models in secondary care.
- The establishment of the Emergency Ambulance Commissioning function.
- Pressures on the unscheduled care system and establishment of the National Unscheduled Care Board.
- Completion of restructuring of Planning & Performance, Finance, Workforce and OD and Corporate Services functions.

In addition, we have had some turnover in key positions including the retirement of the Head of ICT and previous Director of Public Health, providing the opportunity for review.

As a consequence we have reviewed portfolios and have also reviewed the fitness for purpose of the operational structures below. An initial set of proposed changes was shared during a period of engagement. This generated a significant range of comments and feedback which informed a set of proposed revised arrangements which were then subject to further formal consultation more widely across the organisation. Staff side colleagues have been consulted throughout to inform the change process which we are adopting. A further range of comments were received following the consultation process all of which have informed the arrangements which have been incorporated in the final proposals.

In developing these proposed changes to our management arrangements we have a number of overarching goals:

- To ensure clarity of leadership and accountability through simplified lines of managerial reporting.
- To strengthen leadership capacity within primary care and community services.

- To strengthen the capacity of the Nursing Directorate to focus on the professional leadership and standards of care agenda.
- To release the Chief Ambulance Commissioner from his UHB executive portfolio to enable him to undertake the roles of Director of National Unscheduled Care Programme and Director of Collaborative Commissioning.
- To allow our partner agencies to work with us more easily.
- To strengthen our capacity to develop the Health Board's ICT strategy and implementation plans.
- To ensure that the portfolios of senior staff are realistic, coherent and balanced.
- An additional goal which emerged from the consultation was the need to ensure that our structures afford clear career progression opportunities.

Implementation is underway and the main changes, including the Assistant Directors of Operations, Directorate Managers and Heads of Nursing, will be in place at the start of the new financial year. Work will continue with addressing the sub-structure through the early part of 2017/18.

Some of our greatest risks are our workforce fragility and recruitment difficulties. However, these are also some of our biggest opportunities for innovation and workforce re-designs. We are continuing to innovate our approaches to attracting our future workforce through our #joincwmtaf campaign for nurses, and extending similar approaches to recruiting our medical staff and allied health professionals.

Optimising the opportunities flowing from being an integrated Health Board and translating these into tangible results and improvements for our patients and the population is essential in this next three-year cycle. This will only become possible when staff are fully engaged and there is credible clinical leadership distributed throughout the organisation, underpinned by robust management and visionary leadership at the top of the organisation working well with our partners and with a very definitive focus on the primary care setting and the whole patient pathway experience.

In November 2015, the Board endorsed a new Employee Engagement Framework and Resource Centre underpinned by a specific annual work programme focused on key areas of engagement. During 2016, all of our medical staff were invited to complete the Medical Engagement Scale (MES) and we achieved a 34% response rate. For the average of all responding medical staff, all of the ten MES scales were rated within the high relative engagement band compared to the external norms. This was an unusually consistent and positive response. Similarly, Cwm Taf took part in the national staff survey and achieved a response rate of 38%. All of these results are being worked through locally at Directorate level and being translated into specific action plans for the future.

The Health Board's workforce is clearly its most significant asset and it is through the commitment, professionalism and dedication of our staff that we are able to deliver high quality services to our population. The workforce plan is provided in detail in **Chapter 5**.

3.7 FINANCIAL OVERVIEW

The key assumptions driving our financial plan for the next three years are summarised below (see **Chapter 6** for further detail):

- An underlying deficit at the end of 2016/17 of £11.6m.
- Additional recurring allocations from Welsh Government of £24.1m in 2017/18 and also a further £20.0m in 2018/19 and 2019/20 (see **section 6.4** for breakdown).
- We are also assuming that £2m AME funding will be required from Welsh Government in 2017/18, which is in relation to an anticipated provision needed at the end of 2017/18 for Phase 3 retrospective Continuing Health Care claims.
- Provision for recurring inflation, cost and service pressures of £23.2m in 2017/18, £22.3m in 2018/19 and £30.1m in 2019/20. These figures include provision for an annual pay award of 1% per annum plus incremental drift and non-pay increases from 2017/18 in line with projected inflation. The higher cost in 2019/20 includes £5.9m resulting from National Insurance and pension changes and also £2.0m for increased Living Wage costs.
- The plan includes £2.0m for investment in new service and delivery models in 2017/18 plus an investment of £4.0m for additional capacity to meet projected planned care demand and so maintain delivery against RTT targets. Further discretionary investment of £4.5m and £3.0m is planned for years 2 and 3 of the plan plus a further investment of £1m per annum in RTT capacity to meet increasing demand.
- The plan also includes £1.1m of new investments to transform services for older people and patients with mental health conditions.
- The plan includes provision for a number of non recurring costs and benefits with a net benefit of £1.4m in 2017/18 followed by net costs of £3.1m and £2.5m in the next two years.
- Recurring efficiency and redesign savings of £21.9m are required in order to deliver a balanced budget in 2017/18. This is 4.3% of the controllable budget of circa £500m. The recurring savings requirement reduces to £10.0m (2.0%) in 2018/19 and £13.0m (2.6%) in 2019/20.The total recurring savings over 3 years is £44.9m (8.7%).
- Given the scale of the challenge in 2017/18, the plan includes a £4m non recurring savings provision which reduces the in year savings target to £17.9m (3.5%). This provision recognises that some savings schemes will not be fully implemented from the start of the financial year.
- Availability of Welsh Government strategic capital funding to support the capital costs of the key changes included in the plan. Our 3 year capital plan includes a number of schemes in which are critical to deliver key service changes within our plan, many of which are key enablers for saving included in the plan.
- It is assumed that the depreciation costs of all future capital schemes are fully funded by the Welsh Government, in line with current policy. These additional costs and consequent non-cash backed allocation changes are not included in the financial schedules pending clarity on approvals.

The financial plan is necessarily ambitious and challenging, given the financial environment the Health Board is operating in, and so it does have significant risks which are described in the plan, together with the associated mitigation plans.

The Health Board has a plan which sets out a range of inter-related, innovative service changes across the health system. When taken together, these will be critical enablers for achieving the priority objectives outlined at the start of the Plan, particularly the development of primary and community care to enable a re-focussing of care towards community settings. These enablers are also critically important to successfully deliver those South Wales Programme changes, which will have the greatest impact on Cwm Taf.

Full details of the Health Board's financial plan can be found in **Chapter 6**.

4. STRATEGIC CONTEXT

This chapter sets out the strategic context in which we intend to operate as a Health Board during delivery of the Plan and includes an overview of our clinical strategy, priorities, performance trajectories and importance of delivering integrated services, working in partnership with others.

4.1 OUR FOCUS FOR 2017-20

As we travel further forward, we will continue our focus on clinically led transformation such as:

- Ensuring an over-arching focus on the reduction of health inequalities and a clear approach to adopting the principles of prudent healthcare throughout all we do;
- Delivering a strengthened primary and community care service to enable a further service shift from secondary care to primary and community care;
- Using the Intermediate Care Fund and the requirements of the Social Services & Well-Being (Wales) Act 2014 to develop a sustainable range of integrated services;
- Ensuring safe and sustainable secondary care services, including implementation of the outcomes of the South Wales Programme through the UHB and South Central Acute Care Alliance;
- Developing a strengthened approach to the commissioning of services provided by others, including WHSSC and WAST, for the benefit of our local population.

The current 3 Year Plan includes proposals to significantly remodel services and continue with plans for improvements in efficiency, which will lead to improved quality of care for patients and reduced lengths of stay.

With significant additional investment from Welsh Government going into primary and community care and intermediate care in 2016/17 as a key enabler for this strategic change, there exists greater opportunity to review the way we provide services, including the number and location of beds and sites required to provide the remodelled and improved services.

4.2 CLINICAL SERVICES STRATEGY

This IMTP contains detail of the Health Board's emerging Clinical Services Strategy, which has been informed by a number of workshops, internal and external partnership discussions, supported by the Health Board's Strategic Planning Group.

The section below provides an overview on the emergent strategic direction and priorities in relation to both local services, regional and national collaboration. This will be refined further through the drafting of the IMTP and will be developed into a separate, more detailed Clinical Services Strategy document during 2017/18.

4.2.1 Introduction / Drivers for Change

The Health Board faces and will continue to face significant challenges, particularly in terms of improving health outcomes for our communities, system sustainability, service quality and performance, and ensuring the financial health of the organisation.

The Well-Being of Future Generations (Wales) Act (2015) looks to future-proof our communities to ensure that they are protected from pressures that threaten their viability and survival. This means that in meeting pressing short term needs, as a Health Board, we must also make every effort to safeguard the long term interests of our local communities by addressing intergenerational challenges such as health inequalities, raising skills and mitigating the impact of climate change.

Implementation of the Social Services and Well-Being Act (2014) continues to be a priority focus for the Health Board with partners, as we look to further implement our Regional Implementation Plan and deliver improved integrated services for our local communities, supported where appropriate with the introduction of joint commissioning arrangements and pooled budgets.

The report 'A decade of austerity in Wales? The funding pressures facing the NHS in Wales to 2025/26' sets out clearly the tough challenges facing our healthcare system in Wales. It highlights the situation in which funding for the Welsh NHS is being reduced in real terms, whilst the demand pressures on services continue to rise. For the Health Board, £21.9m of recurring efficiency and redesign savings are required in order to deliver a balanced budget in 2017/18, 4.3% of the controllable budget of circa £500m.

Recruitment difficulties pose a significant risk to the Health Board in delivering safe and effective services and are a primary driver for skill mix change and workforce modernisation. The Health Board is experiencing particular difficulties in the recruitment of medical staff in some specialities, adult, paediatric and mental health nursing and general practitioners.

Whilst the Health Board has made significant improvements in performance across a number of services, there remain areas where performance is below where we would want to be, particularly in A&E measures, urgent suspected cancer targets and waiting times in ophthalmology.

These challenges to the Health Board and the people of Wales mean that, whilst huge strides have been made in recent years, the status quo is no longer an option.

4.2.2 Principles for Service Change

The Health Board is therefore working to develop and refine a clinical services strategy, rising to and seeking to address the challenges outlined above and implementing a whole-system, integrated plan, clearly aligned and integrated with social care, for the benefit of our patients and the communities we serve. This will be our blueprint for creating healthier communities and ensuring that effective and high quality healthcare services lie at the heart of our service delivery and patient experience.

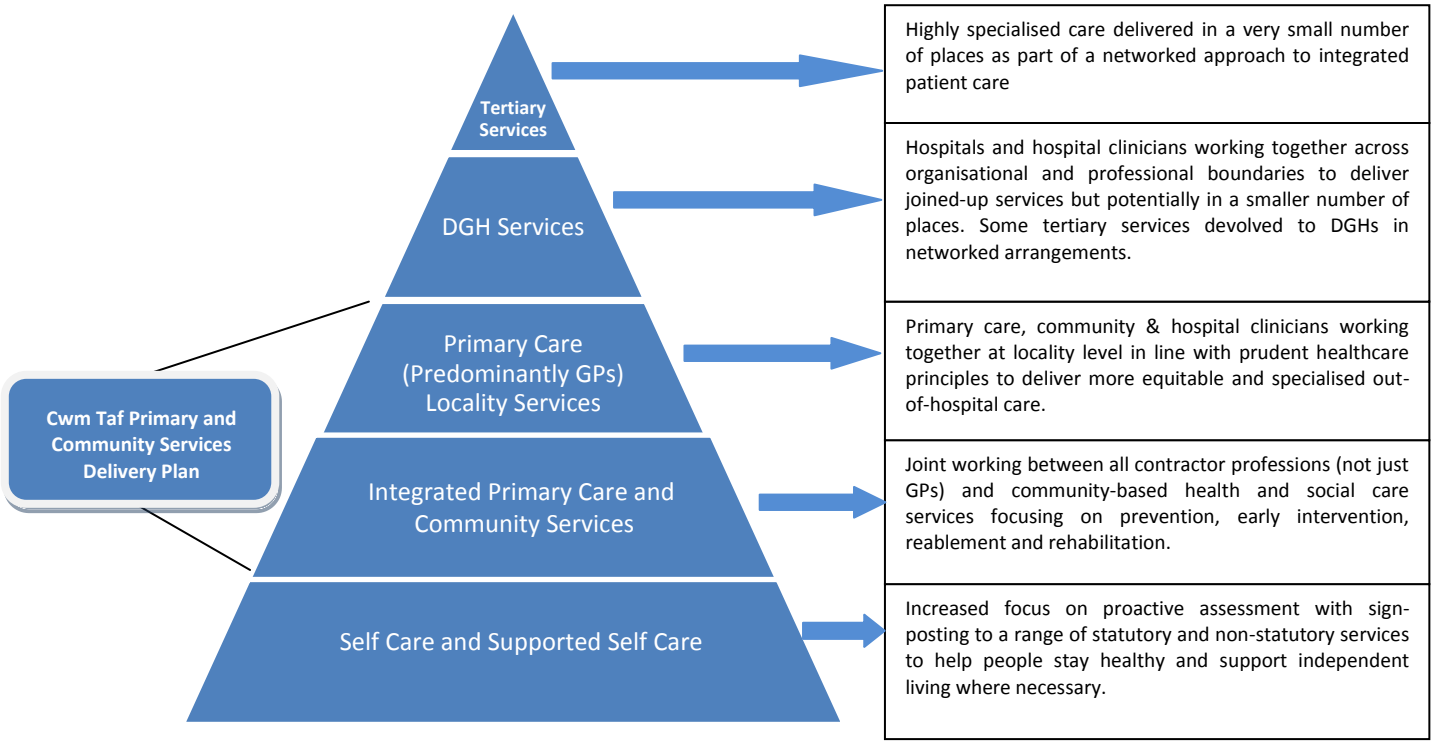
Learning from our experience in successfully implementing service change and delivering improvements in quality, performance and value, we will develop and refine our clinical services strategy using a number of key principles:

- Innovation, quality and access to services will be the overarching principles by which the Health Board will develop clinical strategies and drive forward service change and improvement.

- Clinical leaders will continue to be empowered to work with all staff to develop new models of care, learning from best practice elsewhere but also being supported to design and test out new ideas where safe and possible.
- Closer working relationships with other Health Boards, Local Authorities, the Third Sector, other public sector partners and local communities together with the development of fully integrated services will be paramount to addressing the challenges, looking towards joint targets and accountabilities for the future.
- The Health Board is also committed to maximising the use of technology to support and enable service change.

Our clinical services strategy will be informed by All Wales strategic documents such as 'Together for Health', 'Our Plan for a Primary Care Service for Wales up to March 2018' and All Wales Service Delivery Plans, as well as work delivered as part of the South Wales Programme, regional planning and NHS Wales Collaborative.

In developing our clinical services strategy, we will use the model of the healthcare system as outlined in the figure below, considering our priorities in each area of service provision.



4.2.3 System Wide Approach to Well-being

Reducing health inequalities within Cwm Taf remains the single largest challenge for the Health Board and its local partners. We believe that our collective efforts as public service leaders must be focused towards creating a climate where opportunities to prevent ill health, improve longer-term well-being and to increase the resilience of local communities are maximised.

We are already making early and encouraging progress in these areas. The previous Measuring Inequalities (2011) report showed that people in Wales and Cwm Taf are living longer and remaining longer in good health. However, large and persistent inequalities between the least and most deprived areas remain.

The Health Board will work with staff and partners to develop a system wide well-being strategy which supports and is embedded in all areas of the clinical services strategy.

The goal of this emerging and ambitious population well-being strategy is to improve population health & well-being - increasing life expectancy and healthy life expectancy and reducing the socioeconomic gradient in our population in both indices. The strategy will have at its heart fresh, innovative and evidence-based models of empowering and co-producing well-being within our communities.

This system-wide approach to well-being will support the evolving clinical services strategy for Cwm Taf UHB, articulating the ambitions for primary, secondary, tertiary and community care from the perspective of the promotion of well-being.

Our ambitions for population well-being through primary care over the next ten years are as follows:

- To create an integrated system of well-being in Cwm Taf with primary and community care at its heart, delivering a socioecological model of pro-active, co-ordinated community well-being services.
- To create a system of well-being where the barriers between specialists and generalists are invisible to patients.
- To create a primary and community care future where care is genuinely population-based, anticipatory and multidisciplinary, supporting people to manage their own health. Increasing use of social prescribing, enhancing health literacy and promoting patient activation are vital elements of this ambition.
- To improve the use of information technology and intelligence in primary and community care in a way that optimises, rather than just documents, care.

Our ambition for population well-being through integrated care over the next ten years is to deliver genuine population health and well-being services that are successfully reducing chronic morbidity, preventing premature mortality and supporting financial sustainability. We would like to be in a place where we see every acute care contact as an opportunity to deliver excellent quality care and strengthen secondary prevention. More specifically, we would like to develop and deliver a comprehensive and co-ordinated programme of work in collaboration with clinical leaders and colleagues which will have the following features:

- Self-management: transforming the patient-caregiver relationship to a collaborative one and developing a portfolio of approaches, techniques and tools to help patients choose healthy behaviours.
- Primary Prevention: by targeting the social and domestic networks of high risk persons who are in contact with secondary care, take primary preventative action to reduce incidence of disease.
- Secondary prevention: by direct focus on high risk persons who are in contact with secondary care, take secondary preventative action to reduce incidence of disease.

- Active management of ambulatory care sensitive conditions within integrated well-being cluster arrangements with primary care, e.g. through virtual networks.
- Mental health: supporting people with common mental health disorders alongside a physical health condition for which they're seeking care.
- Hospital teams working virtually with integrated well-being clusters to serve the needs of people with chronic and medically complex needs and those with end-of-life care needs.
- Scheduled Care: managing elective hospital activity by systematically reviewing and auditing referrals.

Prevention of ill health and the promotion of good health feature as a theme across all the Health Board's delivery plans. Action to address modifiable lifestyle risk factors such as smoking, obesity, alcohol consumption above recommended guidelines, eating less than five fruit and vegetables per day and lack of physical exercise is fundamental to reducing the prevalence of ill health.

We are not unique in Wales but in Cwm Taf there are fewer people enjoying four or five of these healthy behaviours than across the rest of Wales. We need to help move the percentages towards four and five behaviours to improve the lives of our population.

In summary, our emerging priorities under the heading of prevention include:
- Encouraging our patients, staff, and wider population to adopt one more healthy behaviour, with a view to the majority of the population enjoying four to five healthy behaviours by 2030.
- This will be achieved though the continuation of the following preventative schemes:
  - MAMSS, Bump Start and the Joint Care Programmes.
  - Inverse Care Law.
  - Implementation of Tier 3 obesity service.
  - Introduction of Best Start.
  - Implementation of the Healthy Child Wales Programme.
  - Implementation of the forthcoming Welsh Government Healthy & Active Strategy.
- A focus on Early Years and the prevention of Adverse Childhood Experiences (ACEs).
- Promotion of the 'Wellness Home'.

Please see **Book A1** for a more in depth analysis of our local public health needs and challenges, and **Book A3** for further detail about our prevention priorities and how these will be embedded across our service areas.

4.2.4 Out of Hospital Integrated Care

Integrating Health & Social Care

Rhondda Cynon Taf (RCT) County Borough Council, Merthyr Tydfil County Borough Council (the Local Authorities) and Cwm Taf University Health Board (the Health Board) have been exploring the potential for greater integration between health and social care services within Cwm Taf. This work is leading to ideas for further potential exciting and innovative integrated health and social care developments across the Cwm Taf region, which include the development of health and social care communities for older people (including those

with dementia), with wrap-around care provided, linked to better housing, improved community services support and better 'step-up and step down' care facilities.

In line with the principles of the Social Services & Well-Being and Well-Being of Future Generations Acts, as a minimum the new models look to deliver:

- Sustainable health and social care services created on a local community footprint basis, with Third Sector and wider public sector service input. One example is the new and ambitious integrated assessment and response Stay Way @Home Service, which is being funded via Intermediate Care Funds.
- A critical mass of services and economies of scale where appropriate.
- Future proofing services for future demand, linked to changing population and workforce profiles, the City Region Deal and other key drivers.
- Enriched employment opportunities and promotion of growth in the health and social care workforce within our communities.
- Strengthened local economies through improved employment opportunities.
- Integration of the public sector estate where appropriate (linked to the 'One Estate' pilot work, reducing the public sector carbon footprint, releasing revenue savings, generating capital receipts from the disposal of surplus land, whilst creating opportunities for new homes or alternative uses that may stimulate job creation).

The following sets out some of the emergent principles underpinning this current work:

- Partners are committed to exploring the potential for greater integration of health and social care services within Cwm Taf.
- This includes specifically how we might collaboratively work together to connect necessary improvements in home-based, primary and community care, including the development of more sustainable GP services, together with Local Authority adult and children services re-design.
- We are developing a suite of develop a joint commissioning strategies and a joint approach (based on pooled budget arrangements) in areas such as older people services; learning disabilities; and early intervention and prevention for children and young people. There is also a need to facilitate market development in key areas such as EMI and Nursing/EMI.

See **section 4.7** for further detail of our local plans for integrated health and social care.

Primary and Community Care Development

Delivering a high quality, sustainable and integrated primary and community care service, well integrated with social care service provision as highlighted above, is a key priority for the Health Board and its partners. Primary care in Cwm Taf faces several present and future challenges, not least of which are:

- An ageing population with attendant rises in burden of complex and multiple morbidity in the population.
- The growing pressure to improve access to primary care.
- The growing tendency to shift care into the community without corresponding availability of resources to meet the needs in that setting.
- Heterogeneous patients in primary care who have disparate needs but are served by a model of primary care that employs a "one size fits all" organisational approach.

- Workforce pressures including recruitment and retention difficulties in a number of specific geographic areas.

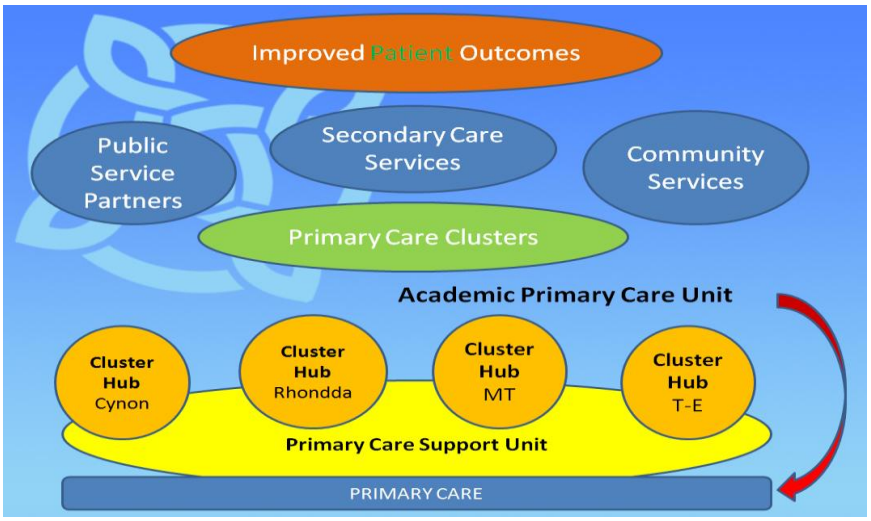
Cwm Taf's ambition is to inject further pace and scale in developing primary care, including cluster working, improving integration with the wider health and social care system and continuing to deliver measurable improvements for patients.

Primary Care Models and Cluster Development

One of our main priorities is the sustainability of the current model of the General Medical Services (GMS) component of primary care – both core services and out-of-hours. GP practices within Cwm Taf are experiencing unprecedented pressure and this trend is forecast to continue a result of the challenges outlined above. These increasing demands are compounded by Cwm Taf having the highest percentage of single-handed GP practices in Wales, the lowest percentage of GPs per 10,000 population and the highest percentage of GPs aged over 55 years.

Immediate actions have and are being implemented to manage the current risks, including the management of branch mergers, a branch closure and list dispersal, the 'buddying up' of struggling practices with a stronger partner to provide clinical and managerial peer support, and taking on struggling practices as managed practices, with input from the Primary Care Support Unit (PCSU).

We recognise that some of the above actions are temporary "fixes" and that a more proactive and strategic approach is necessary to deliver sustainable solutions for our communities. To ensure future sustainability of primary care services (including all of our contractor services), Cwm Taf is embarking on a radical programme of modernisation which aims to transform our primary care service provision. This is set out below:



We are thinking radically about the shape of primary care and our clusters moving forward. Service sustainability will be dependent upon joined up multi-professional services operating in some instances out of a smaller number of strategically placed, high quality premises.

Whether through practice mergers, networks or federations, our emerging cluster models will require practices to work together across wider populations, whilst preserving good access for patients. The resultant increase in scale, scope and organisational capacity will enable practices to deliver a broader range of services on a larger population footprint. This approach is advocated by various bodies including the King's Fund, Nuffield Trust, RCGP, Public Health Wales and Welsh Government.

We are currently exploring opportunities to strengthen services by developing networks or federations in the highest risk areas, supported by the development of cluster hubs and an enhanced PCSU. Over the next 3 – 5 years there will be a need for capital investment to support this development, which will significantly improve practice sustainability for the foreseeable future.

Driving the shift from hospital to out of hospital care

One of our key priorities to continue to drive the shift from hospital based to out of hospital based care. Each cluster has developed a cluster plan, prioritising projects. Some projects are being tested in one cluster and then, if supported by evaluation, rolled out to others based on local needs. The plans aim to address the key health challenges in Cwm Taf including lifestyle factors, health status and health inequalities. Some examples of initiatives being taken forward include:

- Self-care and staying healthy - Cluster priority projects under this theme for 2015-17 include:
  - A media project in the Rhondda to communicate health education messages to the population.
  - Flu champions in Rhondda GP Practices to promote uptake of the flu vaccine.
  - Installation of blood pressure pods in GP practices in Taff Ely to encourage people to monitor their own blood pressure.
- Advice and support - Cluster priority projects under this theme for 2015-17 include:
  - Third sector lifestyle co-ordinators working within GP practices in Rhondda and Taff Ely, and alongside the Community Co-ordinators, to signpost patients to relevant services.
  - Behavioural support within Merthyr GP practices provided by the Primary Care Mental Health Service.
  - Online patient information systems – Web GP in Merthyr and NUMED in Rhondda.
- Early Intervention – Cluster priority projects under this theme for 2015-17 include:
  - Lung Cancer Early Detection Education for primary care staff in Rhondda.
  - Public access to Automated External Defibrillators in Rhondda.
  - Creation of a central library of electronic referral templates to ensure prompt and efficient referral to specialist care.
  - Survey of GPs to help improve recruitment and retention in Rhondda (in addition to RhonddaDocs).
  - Training and role enhancement of Health Care Assistants in practices in the Cynon.
  - Contributing to the Tier 1 targets for Dementia and the Mental Health Measure.
- Long Term Conditions Management – Cluster priority projects under this theme for 2015-17 include:
  - The appointment of pharmacists to support medicines management within practices in Taff Ely and Cynon.

- Centralising wound dressing services in one cluster hub.
- Introducing Locality based services for:
  - COPD – in Rhondda
  - MSK – in Taff Ely
  - Diabetes – Cynon
  - Cardiology – Merthyr.
- Redesign of current GPwSI Dermatology clinic and expansion to Merthyr Tydfil.
- Development of a NOACs (Novel Oral Anticoagulants) Enhanced Service to support the prescribing and monitoring within primary care alongside a Warfarin monitoring Enhanced Service.

We have received primary care investment from the Welsh Government which we are investing in various projects, some of which are also potentially of national interest:

- Inverse Care Law Cardiovascular Risk Reduction – Closing the health inequality gap endured by the population of Cwm Taf is the key aim of the Inverse Care Law programme on cardiovascular risk reduction. The focus is on preventing cardiovascular disease, a major cause of premature death and disability in Cwm Taf, by encouraging patients identified at high or medium risk of having a heart attack or stroke to undergo health checks and reduce their risk through adopting behavioural and lifestyle changes. The health check approach is transferable to other chronic conditions and lifestyle factors common to most.

- Early Cancer Diagnosis – based on the Danish early stage cancer diagnosis service model whereby patients with non-specific symptoms are referred to a multi-disciplinary team for diagnostic tests in order to rule a cancer diagnosis in or out. This will enable much earlier diagnosis of patients with vague symptoms ensuring they are put on the appropriate treatment plan at the earliest opportunity. The pilot will seek to change culture and working practices within Primary Care, specifically the gatekeeper role that has been a tacit part of the healthcare system for many years, and to encourage patients to seek advice earlier on presentation of symptoms

Welsh Government 'Pacesetter' funding has been used to develop an enhanced Primary Care Support Unit which has focused on role modernisation and sustainability via managed practices. This work will be mainstreamed towards the end of Quarter 3 2017, but in the meantime a new proposal will be developed which will support cluster based innovation and enable radical service transformation in primary care. This will build upon the sustainability work undertaken to date and will draw on the ideas and opportunities identified from clusters.

Pacesetter funding has also been used for the Your Medicines, Your Health campaign which we intend to evaluate during 2017 to determine any potential value in its roll-out elsewhere.

With the support of Welsh Government intermediate care funding, we have agreed as a partnership to implement an Integrated Assessment and Support service (Stay Well @ Home) to early 2017. This will improve communication and performance of health and

social care services at critical interface points including A&E and hospital discharge. It also provides the foundation for our partnership vision of developing an integrated single point of access and corresponding community response.

Our Valleys Steps development, a charitable organisation established with the help of the Wales Well-being Bond, offers information and open access local courses on mindfulness and stress control. This is promoted for those needing low level support with emotional well-being as an alternative to accessing mainstream mental health services. It is hoped that provision of this service will meet users' needs thereby reducing demand for primary care and mental health services and reliance on medication.

We are also working with Welsh Ambulance Services NHS Trust and commencing a new programme of work in collaboration with St John's Medical Practice, Aberdare, to develop a 'virtual ward' supported by community paramedic practitioners; Explorer 2 Project. The aim is to provide comprehensive assessment and care packages to patients at risk of hospital admission and those who can be offered supported discharge from hospital and rehabilitation or end of life care at home.

It should also be noted that across the wider primary care contractors, significant progress has been made with Optometrists - in terms of activity shifts in the eye-care-pathway; Dentists - in terms of access provision and Community Pharmacy - in a whole range of services from smoking cessation through to minor ailments schemes.

To support cluster working, we are developing a cluster hub in each of our four localities as a vehicle for interfacing and integrating where relevant primary, community, social and elements of secondary care services. This model acts as the bridged environment between acute, centralised provision and dispersed primary and community care. The facilities are in good geographical areas to support the clusters and provide more localised access for the population than travelling to the acute sites. These facilities will become focal points for more integrated and joint working with all primary care contractors, Local Authorities, Third Sector and others, to enable co-production with patients. Moving into 2017/18, we will continue to build on these developments, widening our focus further to encompass an even broader spectrum of integrated services.

Our initial focus in 2017/18 will be on:

- Keir Hardie Health Park (cluster hub for Merthyr Tydfil) – addressing the recommendations from the recent Gateway Review in terms of clinical leadership, site management and integration opportunities
- Dewi Sant Health Park (cluster hub for Taff Ely) – implementing phase 1b and planning phase 2 of the development and again reflecting the recommendations from the Keir Hardie Gateway Review in planning the service model and design

We are wholly committed to rising to these challenges and working with staff, independent contractors and our partners to deliver better and sustainable integrated services for our community.

Evaluation of good practice in primary and community care service development across Wales is led by the Directors of Primary, Community & Mental Health and Heads of Primary Care groups, and is supported and promoted by the Public Health Wales Primary Care Development and Innovation Unit.

Please refer to **Book A3, section 1.20** for further detail of our Primary & Community Care Delivery Plan.

4.2.5 Local Secondary Hospital Care

Secondary care in Cwm Taf faces several present and future challenges, not least of which are:

- An ageing population and associated rise in hospital attendances associated with frailty.
- High population morbidity with mental health, substance misuse, poor lifestyle choices and long term conditions all playing significant roles.
- Growing levels of complex needs in the population (high-need, high-cost patients).
- Challenged performance on key scheduled and unscheduled care indicators such as RTT and A&E waiting times.
- Difficulties in recruitment and reduction in the numbers of medical trainees in key areas leading to service sustainability issues.
- Opportunities in many areas for improving value and efficiency.

The challenge for the Health Board is to design and deliver high quality, high performing, sustainable hospital services for the future, delivering care locally and within Cwm Taf boundaries wherever possible, but effectively collaborating with neighbouring Health Boards on regional models of care for emergency or elective services where there is evidence that this brings better outcomes for patients.

We will do this by continuing to empower clinical leaders across the organisation to seek out best practice, develop and test innovative new service models, redesign and modernise the workforce, and drive through productivity, efficiency and performance improvements, maximising the use of all our available resources (estate, workforce, technology, and financial).

The Health Board has already made significant progress in the redesign and improvement of hospital based services, including:

- The implementation of a new acute medicine model at the Royal Glamorgan Hospital.
- Creation of a centralised acute stroke unit at PCH, together with dedicated stroke rehabilitation facilities and an early supported discharge service.
- Implementation of Surgical Assessment Units in both acute hospitals.
- Approval of funding for the first phase of the Diagnostic, with completion due in July 2017.
- Introduction of an acute psychiatric liaison service.
- Regional agreement on plans for the implementation of the South Wales Programme outcome for Paediatrics, Obstetrics and Neonates, including piloting of innovative new Paediatric Assessment Unit at RGH.
- Collaborative planning work on regional models for vascular surgery and ENT.

- The best performance across Wales for the number of 15 minute and over one hour emergency ambulance patient handovers and improvements in performance against the Category A 8 minute response times.
- Regular achievement of the 31 day target for patients referred as non-urgent suspected cancer seen within 31 days and a more regular achievement of minimum 90% referred as urgent suspected cancer seen within 62 days.
- A forecast position of no patients waiting over 36 weeks for RTT and no patients waiting over 8 weeks for all diagnostic modalities bar endoscopy, which will also still see an improved position.
- A 'delayed transfers of care' action plan, developed with partner agencies and scrutinised and monitored monthly both locally by partners and via the Social Services & Well-Being Executive Transformation Leadership Group.

Looking forward to 2017/18 and beyond, the Health Board is developing and implementing a number of plans as part of its clinical strategy in the following areas:

- A&E Services: Given the continuing pressures within A&E departments across Wales, the Health Board aims to maintain the full range of A&E services at both acute hospitals for the foreseeable future, supporting the region in dealing with emergency pressures throughout the year. However, there remain workforce and financial sustainability pressures in delivering this model. Plans are therefore being developed to redesign both the patient pathways and the workforce models which will see an increasing use of a wider range of professionals such as advanced and extended nurse practitioners, therapists and pharmacists and a reduction in the reliance on middle grade medical staff. These improvements, coupled with those in acute medicine and emergency surgery outlined below, are expected to make a significant improvement to A&E performance targets.

- Acute Medicine: Good work has been undertaken in implementing this new model at the Royal Glamorgan Hospital. The priority for the Health Board is now to roll out the model and deliver the same benefits at Prince Charles Hospital. Linked with this, the Health Board has prioritised the development of a frailty model which would need to encompass the whole organisation. This ensures that the majority of acute medical services can continue to be provided on both sites and also links with work under development to further extend high quality stroke services on a 24/7 basis. A clinical workshop was held in January 2017 to inform the development of the emerging frailty model.

- Emergency Surgical Services: The Health Board provides emergency surgical services on both sites, with the implementation of Surgical Assessment Units delivering an increase in the number of patients who can be seen and discharged immediately and a reduction in the overall length of stay. There is clear evidence that the provision of a regional hub and spoke model for emergency vascular surgery will deliver improved outcomes for patients, and plans are being finalised for implementing this in the next 12-24 months. Work is also well underway on a similar model in partnership for emergency ENT services.

- Critical Care: The Health Board has worked hard to recruit both consultant and middle grade medical staff to ensure that the critical care services provided at both acute hospitals meet the key clinical standards expected of level three units. This is a key enabler for the continued delivery of an undifferentiated emergency care model on both acute sites. The current workforce model however relies heavily on large numbers of non trainees at middle grade and the Health Board is therefore committed to working to develop new workforce models which may deliver a more sustainable service into the future.

- Paediatrics, Obstetrics and Neonatal Services: Clear plans are already in place across the Alliance for the implementation of the South Wales Programme outcome for these services, which, for Cwm Taf will involve centralising inpatient paediatric and obstetric led services at Prince Charles Hospital and providing a new Paediatric Assessment Unit (PAU) and free-standing midwifery led unit at the Royal Glamorgan Hospital.

  At present, the Health Board is limited in its ability to implement this change until the capital works are completed at University Hospital Wales (UHW) in August 2018. The Health Board aims to sustain services on both sites until this time, but there is an increased risk from September 2017 when the acute paediatric trainees will be removed from Cwm Taf. The Health Board is therefore working on developing and refining its contingency plans in this respect.

- Elective Surgical Services: The Health Board has been proactive over a number of years in developing elective services and determining specific areas which would benefit from centralisation. The Health Board will continue to review services, and is currently finalising plans for the creation of a centralised breast unit at the Royal Glamorgan Hospital. Consideration is being given to the potential advantages for elective orthopaedics.

  One key priority for the organisation is to facilitate the push to a significant increase in day case or 23:59 surgery, engendering a culture whereby day case surgery is the default position, unless there is a specific reason for an inpatient stay. This will involve the creation of a new ambulatory/ day case centre at the Royal Glamorgan Hospital (likely to be in 2018/19), the expansion of facilities at Prince Charles Hospital (as part of the Ground and First Floor scheme) and will be supported by key enabling work programmes on theatre and outpatient productivity in 2017/18. These developments are intended to sustain and improve on the zero 52 and zero 36 week targets for RTT waiting times in 2017/18 and beyond.

- Diagnostic Services: Approval has recently been given for the capital to enable the first phase of development of the Diagnostic Hub at the Royal Glamorgan Hospital. This provides the platform for identifying and planning the next phases of development of the Diagnostic Hub concept, which would include other diagnostic areas such as endoscopy, ultrasound and pathology. The Health Board's ambition is to seek proactively to provide services on a regional basis as part of this strategic drive.

Please see **Book A3** for detailed information in the full range of secondary care services.

4.2.6 Tertiary Services

Specialised and tertiary services are those provided by a relatively small number of specialist centres, to populations greater than 1 million people. These services are typically high cost and low volume. The Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards in Wales and is responsible for the planning of specialised and tertiary services on their behalf.

The Commissioning Plan for Specialised Services for Wales 2017/2020 sets out an integrated commissioning plan for specialised and tertiary services for the population of Wales for this financial year. On behalf of Health Boards including Cwm Taf, the aim of WHSSC is to ensure that these services are planned and secured from providers that have the appropriate experience and expertise; are able to provide a robust and sustainable service; are safe for patients and are cost effective for NHS Wales.

The seven Health Boards in Wales have agreed a three year commissioning strategy in order to:

> "Ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

The strategy also aims to raise awareness and understanding of specialised services and to ensure that specialised services help meet the Institute for Healthcare Improvement 'Triple Aim' to:

- Improve the health of the population;
- Enhance the patient experience of care (including quality, access, and reliability); and
- Reduce, or at least control, the per capita cost of care.

The key priorities for the six programme areas are set out in the following work programmes:

- Mental Health
- Cancer and Blood
- Cardiothoracic
- Neurosciences and Complex Conditions
- Renal
- Women and Children

WHSSC has developed a set of commissioning intentions and Cwm Taf UHB will continue to work with WHSSC to deliver the priorities for the WHSSC agenda and to look at further opportunities to improve the management of pathways between secondary care and tertiary services. As a Health Board, we will also continue to work with WHSSC and neighbouring Health Boards to identify further opportunities for the repatriation of services where this is safe and appropriate to do so. 2017/18 will provide a challenge for the WHSSC commissioning agenda as there are expected to be great challenges from new high cost drugs. Cwm Taf will work with WHSSC to identify these and develop options for their potential implementation.

For further detail on our commissioning plans and priorities, please see **Book A3, section 1.22**.

4.2.7 Regional Collaboration

The Health Board is committed to working collaboratively and at pace with neighbouring organisations in the region to secure benefits for patients where this is appropriate.

The Health Board is already an active partner in a number of existing collaborative mechanisms including the NHS Wales Collaborative, South Central Acute Care Alliance, WHSCC, EASC and the Clinical Networks.

Through the work of the Collaborative, plans are being progressed on the development of a Major Trauma Centre for South and Mid Wales with a definitive view on a preferred location to be reached in the next six months, partners will be implementing the new regional model for the SARC service early in 2017, and the aims is to reach agreement on the business case and site procurement for the Imaging Academy for Wales.

The Acute Care Alliance continues to work to deliver the outcome of the South Wales Programme, and with approval for the capital schemes in Cardiff and Prince Charles Hospital given in December 2016, implementation of the new service model will now be planned for summer 2018. The Alliance is also making good progress on the delivery of new models for vascular services and ENT.

Moving forward, the Chief Executives have acknowledged that the pace of delivery needs to be increased, and that there is a need to consider emerging areas where new work needs to be initiated. In particular, Welsh Government and Health Boards across Wales have recognised the potential benefits in developing regional centres of excellence particularly for elective care, as one tool in the strategy to significantly reduce waiting times for patients. Ophthalmology, Orthopaedics and Diagnostic services have been identified as areas to explore.

Chief Executives have now received, considered and endorsed two papers which set out a potential framework and work programme for collaborative planning, with a focus on action to be taken in the short term to progress this agenda.

The work to develop ‘Centres of Excellence’ has been prioritised, leads have been identified and a summary brief for each piece of work has been developed. The initial focus for this work will be the delivery of benefits in 2017/18. Each programme will then develop a medium term view of the change required to enable sustainable service delivery. There will need to be further engagement across Health Boards in coming weeks to agree actions and timeframes. Further staff and public engagement will also be required as the programmes progress.

Progress on each project will be reported at a local level to partner organisations through joint planning arrangements and a summary report will be produced at the end of April 2017 to demonstrate achievements to date and set out next steps.

Cwm Taf UHB will lead the work on the development of a collaborative regional plan for diagnostics. The purpose of this project is to establish and implement a regional planning framework for diagnostic services across South East/Central Wales where there is clear added value in a regional approach and with the aim of working together to:

- streamline diagnostic pathways,
- reduce regional diagnostic waiting times for patients, and
- maximize the utilisation of both equipment and the workforce across the region.

The project will deliver:

- An urgent appraisal of the requirement for mobile imaging capacity and development of a potential streamlined approach to the procurement, co-ordination and provision of mobile capacity.
- A scoping study with recommendations to look at regional opportunities to support the timely provision of endoscopy services.
- Latest assessment and implementation plan for use of the Royal Glamorgan Hospital Phase 1 Diagnostic Hub, offering CT/MRI capacity to neighbouring organisations.
- Development of regional demand and capacity plans for key specialties, particularly MRI and Endoscopy in first instance.
- Sharing the lessons from the Cwm Taf pilot on early diagnostics in the cancer pathway, in liaison with the Cancer Network.
- Agreed plan and implementation programme for Phase 2 of the Diagnostic Hub at the Royal Glamorgan.
- Completion of relevant capital business cases to support delivery of the regional diagnostics plan.
- A regional action plan for diagnostics encompassing a range of short term (year 1), medium term (years 2-3) and long term (years 3-5) priorities and actions and oversight of delivery, including the five areas listed above.

It has also been confirmed that Cwm Taf UHB will host the planned Imaging Academy for Wales. The Health Board will work with partners to contribute to the required business cases.

In relation to Ophthalmology, it has been agreed that Aneurin Bevan UHB will lead the work to design and recommend a regional planning framework across South East/Central Wales. Cwm Taf UHB will work closely with other Health Boards in this programme. Part of this work could encompass for example review of the role of the former Treatment Centre in Bridgend and exploration of any future opportunities this could offer, particular in the short to medium term.

In relation to Orthopaedics, the latest demand and capacity plan has indicated that assuming beds are always available, demand and capacity are in balance within Cwm Taf. Again however, the Health Board will work closely with Cardiff & Vale UHB as the lead Health Board and with the other Health Boards in the region to establish a regional planning mechanism for this service and agree an approach to exploring the opportunities for a South East Wales Regional Elective Orthopaedic service .

Opportunities are also arising to work collaboratively with Health Boards within the Region on a geographical basis both across the Heads of the Valleys and across North Cardiff/Llantrisant/the Vale/Bridgend areas in considering appropriate changing flows of patients across traditional boundaries as mechanisms for supporting sustainability.

Chief Executives will consider a further paper in June 2017 which will outline options and a way forward in relation to the governance structure and the supporting resources for this Collaborative Planning approach.

Please refer to **Book A3** for further information.

4.2.8 Mental Health and Learning Disabilities Services

Learning Disabilities

As healthcare has improved, people with a learning disability are living longer and the number of people with a learning disability in our area is increasing. Demand is likely to outstrip the delivery capacity of our current services and we need to consider the development of new service models to support people with a learning disability and their families to stay independent, have more control and choice over the care they get, and to be able to live at home and be part of their local community.

During 2016/17, the Health Board has been working together with local partners to develop a Learning Disability Joint Statement of Strategic Intent. This Statement represents a public expression of our commitment to work in partnership towards the development of integrated services, outlining how we intend to transform our services to focus on prevention, self-management and independence, within the spirit of the Social Services & Well-Being Act.

Our vision is that people with a learning disability (including people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.

Community and secondary care health services for learning disabilities are currently commissioned from a South Wales regional network managed by Abertawe Bro Morgannwg UHB. As a commissioner of these services, the Health Board is seeking to evaluate the effectiveness of these arrangements to ensure that the needs of the local learning disability population are met and that these services provide value for money. We are also seeking to ensure effective engagement in any plans for reconfiguration and future developments proposed for the network.

Please refer to **Book A3, section 1.6** for further detail on our strategic intent and priorities for learning disability services.

Child and Adolescent Mental Health Services (CAMHS)
The Health Board provides CAMHS to its own resident population together with the populations of Cardiff and Vale and Abertawe Bro Morgannwg UHBs, an inpatient unit that covers the South Wales area and an all Wales Tertiary Forensic service.

Following on from investment in CAMHS in 2016/17, a range of service developments have taken place in order to minimise risks at all tiers of the service. Work has commenced to review core business and to develop a multi-agency emotional and mental health strategy that will encompass the role of the specialist NHS CAMH service. A key focus of this work will be further improvements and achievement of the Tier 1 performance targets related to the Mental Health Measure.

The focus for the CAMHS Network for 2017/18 will be the shift to delivering a more psychologically minded services. Key to this is the implementation of the care and partnership approach (CAPA) in order to provide quality care for the treatment of those who present to the service with a mental disorder.

Other priority areas for consideration for the CAMHS Network areas include: working towards the delivery of the agreed service specifications for the NHS provision of specialist CAMHS across our network; working with our commissioners to develop service wide outcome focused KPIs, undertaking a review of the regional Tier 4 service we provide and developing a new model which may potentially include the provision of a wider range of services at this level.

Please refer to **Book A3, section 1.4** for further detail on our strategic intent and priorities for CAMHS.

Adult Mental Health
Our vision for mental health services in Cwm Taf is to build upon the successful Mental Health Strategy (2011-16) based on our 'Recovery Model' and take it to a logical point where all but the most acute episode of illness is treated and cared for within the community whenever possible. The aim is to shift the balance so around 90% of our resources are in the community setting operating on a 24/7 and 365 day basis. How we achieve this vision will be the subject of our forthcoming Mental Health Directorate Strategy (2017-22).

Continuing with our phased approach to delivering age appropriate, recovery focused Mental Health services across Cwm Taf, over the last year we have successfully completed phase 2 of the recovery model for older people. Enhanced assessment and community services have replaced Dinas Ward at Ysbyty George Thomas (YGT) and our psychiatric liaison service has been extended to provide a seven day service across all our general hospital sites.

Moving forward, the key priority for the year ahead will therefore be the delivery of phase 3, which will seeks to continue the older person service redesign via the development of our 'Valleys Life' programme. Local engagement to support this exciting initiative has already commenced and the focus for the 2017/18 and beyond will be on the enablers for the

successful delivery of the project to develop Ysbyty George Thomas as a 'dementia hub'. This will include extending the psychiatric liaison service to a 9am to 9pm service 7 days a week, developing enhanced shared care arrangements within our community hospitals, improving primary care patient's access to memory services, further opportunities for integrated working with partners and continuing work to stimulate the local care home sector.

Maintaining a sustainable spend on Continuing Health Care for adults of working age continues to be a challenge due to deficiencies within the provision of suitable accommodation providing support for people moving on from in-patient settings. Consequently we will undertake a comprehensive review of our rehabilitation services, including Pinewood House in Treorchy. We will also explore opportunities for further partnerships with local authorities, non-profit organisations and the third sector to promote the availability of step down accommodation.

Please refer to **Book A3, section 1.3** for further detail on our strategic intent and priorities for adult mental health services.

4.2.9 Enablers for Change

Implementation of this clinical services strategy will require a number of enabling strategies and plans to be in place, many of which are described in more detail in the relevant sections of the IMTP. Of particular note will be:

- Workforce plans and strategies (see **Chapter 5**)
- Capital and Estates Plans (see section **Chapter 7**)
- ICT plans (see section **Chapter 7**)

However, as well as working internally to facilitate change, there will be a number of areas where we will need to work closely with partners and with Welsh Government to develop and agree wider collaborative and enabling plans. As examples, we will need to:

- Work closely with WEDS in the development of workforce plans and the commissioning of training for new and existing roles, e.g. CBT education.
- Work closely with the Deanery to influence and shape medical training and the allocation of trainees into the future.
- Work with academic partners to realise the benefits of our University status as it relates to clinical strategy.
- Work collaboratively particularly in relation to ICT developments to test and roll out at pace national solutions.

As a Health Board with a track record of success, we are also looking to Welsh Government to help increase our agility and flexibility to deliver our vision, for example through increased autonomy on the use of recurring resources, additional non recurring support for service innovation and more freedom with capital for smaller schemes and provide the space and opportunity for strategic service discussions and the constructive challenge to unlock cross organisational service shifts.

4.3 CROSS CUTTING THEMES

When developing our three year efficiency and re-design savings plans therefore, we have been mindful of the requirement to phase in programmes of work to ensure a whole systems approach, aligned to our clinical strategy, is being adopted and to target work on improvements where there is the biggest opportunity.

To facilitate this, we have further developed nine Cross-Cutting Themes moving into 2017/18 which we have used to plan and prioritise the development of the overall Plan. This work is being informed by the benchmarking and other data referred to earlier in the plan. Progress and deliverables from these themes over the last 12 months can be seen in **Chapter 2**.

Our Cross-Cutting Themes have been refreshed for 2017/18 as follows:

1. Integrated Unscheduled Care
2. Planned Care
3. Service Redesign & Site Rationalisation
4. Outpatient Improvement
5. Contracting & Commissioning
6. Workforce Productivity and Improvement
7. Non Pay
8. Continuing Health Care
9. Prevention and Improving 'Value' from Healthcare (new theme)

1 Integrated Unscheduled Care

This theme is led by the Director of Planning and Performance and builds on the significant programme of work undertaken since 2014/15. This work will be set in the context of the Health Board's Unscheduled Care (USC) Plan and also the emergent National Unscheduled Care Programme 10 step model, ensuring a focus on the complete pathway, whilst considering in particular future improvements for the elderly.

There are three specific objectives to support further the next steps of the USC Plan, given the scale and complexity of the task, namely:

- Measuring the impact of a range of interventions the Health Board or Partnership is investing in, to support improved scheduled care.
- Developing a bed model and plan aimed at redressing the balance between unscheduled and scheduled care across the Cwm Taf system, thus creating a more sustainable USC system.
- Developing a proposal for a next set of interventions/community alternatives, some in partnership, which will further develop integrated unscheduled care services for the elderly.

2 Planned Care

Led by the Chief Operating Officer, this theme is being further developed in 2017/18. Its purpose is to develop a strategic framework to deliver and measure improvements across the planned care system in Cwm Taf, creating opportunities to organise services to reflect the principles of prudent healthcare.

Through accelerating the productivity and efficiency plan for theatre improvement, the Theme will expand to develop the Health Board's programme of work on elective care pathways aligned to the national planned care programme. This will include a programme to measure the impact of these activities on the planned care system overall and in particular to evidence these changes to improvements in RTT performance.

This theme will enable agreed improvements in the planned care system to become more co-ordinated and visible, whilst supporting the delivery of a systemic and sustainable planned care improvement programme that will drive forward transformational change. The key elements of this theme include:

- **Theatre quality & efficiency project:** Identifying the factors that result in optimal use of theatres; enable corrective action, and increasing care quality, efficiency and financial performance of theatres. The project is predicated on close working with clinical and operational teams.
  - Developing a Theatre Quality and Efficiency Plan
  - Agreeing a set of interventions and activities for improvement
  - Developing theatre performance improvement targets based on a diagnostic analysis (to speciality level)
  - Creating a dashboard to report the impact of interventions identified in the theatre plan against targets.
- **Pathways:**
  - Agreeing, identifying, mapping and costing local patient pathways
  - *Building on the best;* compare to best practice/exemplar pathways, identifying opportunities to improve (selecting and not redefining) and workforce modelling the opportunities for the multi disciplinary team .
  - *Focusing on outcomes;* contribute to the development of a value based health care approach (outcomes/input cost) building on outcome measures developed for Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).
- **National Planned Care Programmes**: Adopting a programme approach to the implementation of the national planned care programme; further developing the local work aligned to the national planned care programme to:
  - Ensure a more visible and co-ordinated approach to the local planned care programme implementation plans and influence the forward work programme of the local boards already established.
  - Establish systems to measure and report the impact of agreed local planned care programme actions.
- **Quality, and Efficiency:** Identifying and tracking the portfolio of projects being undertaken to ensure improvements are made in productivity and capacity whilst sustaining those in waiting times and RTT. The initial phase of this work will focus on the theatre improvement programme which is designed to improve theatre utilisation and to reduce length of stay in elective flows by improving theatre throughput, whilst further developing the work being undertaken on pathways and workforce modelling as part of the outpatient improvement theme.

3 Site rationalisation and service redesign

Led by the Director of Planning and Performance, the purpose of this cross cutting theme is to identify and promote opportunities to improve the way in which the estate is utilised in delivering services to the population, ensuring best value from the estate, rationalising where necessary, and disposing of properties which are surplus to requirements. From a patient perspective this theme will ensure that the remodelling and transformation of services which will lead to improved quality of care for patients and reduced lengths of stay.

The key elements of this theme include:

- The refurbishment of the Dewi Sant wards allowing the relocation of services into the Health Park during 2017/18 and as an enabler for the closure of Pontypridd and District Cottage Hospital.
- Completion of the new Palliative Care centre at RGH as an enabler for the closure of Pontypridd and District Cottage Hospital during 2017/18.
- Closure of Tonteg Hospital, following the relocation of CAMHS and training services from the site.
- Completion of a full review of utilisation of the Cwm Taf estate by April 2017.
- Development and adoption of an agile working policy with a detailed implementation plan to take effect in 2017/18.
- Development of an accommodation strategy for the Royal Glamorgan Hospital.

4 Outpatient Improvement

The purpose of the theme is to maximise the utilisation of the Health Board's outpatient capacity in response to changing and increasing demands. This approach recognises the value of redesigning systems around the patient, rather than the organisation, and reflects the overall purpose of building a sustainable service, delivering quality of care and improved staff experience.

For 2017/18 this theme has been split into two distinct areas, each with its own Executive Lead: Pathway redesign; and a focus on technical efficiency.

The focus of the work going forward will continue to include three distinct aims, with seven specific areas for action as outlined below:

- Improving patient experience and clinic efficiency through harnessing the value of technology:
  - Reducing cancellation and DNA rates through producing an 'Outpatient data pack' for Directorates leading to speciality specific improvement plans.
  - Full roll-out of the self check-in kiosks, with increasing review of the data it provides on outpatient clinic utilisation. Development and implementation of patient outcome forms with a view to reducing RTT times and breaches, whilst improving patient flow. This is the first step in working towards an electronic patient record.
- Rethinking systems and pathways:
  - Review of follow up criteria and rates in specific specialties' with a view to significant reductions and a more prudent use of resources including workforce.
  - Reviewing a range of referral criteria to redesign pathways and ensure prudent use of resources including workforce.
- Improving supporting processes:

- Achieve partial booking in all specialties managed by Medical Records.
- Fully implement the text and remind service including the incremental roll out of Interactive Voice Messages (IVM's) in an effort to contact a greater number of patients and further reduce DNA's.
- Assess the impact of service redesign on the current outpatient nursing workforce model.

5 Contracting and Commissioning

Jointly led by the Director of Planning and Performance and Director of Finance & Procurement, this cross cutting theme supports Directorates in several areas of work including the repatriation of appropriate services back to the UHB, ensuring appropriate management of contracts and flows to neighbouring Health Boards, prioritisation and securing best value from specialist commissioning and identifying opportunities to broaden the services provided for patients in other Health Boards. Through streamlining commissioning arrangements to an improved clinical and cost effective model this theme will improve services to patients in a more cost effective way.

Key theme priorities for 2017/18 include:

- Increasing activity by repatriation of activity from neighbouring areas with the associated financial flows to support local service provision and development.
- Increasing activity by increasing provider role to neighbouring Health Boards to support and sustain services in Cwm Taf.
- Working with WHSSC regarding specialised services to ensure the agreed budget for WHSSC is achieved.
- Developing effective contracting, ensuring contracts and contract income reflect service provision.
- Contracting for changing service models, ensuring that contracts adapt appropriately and fairly to reflect changes in patient flow.
- Agreeing Long Term Agreements on a timely basis.

6 Non-Pay

Having exploited a number of efficiencies in traditional non-pay management this theme, led by the Director of Finance & Procurement, will increase the focus on prudent product selection and rationalisation in 2017/18. A key priority for the Non-Pay Plan is to engage with Directorates in order to identify further themes and opportunities around non-pay management. This includes:

- Procurement processes
- Supplier engagement
- Maintenance reviews
- Utilities

7 Workforce Productivity

The organisation has identified opportunities across its corporate, medical and nursing workforce which given their nature are best delivered via a cross cutting theme. Work streams for this theme are underpinned by a range of specific actions and deliverables which will be introduced to improve patient care and service delivery. The Director of

Workforce & Organisational Development leads the following programme of work in close association with the Medical Director and Director of Nursing & Midwifery:

- Extending the range of flexible benefits schemes.
- Reducing travelling expenses through optimisation of mode of payment and review of variation in mileage for similar roles.
- Reducing medical agency spending via the introduction of e-rostering and e-job planning and, where locum usage is necessary, delivering the most cost effective solution via management of each placement.
- Reviewing nurse productivity, focusing on the reduction in off contract agency spending linked to recruitment activities aimed at reducing the significant shortfalls against substantive staff requirements.
- Maximising the benefits of retire and return.

8 Continuing Healthcare

This cross cutting theme, established in 2016/17, led by the Director of Nursing & Midwifery will provide strategic direction for the demand and supply of continuing health care.

A comprehensive review will be undertaken to inform the development of a Continuing Health Care Strategy for the next 5 years, providing the Health Board with a range of options and recommendations that address the current resource and corporate risks and place CHC on a managed path that delivers best value and effective and high quality service models.

The review will consider:

- Analysis of the demand for and supply of CHC placements
- Analysis of historic demand trends
- Projected demand and its impact on current service provision
- Potential alternatives to delivering continuing health packages which offer better value for patients
- Commissioning models and opportunities provided by the National Collaborative Framework
- Policy implications arising from the Social Services & Well-Being and Well-Being of Future Generations Acts and the increasing drive towards integration
- Benchmarking analysis with Health Boards across Wales
- Implementation of best practice

9 Prevention and Improving “Value” from Healthcare

This theme will be introduced in 2017/18 and will be led by the Health Board’s new Director of Public Health. The theme will be scoped and a proposal developed to include the opportunity to establish a reporting line on the development of business cases for prevention, and also provide a focus for developing and agreeing our approach on “value” potentially including both work with ICHOM and taking forward work on Rightcare.

Governance

The function of our Executive Programme Board (EPB) is to oversee the development of the Health Board’s Three Year Plan specifically in relation to the Cross-Cutting Themes, the implementation of the themes and to ensure that Executive leads and their teams are held to account for delivery. Further detail on the associated savings plans can be seen in

Chapter 6 and arrangements for how the EPB fits with our wider governance and delivery arrangements can be seen in **Chapter 8**.

4.4 SERVICE PRIORITIES FOR 2017-20

The table below provides a summary of the Health Board's headline service priorities for the coming three year period. These priorities were initially discussed during a Board Development Session on 5th October 2016, and have been built upon further during the IMTP planning and engagement process. This includes the Directorate Engagement Sessions in November and December 2016,the Clinical Services Strategy Workshop which was held in December 2016 and ongoing discussions with our clinical leaders via the Health Board's monthly meetings of the Strategic Planning Group.

To be completed from 2014-17	New for 2017-20
• Dewi Sant Health Park • Primary Care Sustainability • Further development of the Cluster model and Cluster Hubs • Diagnostic Hub • Paeds, Obs & Neonates: Capital works at PCH and Paediatric Assessment Unit at RGH • Ground and First Floor Refurbishment at PCH • Centralisation of breast services • Palliative Care Unit (RGH) • Acute medicine, A&E and Surgical Assessment • Implementation of the Stay Well @Home Service	• Public Service Board Priorities including the development of Well-Being Plans • Further opportunities for health & social care service and estates integration, joint commissioning, and pooled budgets • Alignment of IMTP with Cluster Plans • Capacity to enable new planned care pathways to be implemented or extended (e.g. audiology capacity to enable greater direct access for GPs) • Expansion of new technology in community settings (e.g. expanded teledermatology) • Third Sector investment plan • OPMH/ Valleys LIFE Phase 2 • Early Cancer Diagnosis Model • Regional partnerships on centres of excellence/ treatment centres and major trauma • ENT and Vascular Reconfiguration • Further development of the acute medicine model • Introduction of a fracture liaison service • Further development of our current frailty services • Development of 24/7 stroke services • Expansion of pre-operative assessment • Expansion of day surgery & ambulatory care • Workforce redesign and the development of new roles (e.g. Physicians Associates) • Implementation of WCCIS • Digitisation of Health Records

4.5 PRUDENT HEALTHCARE

Making prudent healthcare happen as we deliver our clinical services requires the four principles of prudent healthcare to be systematically embedded in service planning, service redesign and service delivery. On that basis, the Health Board decided against a standalone

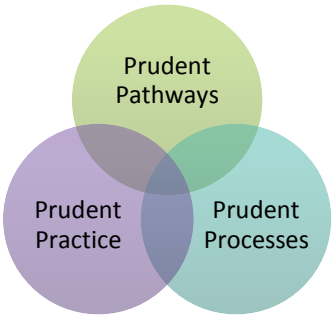
prudent health care stream, which would have resulted in developing a number of themes, and rather opted for embedding the prudent health care ethos within all new models of care. Equally, prudency is also embedded within the underpinning directorate IMTPs, which provide further detail on priorities, and their associated milestones, by clinical and corporate service area.

Local experience suggests that NHS staff and the citizens of Wales need to be convinced that prudency is not a way of "rationing services" – rather it is a way of thinking differently about what we do and how we do it; making best use of the scarce resources we have to meet the growing demand for healthcare; and truly sharing responsibility with individuals themselves. This demands a renewed focus on purposeful engagement that builds ownership and momentum for change.

Unless the concept of prudency is inherent in organisational systems and leadership, there is a risk that prudent healthcare becomes a series of initiatives that in themselves have some value but in terms of transformational change of the NHS in Wales has little systemic or sustainable impact. We will continue therefore to make prudent healthcare part of the everyday language and the way we do business in Cwm Taf, not just in health services, but across public services under the leadership of the new Public Service Board.

The understanding and application of prudent healthcare to our bottom-up IMTP process is instrumental in driving service improvement and we have developed our system of service planning which focuses on the inter-relationship between:

- **Prudent Pathways** – minimising the number of stages in care pathways; development of "one-stop-shops"; reducing numbers of outpatient attendances; shifting the balance to prevention and out-of-hospital care.
- **Prudent Processes** – using technology to support care systems (e.g. text and remind; outpatient self-serve check-in); shortening the supply chain to minimise waste; e-employment systems and early de-escalation of care.
- **Prudent Practice** – using alternatives to face-to-face interactions (telemedicine; telephone consultation; email advice); workforce redesign such as using alternative practitioners within a multi-disciplinary team system; eliminating interventions not normally undertaken (INNUs); focus on prescribing practice and exploring alternatives to complex interventions.



Whilst this is a useful way to conceptualise the issues and direct the conversations about change, in reality, there is as much to gain through the interface between each of the component parts, building on the four pillars as enshrined principles and with truly prudent healthcare arising from alignment of all three.

A number of the key changes identified within this 2017/18 refresh of the Cwm Taf IMTP are firmly based on the prudent healthcare principles and are already delivering visible improvements in patient care and improving the value we are getting from every pound we spend. These changes flow right through this integrated Plan – the service plans, workforce

plans and financial plans both in terms of the prioritisation of investment and the savings plans. Examples of some of these changes are described below:

- Acute Care Model: The redesign of the standard operating procedure (SOP) to provide the patient with a safe, timely, equitable and sustainable service. Key to the design was looking at what the patient needed at each stage of the service journey and to ensure that there was no 'double handling' i.e. repeating processes or blocks in the system.
  - With early triage, patients in most need are identified and receive appropriate priority.
  - Tailoring workforce competencies to the pathway rather than professional roles has ensured that the principles of prudent healthcare of only doing what is needed has transformed the staffing of the medical patient assessment and admission process. This has led to further ANP development and training, introduction of non clinical co-ordinators and medical team assistants (Band 3).
  - Using validated assessment tools in the patient assessment pathway ensures an appropriate level of care, standardises the care and reduces variation. The SOP also included specific training packages to ensure all new and existing staff have the same level of training and can undertake the processes involved with assessment and triage of patients.
- Clinical Records Modernisation Project: Centralisation of patient records on a single site, drawing together 1.2 million patient records and some corporate records from 33 locations around the organisation. Over 1 million records have been centralised since April 2016, with the remainder (0.2m) due to move by the end of March 2017 (see **section 4.3** for further detail).
- Redesign the patient record folder to meet clinical needs by presenting each clinical episode in a discrete section and grouping all the related documents chronologically by that episode, rather than separating by document category. This has been undertaken following work done through mortality reviews and clinical engagement on the optimum format. This should go live shortly.
- ENT Clinical Nurse Practitioner (CNP) Service. The service is currently based in Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon Community Hospitals and provides a range of ENT services including a wax clinic and joint service with the Audiology department. A third nurse has been appointed and once trained will provide a service from Keir Hardie University Health Park. Primary care is looking into funding for a fourth nurse to join the team. We now provide a high quality and sustainable service delivering patient care as close to their residence as is possible. This joint Primary-Secondary care service has been presented to the National Outpatient transformational steering group as a model of joint working.
- Text and Remind Service: 283,000 text reminders sent to 31% of Outpatients appointments over 16 months since launch with reduction in DNA rates in Outpatient specialties of 0.2 to 13.1% (see **section 4.3** for further detail).
- Surgical assessment units have been established at PCH, and more recently at RGH. The unit at PCH has reduced admission to surgical inpatient beds by a 38%. This is an example of better use of resources, with admittance to hospital only when clinically indicated. The model is centred around a senior surgeon available for assessment when patient present (rather than traditional model of admit to assess).
- Eye care programme: We are working towards improving services in line with the action points of the Welsh Ophthalmology Planned care programme (WOPCP).

- Over 65% patients undergoing cataract surgery are now reviewed post operatively in the community with their local Optometrist. We are aiming to increase this figure with the use of Medisoft as an electronic patient record from January 2017.
- In September 2016, a Medical Photographic Virtual clinic was established for DRSS patients waiting for a follow-up. These are 'virtually' reviewed by the Consultant and 60% do not require an appointment with a clinician. We are seeking to expand this service. In 2017/18, we are aiming to use a similar pathway in Ocular plastics. Through workforce design, we recruited a new optometrist in secondary care. This has allowed us to expand the Glaucoma/Ocular Hypertension ODTC, Macula clinic capacity and support a new community based Wet AMD clinic for stable patients at Keir Hardie University Health Park.

- The Community Joint Care Programme (JCP): Obesity is the most modifiable risk factor for knee and hip osteoarthritis. There is a growing body of evidence to support lifestyle management as a key part of orthopaedic pathways. JCP offers an exercise and dietary intervention to support patients to reduce their BMI and increase activity levels with the aim of reducing pain and improving function and exercise tolerance (see **Book A3, section 1** for further detail).
- Antenatal Support: Despite improvements, Cwm Taf has the highest rate of low birth weight babies in Wales. Maternal smoking and obesity are potentially the biggest modifiable risk factors for pregnant women.
  - Smoking Cessation: A research study was undertaken in Cwm Taf to evaluate the effectiveness of delivering smoking cessation support from within maternity services via a trained Maternity Support Worker, with Midwife supervision. This service was implemented in line with NICE guidance (PH26). The results showed a huge improvement in the numbers of pregnant women accessing support to stop smoking. Evaluation has indicated pregnant smokers exposed to the MAMSS intervention were 10 times more likely to become a treated smoker compared to women treated with usual care, via Stop Smoking Wales Service (SSW) and 7 times more likely to quit smoking(see **Book A3, section 1** for further detail).
  - Obesity: Funded by Families in First Rhondda Cynon Taff and working in partnership with Cwm Taf UHB, '*Bump Start'* is a specialised, antenatal service to help women with a BMI of 35 or over to monitor their weight during pregnancy and limit weight gain to healthy levels. As part of their routine antenatal care, women are seen by the Healthy Lifestyle Midwife and Dietician at 16, 24, and 36 weeks of their pregnancy. They are offered support, dietary advice and a programme to support behaviour change. In 2016, we were successful in receiving funding from the Burdett Trust for Nursing, for a two-year programme of weight management support for pregnant women with a BMI ≥30 (see **Book A3, section 1** for further detail).

Our ability to provide empiric improvement data is linked to the implementation timetable but we have extended the discipline of identifying measurable outcomes to the pre-implementation planning process to allow us to better track progress. An example of this approach is attached in **Annex B4**.

Aligned to the IMTP process, Cwm Taf has made a series of successful *Invest to Save* bids to support the delivery of prudent healthcare. Examples include:

- Development of a Psychiatry Liaison service to improve early access to assessment to improve clinical outcomes and reduce average length of stay.
- Recruitment of acute physicians to support the implementation of our acute medicine model to improve patient care, often for the most frail and vulnerable, in order to create a sustainable service at the 'front door' of the hospital and reduce length of stay.
- Mobile working for District Nurses to improve efficiency, productivity and the quality of information to support clinical decision-making.
- E-rostering and job planning for medical staff to reduce administrative and clinical time in designing and filling rotas as well as minimising loss of capacity through rota gaps, and to speed up the job planning process.

In addition to a range of local priority actions, the National Service Disease Delivery Groups and Peer Review processes have been used to identify and share good practice across the system. Examples include local implementation of:

- Guidance issued by the Planned Care and Unscheduled Care Boards identifying best practice.
- Recommendations from the Orthopaedic Get It Right First Time (GIRFT) Review – identifying the need to rebalance the choice of prosthesis in joint replacement to secure best value and outcomes.
- Priority focus on stroke service redesign in line with the priority areas recommended by the National Stroke Implementation Group.

The development of this refreshed Plan continues to demonstrate a maturing of our approach to prudent healthcare as a key feature of corporate and Directorate plans. This approach has been refined further to align with the publication of the Welsh Health Circular 'Prudent Healthcare; Securing Health and Wellbeing for Future Generations'.

Further prudent healthcare priorities over the next three years include:

- Digitising patient records: Future plans are to digitise patient records "on demand", i.e. in advance when a patient is scheduled to attend. As each record is digitised, it will become available to clinicians 24 hours a day, 365 days a year. It can also be viewed simultaneously by users on different sites. There will also be clearer audit trails of who has viewed the record and of any changes made to it. Digitisation will also create significant future savings for the organisation by reducing the staffing costs of handling paper records on the present scale. This will be achieved via staff turnover as digitisation progresses over 2 years and beyond.
- Developing electronic record content: Develop the electronic content of records in future. Work is ongoing with NWIS to develop e-forms, which will allow electronic input to the patient's record and be visible via the Welsh Care Records and Welsh Clinical Portal. The engagement work around the redesigned folder, digitisation and the e-form function all emphasise the Welsh Clinical Portal as the primary point of access to the patient record. Printing of paper results that are available electronically via the WCP is discouraged and reference to the WCP is promoted as the gold standard for the most up-to-date information.

The workforce challenge presents the greatest risk to the sustainability of services, but at the same time creates the opportunity for Wales to develop innovative solutions that also

align with economic development priorities. This is not something that Cwm Taf can achieve alone but requires Welsh Government, NHS Wales, Trade Unions and the Higher and Further Education Sector to consider the potential to redefine the workforce based on the clear premise of "only do what only you can do". **Annex B3** outlines the key areas and local developments within Cwm Taf.

In conclusion, Cwm Taf firmly believes that a single integrated planning system built on the principles of prudent healthcare is the way forward to achieve the triple-aim of improved population health, patient experience and per capita cost.

Further specific examples of our current and planned application of prudent healthcare can be seen throughout **Book A3**.

4.6 PERFORMANCE AND INFORMATION

4.6.1 Integrated Quality and Performance Dashboard

The Health Board has in place a comprehensive Integrated Quality and Performance Dashboard that is presented monthly at Executive Board, regularly at a number of sub-committees and bi-monthly at the Health Board public meeting, as part of our openness and transparency agenda with our public. Since its inception in October 2012, the Dashboard has evolved significantly to align with delivery of the Triple Aim objectives:

- To improve quality, safety and patient experience;
- To protect and improve population health; and
- To reduce the per capita cost of care in line with the resources made available to the Health Board.

The report sets out our performance and quality targets for the year and is supported by a covering report that seeks to expand on key areas, as well as to highlight areas of best practice within the Health Board.

We are currently working to automate dashboard reporting further, as part of our new business intelligence system that we purchased during 2014/15 and are currently developing this. The system aims to provide further information to our local clinical teams and Directorates, as well as corporately and is the next transformational step in our performance and information agenda.

4.6.2 Importance of Data Quality

The key to ensuring the Board is kept abreast of any potential areas of concern with regard to performance and information is data quality. The Health Board continually strives to ensure that its data and information is of the highest quality. The Performance and Information team work closely with Clinical Directorates to ensure that the recording of data is as real-time as is possible and that it mirrors the patient pathway.

To that effect, a Data Quality Steering Group is in operation, together with an Information Governance Group chaired by an Independent Member and the Corporate Risk Committee also takes an active interest in data quality. Our policies outline the Health Board's approach to data quality and are explicit in the responsibilities held by individual staff members.

To ensure ownership of performance monitoring and data quality at an operational level, the Performance and Information Team has developed a number of dashboards within clinical directorates including A&E, Wards, Theatre, Outpatients, Mental Health, Maternity and Stroke Services.

As an interactive business intelligence tool, the Dashboard facilitates the local production of key performance indicators, with the ability to review changes in delivery over the last three years. Initially based on quantitative measures, the tool is currently being developed further to include qualitative measures linked to the National Quality Indicators and to incorporate workforce and finance information.

The Data Quality Steering Group (DQSG), chaired by one of our Consultant Surgeons has membership consisting of Assistant Directors and Heads of Nursing from operational areas. The DQSG has a Data Quality Audit Programme with an annual timetable covering access, clinical and administrative areas. Findings from these audits inform programmes of work to improve the quality and timeliness of Cwm Taf's data, with certain data quality targets also included with the Dashboard itself.

4.6.3 Profiled Performance

The table in **Annex B5** outlines the profiled performance that we will be aiming for as a Health Board over the next 12 months, as we strive for improvement in our service provision.

Cwm Taf has made very significant strides on development of performance data in recent years, but primary care data is not as strongly represented in our Dashboard as secondary care. Developing this element of the Dashboard remains a priority over 2017/18.

Currently we report on the following areas in respect of primary care services that are aligned to our work:

- Childhood Immunisation Rates
- Flu Vaccination up-take
- GP Access (all day opening and appointments available between 5pm-8pm)
- Rates of patients not attending agreed appointments
- Usage of My Health On-line
- Primary prescribing of antibiotics
- Patients registered with:
    - Dementia,
    - receiving palliative care
    - BP recording within last 5 years

These measures are indicative of the progress made during 2016/17 to adopt the primary care indicators developed by the Welsh Government and Chief Executives, although they have not formally been adopted as a Primary Care Measures Framework. The recent appointment of a designated Assistant Director of Primary and Community Care will help in the collation of more primary care measures. Meanwhile, the primary care team will focus

on the development of performance management and service improvement approaches to ensure:

- The continuation of the more detailed performance management that takes place with practices operationally;
- The development of stronger approaches to reducing variation across the benchmarked practice population;
- The development of ambitious and inspiring quality and service improvement activities that should take place as part of our emerging cluster and research models.

In profiling performance for 2017/18, the Health Board has made some ambitious and challenging assumptions in relation to a number of key areas (as set out in **Annex B5**). The following table summarises those areas:

Measure		Target	Projected end of March 2018 position
Monthly	The percentage of patients waiting less than 26 weeks for treatment	95%	95%
	The number of patients waiting more than 36 weeks for treatment	0	0
	The number of patients waiting more than 8 weeks for a specified diagnostic test	0	0
	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	95%
	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	0
	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%
	Number of ambulance handovers over one hour	0	0
	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%	98%
	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	95%	90%

The following section sets out how this ambition will be achieved.

4.6.4 Demand and Capacity Profiles

In order to ensure that our planning assumptions relating to our service redesign plans and bed reconfigurations, as can be seen later on in the Plan in **Book A3**, are realistic and achievable, the demand and capacity modelling developed in 2015/16 has been further enhanced and extended.

During 2016/17, the Health Board commissioned GE Finnamore to undertake a bed modelling exercise to inform the capacity plan for the refreshed IMTP. Summary details of the high level bed capacity can be seen in **Welsh Government Technical Annex 2.** This has allowed operational and clinical colleagues, in conjunction with the Information Department, to model through the efficiencies expected to be gained from the service redesign and the improvements in which we are investing over the coming months and years.

The areas of coverage of demand and capacity modelling in 2016/17 were:

- Inpatient admissions, length of stay and associated bed requirements
- Theatres
- Outpatients
- Imaging modalities
- Endoscopy
- Physiotherapy

This will be further developed again during 2017/18 to incorporate further therapy specialties and aspects of community mental health. Examples of the outputs of the demand and capacity modelling can be seen at **Annex B6**.

The examples show these outputs at specialty level but the Information Department has been working with individual directorates to deconstruct these models to consultant level, which will identify capacity issues at a much more granular level and also identify areas for potential release of capacity in other areas to compensate.

The models use demand that has been derived from historical activity and also actual conversion rates. The demand and capacity planning has factored in national benchmarking at an UQ level via CHKS and has been moderated where necessary to ensure our ambition is realistic. The efficiency indicators considered are length of stay (LOS), day of surgery admission rates (DOSA), DNA rates, daycase rates and new to follow-up rates. The theatre demand and capacity work also factors in the effective use of CEPOD lists and how improved utilisation can increase capacity for elective work.

To summarise, in terms of demand changes and potential improvements in efficiency and utilisation, the modelling work factors in:

Inpatients

- Volume of admissions – demand trends, potential admission avoidance schemes.
- Length of stay.
- Day case rates.

- Day of surgery admission rates.

Theatres
- Average sessions per annum per consultant and session cancellation rates.
- Overall percentage utilisation of session time.
- Average cases per list.
- Missed opportunity due to late start/early finishes of theatre sessions.
- Demand for individual specialties and consultants.

Outpatients
- Session lengths.
- Clinic start and finish times
- DNA rates.
- Follow-up rates and follow-up backlog.
- Clinic templates.

Imaging
- Scans per day.
- Demand for urgent and inpatient work.
- Additional demand for “Denmark Model”.

Endoscopy
- Weighted points per session.
- Bowel screening capacity
- Demand for urgent suspected cancer procedures.

The main service improvement and redesign enablers and solutions, as can be seen later on in the Plan, particularly in **Book A3**, and are being factored into the modelling:

Demand
- Underlying demand increase/decrease trends.
- Impact of development of primary and community capacity to provide alternatives to admission in some cases (e.g. through the further development of @Home services).
- Further extension of joint management pathways providing alternatives to surgery for some patients.
- Step-down from inpatient/theatre procedures - moving some simple procedures from theatre to outpatient settings, avoiding the need for admission, including hysteroscopies and flexible cystoscopies in particular.
- Potential repatriation of Cwm Taf residents from neighbouring Health Boards.
- Changes to WAST pathways .
- Adherence to INNU guidance.

Length of stay
- Further flow improvements.
- Liaison psychiatry service development, including planned extension from a 5 day to 7 day service.

- Stay Well @Home Service.
- Further extension and embedding of the acute physician service and the new medicine model of care.
- Introduction of surgeon of the week at RGH and introduction of Surgical Assessment Units on both acute sites (both already in place at PCH).
- Increasing currently low DOSA rates through elective care re-design.
- Increasing currently low short-stay surgery rates through elective care re-design.
- Improved MDT meetings.
- Increased acute therapy provision to speed up access to therapy assessment and treatment.
- Close working with Local Authorities to improve response times and implement the Choice Policy.
- Action to improve community capacity to reduced delayed transfers of care.
- Increased utilisation of the CIAS and @Home services both from Primary and Secondary Care to avoid admission or promote early discharge.
- Community service improvement enablers in a variety of areas, including for example, early supported discharge of stroke patients, re-ablement for patients with cognitive impairment and increased support for nursing homes from district nursing.

Many of the changes outlined above have been implemented in part in 2016/17. However, they will be further extended and embedded in 2017/18, and will thus have a greater impact.

Theatre utilisation

- Improved booking through an internally designed booking tool, providing improved visibility of available sessions and under-utilised/over-booked lists.
- Improved access to data visualisation via QLIK.
- Reduced cancellations through better communication with patients, improved pre-operative assessment and adherence to a minimum notice annual leave policy.

Again these interventions are not new, but further implementation and embedding will increase their impact in 2017/18.

Outpatients

- Further improvement to the text and remind service to reduce DNAs.
- Review of patient pathways in relation to follow-up practices.
- Review of variation in referral rates between different GP practices and associated outcomes.
- Plan to move to 100% partial booking over the plan period as a whole, resulting in a significant reduction in DNAs and thus increasing capacity.
- Review of clinic templates to reflect the impact of the changes above and so maximise capacity.
- Self-service check-in facilities to improve accuracy of patient information, inform choice and improve data collection of outpatient activity.
- Implementation of an outpatient booking tool to identify spare capacity within clinics (rooms).

Endoscopy

- Improved booking processes to minimise cancellations and DNAs.
- Adequate scope numbers.
- Decontamination processes improved.
- All endoscopy sessions supported with endoscopy nurses.

These changes have been implemented in 2016/17, enabling a move to 10 points per 3.75 hour endoscopy list. Our aspiration in 2017/18 is to move towards best practice of 12 points per 4 hour list in at least some of our endoscopy lists by further developing and embedding the actions already taken.

Radiology

- Improved recording of planned scan times to facilitate more accurate demand and capacity planning.
- Improved alignment of booking times with actual scan times.
- Improvements to flow.

Productivity improvements have been achieved in 2105/16 and 2016/17 but in the key pressured modalities of MR, CT and Ultrasound, these have not been sufficient to keep up with rapidly increasing demand. Benchmarking indicates that overall Cwm Taf has the highest radiology productivity across Wales. Use of mobile scanners and extension of weekend working is planned to keep up with the increasing demand. Further work is needed to model future demand growth and work with other Health Boards to develop a plan for the use of the diagnostic hub. This includes developing a workforce model. The introduction of additional scanners at RGH will provide critical increased capacity but it is anticipated that additional capacity from a mobile MRI unit will be required in the first six months.

During 2016/17 the Health Board outsourced a significant amount of activity to private healthcare providers in order to deliver the RTT target. This demand has been profiled into the demand and capacity plans to ensure the demand is reflective of the true position. The internal solutions within the directorate plans for 2017/18 are sufficient to cover the anticipated demand, with the exception of Ophthalmology. There remains a capacity gap that currently can only be closed by using additional providers.

However, the internal solutions are also predicated on additional capacity. In some areas this is in the form of additional medical staff and in others it is reliant upon increased efficiencies, such as backfill rates, which are not cost neutral and key elements of service redesign.

Pathway development

Cwm Taf is working as an active member of the Planned Care Board to identify opportunities to further streamline elective pathways in ophthalmology, ENT, orthopaedics and urology, to ensure we are making prudent use of the available resources. The areas of opportunity are being worked through, with the potential to introduce demand

management strategies that will release outpatient capacity and to a lesser extent efficiency measures to increase theatre capacity.

Overview of improvements to productivity and use of capacity

A key deliverable of the plan in 2017/18 is to deliver RTT targets from within core capacity, with the necessary designated finance being available. This was not able to be achieved in 2016/17, and a key reason for this is that the Health Board was not able to provide sufficient access to beds to properly utilise its theatre capacity. Access to sufficient beds at times of high demand is also an important constraint on improving 4 hr and 12 hr A&E performance. The problems we had with providing sufficient bed capacity stem from the difficulties we have with recruiting and retaining sufficient nurses, leading to the closure of beds for safety reasons in Autumn 2015. There is no short term solution to nurse recruitment and retention, and so the focus of the Health Board is on improvement plans to reduce the inappropriate or unnecessary use of beds and to better align bed allocation with demand at a specialty level, to get to the position where our existing beds can meet both elective and emergency demand at planned occupancy levels which mean we can manage effectively including during periods of higher demand (see **Chapter 5** for further detail).

We have worked with GE/Finnemore to develop a more sophisticated demand and capacity model for use of beds across the Health Board, which factors in the improvement plans we have, and refreshes our existing benchmarking on comparative length of stay.

The key conclusions from this work are:

- The Health Board's performance against selected benchmarked Trusts shows some opportunity for improvement, but overall performance on length of stay and day case rates is already at a good standard across many specialties when compared to peers.
- The Health Board will aim to achieve a 90% occupancy level across medical and surgery beds as a whole to enable smooth patient flow, as against the existing occupancy which is well over 95% and over 100% at peak times, which at times leads to the cancellations of operations and delays to admission from A&E described above.
- This target of 90% occupancy overall can be achieved provided we deliver the full benefits of the key schemes to reduce unnecessary use of beds. These key schemes are the Stay Well @Home Service, the further rollout of the acute medicine model, achieving the benefits of surgeon of the week at RGH, and introducing surgical assessment units.
- However, this will still leave imbalances of demand and supply between individual specialty areas and sites, which will require some re-allocation or re-designation of beds, including in particular elective orthopaedics.
- The Health Board will also need to look further at the options for flexing the use of beds between the Summer and Winter periods of the year.

Summary of Assurance - RTT
Delivering these changes is a key enabler to achieving our objective of delivering RTT and improved Unscheduled Care performance in a sustainable way, and without outsourcing.

The modelling shows that with properly resourced and planned programmes to capitalise on the opportunities above, together with closer working with our partners, there is the potential to action the initiatives outlined below, much of it as part of our work programme on the Cross Cutting Themes. In addition to the work on bed capacity, we will be progressing the following during 2017/18:

- Increase productivity within operating theatres and reduce non-core costs, treat more Cwm Taf patients within Cwm Taf and potentially reduce capacity slightly. Work to date has identified how changes in consultant job plans and reconfiguring theatre timetables can realign areas where additional capacity is required, with specialties that have too much capacity currently.
- Increase activity through our clinics, improving outpatient wait performance and reduce clinic numbers slightly. This will enable Directorates to:
    - manage the backlog for follow-up patients within existing capacity and identify areas where recurring demand exceeds capacity;
    - identify areas where there is opportunity to offer capacity to assist other Health Boards or remove capacity where appropriate;
    - reduce the need for additional ad hoc capacity in outpatient clinics.

  This work will be overseen and enabled through the Outpatient Cross-Cutting Theme.
- Make progress towards 12 points per endoscopy list.
- The Health Board will continue to address the unscheduled pressures in a system wide manner to enhance the patient outcomes and patient experience.
- Introduce a new model for specialling to provide day time activities for patients with dementia.
- Development of sustainable community based interventions for Older Peoples Mental Health services as part of the further implementation of Valleys Life.

Summary of Assurance – Unscheduled Care
As part of our continuous improvement approach to unscheduled care performance, the Health Board aims to achieve a minimum 90% performance against the 4 hour target and have an improvement trajectory aimed at delivering no patients waiting over 12 hours.

The Health Board acknowledges that it has had variable performance over the last three years given some of the winter pressures experienced, but it remains our strong ambition to achieve these targets on an ongoing and sustainable basis.

Building on the continued unscheduled care improvements delivered over the last three years, including most recently the increase in minors capacity in the A&E Department at RGH, and the introduction of the two Surgical Assessment Units at both RGH and PCH, we are seeking further performance improvement.

The new Stay Well @Home Service, which has been developed through the use of the Intermediate Care Fund in partnership with our two Local Authority partners and with Third Sector support, is specifically designed to have a further positive impact on admission

avoidance, direct discharge from the front-door and accelerated discharge from inpatient beds. The service will be operational from April 2017.

We will continue to work with colleagues in the Delivery Unit to fully understand and implement the findings of the recent Delivery Unit Audits on discharge planning. These give the Health Board the opportunity to continue to improve resilience around discharge planning linked to the new initiatives we are developing in community settings.

The Health Board will reflect further on current pilot projects, including the Explorer2 project, which enhances the role of the paramedic practitioner linked to the virtual ward philosophy. Early feedback from the National Audit in Intermediate Care, provides opportunities to consider the make-up of the multi-disciplinary team in this environment, to avoid admissions to secondary care.

The combination of all the initiatives that will be in place will serve to:

- Consolidate delivery of the 4 hour performance for all minors stream patients attending A&E with the resultant positive impact on overall 4 hour performance;
- Further improve direct supported discharge from A&E;
- Further improve flow through our hospitals with the benefit of reduced bed-related delays to admission from A&E.

All of the above will have a positive impact on 4 and 12 hour waits. The Health Board is clear in its ambition to meet these targets.

The financial plan to support the above package of service model developments for RTT and unscheduled care specifically is set out in **section 6.6**. Delivery of this ambition is predicated upon the availability of the additional funding requirement from the Innovation Fund of £11.6m. The Health Board has assessed a fall-back scenario should that funding be reduced. The consequence would be a negative impact on patient flow and RTT performance (as also described in **section 6.6**).

4.7 INTEGRATION AND PARTNERSHIP

4.7.1 Why Partnership working and what will we achieve?

The Health Board recognises that people do not suffer from poor health in a vacuum and many other social, cultural, economic and environmental factors will influence their health and well-being, their lives and those of their families. We are therefore committed to working in partnership and we recognise that it is only by changing the practice of public bodies and other organisations by looking for collaborative solutions, that we will make a real difference, improving people's lives for the better, and making the greatest positive impact on our population now and in the future.

To ensure this holistic and integrated approach, which is citizen centred and designs services around people not organisations, the Health Board continues to work closely in partnership with a wide range of stakeholders, including Local Authorities, Third Sector, our staff and independent contractors, the Police, other public service partners including South Wales Fire and Rescue, Natural Resources Wales, the Police and Crime Commissioner, Probation Services, the independent sector, Universities, business partners, the Community Health

Council, volunteers and not least service users and carers. This approach is particularly important as we seek to ensure that the Well-Being of Future Generation Act's sustainable development principles of integration, involvement and collaboration are embedded in and shape our future service planning and delivery.

Particular priorities for 2017/18 include:

- Embedding and mainstreaming new arrangements and ways of working associated with new legislation in relation to partnership working.
- Working with the Third Sector to build community capacity and resilience, and to further strengthen the Health Board's approach to early intervention and prevention.
- Exploring opportunities to develop partnership and integrated opportunities across health, social care and the Third Sector, for example as part of the new model of service for the Dewi Sant Health Park.
- Continued development of an integrated approach to primary and community care working through primary care clusters and cluster hubs which will become focal points for more joined up working with a range of partners and patients.
- Further development of joint commissioning statements/ strategies, joint commissioning functions and pooled budgets (predominantly for older people, people with learning disabilities and children with complex needs).
- Continue to explore opportunities for joint roles across Health & Social Care.
- Implementation and evaluation of a range of innovative and sustainable schemes through the use of the recurrent Intermediate Care Fund. Examples include, our ambitious, new Stay Well @Home Service, Integrated Autism Service and a pooled budget for learning disability joint packages of care.
- Continue to work collaboratively to develop services which either prevent hospital admission or assist in improving patient flow (e.g. the new Stay Well @Home Service, Health & Social Care Discharge Co-ordinators, additional Social Workers, increased capacity in intermediate care and reablement services, Care Home Support Team).
- Exploration of collaborative estates options to support the integration of health and social services.
- Working with the Local Authorities and other relevant partner agencies to resettle vulnerable people displaced by conflict to Rhondda Cynon Taf and Merthyr Tydfil.
- Promoting and identifying opportunities for Prudent Public Services.
- Identify and implement innovative models of stakeholder engagement/ co-production – reaching a wider and more diverse audience; providing them with genuine and meaningful opportunities to influence our service design/delivery.

4.7.2 Social Services and Well-Being (Wales) Act 2014

Following intensive preparatory work during 2015/16, together with our Local Authority and Third Sector partners, we moved into the implementation phase of the Act from April 2016.

This Act simplifies the web of legislation that previously regulated social care in Wales and is designed to make access to services easier and more understandable to those who need them. It will cover services for both children and adults and will, as far as possible, integrate the arrangements for both of these groups so that social care is provided on the basis of need and not age.

The following sections provide examples of some of the areas of work that the Health Board has been particularly involved in during 2016/17 and these will continue to be a priority in 2017/18.

4.7.2.1 Cwm Taf Social Services and Well-Being Partnership Board

The Cwm Taf Social Services and Well-Being Partnership Board has been in place since January 2015 and has matured in its role during 2016/17. The role of the Board and governance arrangements have been set out in a Memorandum of Understanding. In brief, its purpose is to bring together public service leaders across the Cwm Taf region to drive forward the transformation of Health and Social Care services needed to meet the requirements and vision for the Act. An officer led Transformation Leadership Group (TLG) has also been set up to drive implementation of the Regional Plan

4.7.2.2 Social Services and Well-Being Partnership Board – Citizens Panel

As part of the leadership arrangements for the Cwm Taf Social Services and Well-Being Board, a Citizens Panel comprised of people who access care and support services, and their carers has been established.

The purpose of the panel is for policy makers to better understand the impact their decisions have on people and to make sure that they address the issues that matter to people. The panel will come together for a full day at least three times a year to look at specific areas of policy development. All outcome reports will be presented to the Social Services & Well-Being Partnership Board.

4.7.2.3 Cwm Taf Regional Implementation Plan 2016-2021

The Social Services & Well-Being Partnership Board held two workshops in February and March 2016 to determine and agree its priority programmes for 2016/21. A detailed regional implementation plan for 2016-2021 has been developed including priority areas, key actions and timescales. Progress is monitored on a monthly basis by the TLG and on a bi-monthly basis by the Partnership Board. An Annual Report for 2016/17 was developed at the end of March 2017.

4.7.2.4 Population Assessment

Local Authorities and Health Boards must jointly carry out an assessment of the needs for care and support, and the support needs of carers and identify:

- The extent to which those needs are not being met
- The range and level of services required to meet those needs
- The range and level of services required to deliver the preventative services required in section 15 of the Act
- How these services will be delivered through the medium of Welsh

There is a need to include quantitative and qualitative information, as well as engagement with a wide range of stakeholders, service users and the public. An assessment must be undertaken for each Local Authority area (analysing evidence spatially as well as by

theme/client group) and a combined assessment report must be produced based on the Cwm Taf footprint.

Recognising the considerable overlap between the Social Services and Well-Being Act population assessment and the assessment of local well-being needed for the Well-Being of Future Generations Act (see **section 4.7.3** below), the approach in Cwm Taf has been to combine the work needed for both assessments in one project. Whilst being mindful to ensure that care and support needs are not lost in the broader issue of well-being, or conversely that care and support for the vulnerable over-dominates the well-being agenda, it was felt strongly by partners locally that a combined approach would be both an effective and efficient way forward. There are also links and interdependencies with needs assessments for a range of other plans, including Supporting People, Communities First and Families First programmes, the UHB's Integrated Medium Term Plan and GP cluster profiles. The importance of having a consistent and joined up approach was recognised to ensure that one population assessment process was undertaken well, rather than a number of separate assessments all operating in silos.

There has also been a consensus amongst partners that we must focus more time and effort on developing better understanding and analysis in our needs assessments so we create the intelligence and ability to answer the "so what?" questions i.e. moving from a 'situation analysis' to a 'response analysis' which is a meaningful evidence base to inform various planning, commissioning and operational decisions, including our 3-Year Plan.

The first stage of drafting of the population needs assessment was the production of seven briefing documents, one relating to each client group identified within the Social Services & Well-Being Act. The first draft of the wellbeing assessment also produced four briefing documents, one relating to each theme of the Well-Being of Future Generations Act.

A detailed Engagement Plan was produced and implemented. Engagement with stakeholders, framed as "Understanding our Communities" and using an assets based approach, took place in the Autumn of 2016 and included:

- Conversations with various stakeholders at a host of public events across Cwm Taf, using prompts to find out what is important to communities, what is positive/what makes communities happy and ideas on how wellbeing can be improved; what matters to them about care and support needs.
- Conversations amongst established groups and forums.
- Online questionnaires.
- Opportunities for engagement have been promoted through social media, signposting, networking and marketing.

The return on all engagement opportunities has been very good. A second phase of engagement took place with a series of stakeholder workshops in October and November 2016 to continue the conversations, focusing in particular on the headlines that had emerged from the briefing documents, understanding what gaps or limitations there might be and starting to explore some responses.

The briefing documents were redrafted accordingly and overarching combined assessment reports were produced in January 2017 (one for population needs assessment and one for the well-being assessment) in order to meet the various governance requirements for scrutiny and approval. The final assessments (including a public facing summary and Welsh translations) will be published by April 2017, with a whole suite of technical supporting material (both data and engagement findings) available in an online Cwm Taf Repository.

Work during 2017/18 will focus on producing the Cwm Taf Area Plan required in response to the Population Needs Assessment. Final guidance is awaited from Welsh Government as to the level of detail needed to meet the new Section 14A of the Act.

4.7.2.5 Intermediate Care Fund (ICF)

When it was initially introduced in 2014/15 and 2015/16 the ICF was used in Cwm Taf to pump-prime a broad range of schemes with a focus on promoting well-being and independence, preventing admission, facilitating timely hospital discharge, with the overall aim of improving outcomes for older people.

Welsh Government increased the ICF allocation in 2016/17 and in doing so extended its application to other priority client groups. As the Cwm Taf Social Services & Well-Being Partnership has established and matured by this time, it took the decision to supplement the existing schemes by spending the increased allocation on a smaller number of more ambitious, transformational initiatives. These are: The integrated assessment and response Stay Well @Home Service (see **Book A3, section 1.9**); an all-age Integrated Autism Service (see **Book A3, section 1.8.1**); and a pooled budget for learning disability joint packages of care (see **sections 4.7.2.8** below and **Book A3, section 1.6**).

All ICF schemes are subject to quarterly evaluation and annual review. The ICF Annual Review process for 2016/17 is underway and will inform the Regional Partnership's priorities for 2017/18, subject to the receipt of ICF allocations and guidance from Welsh Government.

4.7.2.6 Integrated Assessment

Intermediate Care Funding was approved in 2015/16 to develop a complex discharge team with input from Discharge Liaison Nurses and Social Workers. Central to this team is the new and innovative role of the discharge coordinators. This role will assist with simplifying the assessment process and be the link between health and social care to enable the sharing of core data and patient care management information to achieve a more integrated service delivery and better outcomes for patients.

This will be further embedded in 2016/17 with work continuing to agree the process for core data and social care information to be available within emergency care and out of hours, and also the rollout process to enable hospital and social care interface with district nursing, primary care, private sector care homes and third sector.

4.7.2.7 Information, Advice and Assistance

The Act requires that people are able to access information, advice and assistance (IAA) to a range of prescribed standards, including through an online directory of services, face-to-

face, publications, via telephone and through the medium of Welsh. As part of this, the Health Board has recognised its duty to provide information to the Local Authorities about our care and support and preventative services.

A Regional Cwm Taf Communication and Information Strategy has been produced and a Directory of Services has been established via DEWIS. The Health Board is expected to provide and maintain information for inclusion within the Directory of Services to ensure that it is accurate, up to date and relevant and is compliant with Welsh language legislation.

Working with our communities, our plans for advice and support will ensure that:

- The use of NHS Direct will be increased and seen as a helpful first point of contact;
- The population will access the range of services provided by the Third Sector to provide general support and advice with the aim of reducing the stress that many people experience;
- The large carer population in Cwm Taf will be supported to undertake their role by accessing a carer assessment to identify what all agencies can do to sustain their role;
- The population will start to feel confident in using the 24/7 111 telephone / website advice service that will become available in the near future; and
- The Third Sector Community Co-ordinators role within each locality will be utilised fully and expanded as appropriate.

A fundamental part of our Plan is to ensure that plans are in place with our partners to ensure that our population are supported to maintain their health and to self-care for minor ailments. Work will continue during 2017/18 to implement the new service fully and maximise its potential, for example in linking with Third Sector partners, primary care and community groups.

4.7.2.8 Joint Commissioning

Joint Commissioning

In 2017/18, we intend to further review our commissioning arrangements and explore models for joint commissioning activities across the health and social care community. Our intention is to align the existing separate commissioning activities undertaken by different partners into a more co-ordinated and integrated approach. We also need to ensure that our commissioning model is consistent with a community-based citizen approach and explore the different ways in which we can undertake our commissioning function together more effectively including the use of formal partnerships and pooled budgets.

Pooled Budgets

Work commenced in 2016/17 to prepare for the introduction of a pooled budget for care homes by April 2018. In discussion with providers, service specifications have been revised together with contract terms and conditions. Changes will be introduced to streamline individual contracts and care plans. Work to develop a Market Position Statement is well underway. To complement this work, a pooled budget has also been established for learning disability joint packages of care, with a view to this becoming one in a suite of pooled budget arrangements across the Region (see **Book A3, section 1.6** for further detail). Further opportunities to pool budgets will be explored in 2017/18.

Joint Commissioning Statement for Older People's Services 2015-2015

Partners want to deliver a proactive, responsive and seamless service to our older population and those who support and care for them. We will ensure that older people are able to access a range of services that promote their health, well-being and independence, reduce reliance on long-term specialist services and emphasise choice and control.

One of the key priorities for the coming year will be the full implementation and evaluation of a new integrated and assessment Stay Well @Home Service (see **Book A3, section 1.9** for further detail).

Joint Statement of Intent for Learning Disability Services

A draft Statement of Intent for people of all ages with a learning disability has been developed by partners which will go out for consultation in early 2017.

Our vision is that people with a learning disability (including people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities. More information on the UHB's priorities in relation to Learning Disabilities can be found in **Book A3, section 1.6**.

Joint Statement of Intent for Children, Young People & Families

Following the development in 2015/16 of a Statement of Strategic Intent for Looked After Children and an associated delivery plan developed in 2016, the ongoing work has been broadened to include the wider needs of children and families. A Regional Children's Statement of Intent for children's services will be developed covering key areas such as universal services, early help, emotional wellbeing, Looked after children and children with disabilities. It is anticipated that a draft will be produced for consultation in early 2017 (see **Book A3, section 1.8**).

4.7.2.9 Building community capacity for well-being

One of the priorities in the Regional Plan is community development, the promotion of social enterprises and the development of preventative services, using an asset based, co-productive and collaborative approach. Having collected evidence from a wide range of engagement activities and network events coordinated by our County Voluntary Councils (CVCs), Interlink and VAMT, a Cwm Taf Social Value Forum has been established which will take forward the work required on a number of areas including:

- Listening to and working with communities in supporting people to live their own lives independently within their communities.
- Providing local information, advice and signposting and raising awareness of community services within the community and within service providers.
- Looking to develop a co-ordinated range of generic and specialised community based services than can cater for the whole population.
- Involving a wider range of stakeholders to engage with and develop a mutually acceptable model of neighbourhood networks, including consideration of Community Well-being Hubs.

4.7.2.10 Welsh Community Care Information System (WCCIS)

The business case has been approved at Executive Board, and the Executive Capital Management Group approved the funding for the staff to work on the configuration, development and support of WCCIS. We are currently working on establishing the staff into these posts. Our clinical and ICT teams are already working with NWIS and National groups on the system configuration and testing. Procurement at both local and National level have engaged with the project team to start drafting the deployment order ensuring it defines all our requirements.

There are regional groups already meeting where RCT and Merthyr Tydfil Local Authorities and the Health Board work together to ensure we have a system that fits our regional requirements.

It is anticipated that WCCIS will support patient care and communication between the Health Board and the Local Authorities and enhance workforce efficiency rather then reduce WTEs.

4.7.3 The Well-Being of Future Generations (Wales) Act 2015

The Act places a statutory responsibility on Public Services Boards and certain public bodies, including the NHS, Local Authorities and other partners, to improve the social, economic, environmental and cultural well-being of Wales in accordance with sustainable development principles.

The Health Board must demonstrate that we are thinking more about the long term, working effectively with people, communities and each other and taking a more preventative and joined up approach to solving problems. We must address all seven Well-Being Goals set out in the Act and meet the Well-Being Duty placed on us as a public body including:

- setting and publishing Well-Being Objectives that are designed to maximise our contribution to achieving the well-being goals;
- publishing a Well-Being Statement explaining how the objectives will help us achieve the well-being goals and how we have applied the sustainable development principle; and
- publishing an Annual Report showing the progress we have made.

The Health Board's Well-Being Objectives and Well-Being Statement can be found in **section 1.1**. These cannot be seen as separate from our corporate vision and objectives that steer the actions and decisions of the UHB and are an integral part of our IMTP for 2017-20.

4.7.4 Cwm Taf Public Services Board

In addition to the duties placed on the Health Board as an individual organisation, the Act requires us to work together with partners through the establishment and membership of Public Service Boards (PSBs). As a result of the robust and mature partnership working already evident across RCT and Merthyr Tydfil, and building on the experience of the two Local Service Boards and Regional Collaboration Board, partners agreed to the creation of one Cwm Taf Public Services Board. This met for the first time in May 2016 and was the first

example in Wales of a merged PSB encompassing more than one local authority area. This is seen as further evidence of the commitment and determination of local partners to embrace the collaborative agenda and opportunities presented by the Act.

The Cwm Taf PSB Statement of Intent, which was agreed in October 2016, highlights members' commitment to developing collaborative public services that puts the people in our communities at its centre and has a clear focus on achieving better outcomes for our citizens.

The smooth and constructive transition to a Cwm Taf PSB was facilitated by a strategic review of partnership working involving all agencies which sought to:

- Understand and map the existing meeting and partnership landscape, with particular attention to Community Safety, Public Protection and Mental Health;
- Ensure the mapping process considers the delivery of the respective Single Integrated Plans and cross references where appropriate, including consistent effective and streamlined performance reporting;
- Understand areas of current joint delivery coterminous to Cwm Taf – consider further collaborative opportunities to maximise capability and capacity of all partners, especially resources;
- Develop a coterminous Cwm Taf partnership map considering statutory functions/ mandated areas and challenges/governance and accountability/ business benefits;
- Identify opportunities where joint activity could deliver potential savings/efficiencies, particularly in respect of partnership support functions where future funding may be limited;
- Ensure that proposals include consideration of future legislative needs;
- Ensure effective and robust meeting and governance structures with appropriate representation to deliver effective scrutiny and accountability;
- Develop a manual of partnership; and
- To ensure a value for money approach.
- Indentify opportunities for shared workforce training and development.

As a result, partnership structures have been streamlined and the focus is on a more innovative, challenging and problem solving approach to work across the Cwm Taf footprint, moving towards a preventative agenda and working with local communities to achieve their desired outcomes.

An officer led Strategic Partnerships Board has been established which reports to the PSB. Following a series of workshops in 2016 and scoping work, a number of priority workstreams have been identified, as outlined below, which will be the focus for action in 2017/18 and will inform the development of the Well-Being Plan required by April 2018:

- Developing an approach to preventative spend
- Developing an innovative and proactive approach to involving individuals and service users
- Commissioning a whole system of substance misuse services
- Adopting a "place based" approach, linking to opportunities around Childrens Zones, Neighbourhood Networks and Tackling Poverty

- Managing demand for Child and Adolescent Mental Health Services, including emotional wellbeing
- Developing a digital platform and performance framework for the PSB and its partners
- Developing and nurturing the public services workforce, including a Cwm Taf Apprenticeship scheme
- Joint Scrutiny arrangements and collaborative partnership support.

4.7.4.1 Cwm Taf Public Sector Collaborative Estate Initiative

Partner agencies have been exploring options for large scale health & social care infrastructure/ estates projects that would provide a vehicle to take forward service strategies and the integration agenda.

4.7.5 Single Integrated Plans

The local priorities for partnership working are captured within the Single Integrated Plans (SIPs) for each County Borough Council area.

Merthyr Tydfil
The vision for the SIP is to strengthen Merthyr Tydfil's position as the regional centre for the Heads of the Valleys, and be a place to be proud of where:
- People learn and develop skills to fulfil their ambitions.
- People live, work, have a safe, healthy and fulfilled life.
- People visit, enjoy and return.

Rhondda Cynon Taf (RCT)
The vision for the SIP is that people in Rhondda Cynon Taf are safe, healthy and prosperous. The RCT SIP also identified common themes running through the Plan:
- Early intervention – with the aim of either preventing things from worsening or, better still, occurring in the first instance.
- Inequalities – ensuring that we focus on our most deprived communities or vulnerable groups.
- A culture change within each of the partner organisations ensuring a skilled and flexible workforce.
- Better coordination – joining up of services and activities across partner organisations.

From its establishment in 2012 until its replacement by the new PSB in 2016, the Cwm Taf Regional Collaboration Board worked effectively on a number of projects and initiatives with a focus on prevention, early intervention and innovation. By working regionally, we have been able to avoid duplication and maximise the opportunities presented by each Single Integrated Plan, so ensuring greater impact and efficiency.

Both SIPs have a focus on developing area based partnership working. The area based approach is not a formal partnership but a targeted way of working, building on the assets and initiatives already existing in an area (sometimes referred to as asset based community development). It starts from the basis that every community has a wealth of assets (e.g. the knowledge and skills of the people who live there as well as the physical assets like

buildings) that are the foundations for building a sustainable community. This approach has also been used in our work on the population and wellbeing assessments.

A Legacy Statement was produced by the RCB in May 2016 to hand over to the new PSB. Key examples of success included:

- Cwm Taf Multi Agency Safeguarding Hub
- ICT Schools Enabled project
- Addressing the issue of empty homes
- Development of the Cwm Taf Community Engagement Hub
- Development of a regional Cwm Taf Youth Offending Service
- Development of the Cwm Taf Data Observatory

During 2016/17, the SIPs continued to provide the backdrop and context for much of the work needed to transition from Local Service Board arrangements into the new world required by the Well-Being of Future Generations Act and in particular the PSB. With the completion of the Well-being Assessment in 2016/17, and the development of the Well-Being Plan in 2017/18, the SIPs will be replaced. However, until then, delivery will continue as appropriate and an annual report for 2016/17 will be produced by partners at the end of the financial year.

4.7.6 Third Sector

In terms of access to services closer to home, the Health Board recognises that our Third Sector partners play an important role in delivering community based services that complement both health and social care provision. We commission a diverse range of services from over twenty organisations that are attuned and complementary to the services provided by the Health Board. We are committed to engaging with the Third Sector as equal partners in designing and delivering better services together, with improved outcomes for service users and carers. During 2017/18, we will:

- Continue to review and monitor performance against existing Service Level Agreement to ensure they remain aligned to the UHB's key priorities and respond to local need.
- Continue to explore opportunities to build community capacity and resilience.
- In partnership with the two local authorities, seek opportunities to jointly commission services.
- Identify opportunities for Social Enterprises.

4.7.7 Communities First

A Cwm Taf Community Health Development Network (CHDN) in place for a number of years brings together representatives of Communities First Cluster Groups, the Health Board, Cwm Taf Public Health Team and other community organisations such as housing providers who have a vested interest in reducing health inequalities across Cwm Taf. Through multi agency planning the CHDN works towards achieving the shared health outcomes within the SIPs and the Communities First Programme. The network provides a structured mechanism to allow improved communication, sharing of good practice and training for community partners. Examples of projects developed and supported by the network include the 18 community weight management groups established across Cwm Taf.

Moving forward in 2017/18, the Health Board is committed to playing its part in Tackling Poverty with particular reference to the link with health inequalities. In this context, the future plans for Communities First are very important to us and we support the focus on resilient communities, as described in the Welsh Government statement below:

> *"This means communities that are empowered and engaged; communities that are ready and able to work; communities that can offer children the best start in life; safe and strong communities that we are all signed up to."*

The Minister has stressed the role of employment, ensuring that communities have access to jobs and people with the right skills and support to fill them. The Health Board has long recognised the importance of employment to health and well-being, for example through participation in the LIFT programme.

We also welcome his focus on Adverse Childhood Experiences (ACEs) and the scope to work more closely with our partners to review Communities First, Flying Start and Families First programmes to ensure we support our vulnerable and disadvantaged children more effectively. We are already in discussions with our Local Authority partners about the opportunities offered by the concept of Children's Zones.

It will be necessary for the Health Board and the PSB to understand the implications for all partners and our residents of any funding changes to the Communities First programme. Whilst it is anticipated that funding will be available until December 2017, there is likely to be a significant reduction in 2017/18. Allocations for 2017/18 are not yet known. This poses a risk to a number of Health Board initiatives.

4.7.8 Health and Housing

The Health Board recognises that preventing homelessness and improving housing helps people, particularly the vulnerable, to lead healthy, independent lives as well as reducing inequality and poverty. A range of collaborative work is underway between the Health Board, Public Health and housing colleagues, both in the Local Authorities and Housing Providers.

Plans for 2017/18:

- Implement the Cwm Taf Hospital Discharge Protocol for Patients in Housing Need for both Merthyr Tydfil and Rhondda Cynon Taf.
- Implement a further range of initiatives in Tylorstown to address the outcomes of the health and wellbeing questionnaires returned by residents.
- Deliver phase 3 of the Housing and Health Action Area scheme which is due to roll out in Penrhys.
- Finalise and implement the housing and asthma web based toolkit to assist collaborative working between housing and health professionals and ensure that the toolkit is promoted and readily accessible online.
- Consider the evaluations of the pilot projects being undertaken with Care and Repair in primary care to measure impact and outcomes so we can assess implications for existing SLAs and plan any service developments that are needed.
- Promotion of the 'wellness home'.

4.7.9 Carers

Following the repeal of the Carers Measure and the implementation of the Social Services & Well-Being Act from April 2016, a priority in the Cwm Taf Regional Implementation Plan in 2016 was the completion of a new Carers Strategy by working with partners across Rhondda Cynon Taf and Merthyr Tydfil, including Carers themselves.

Significant progress has been made over the last three years. The most recent Annual Report to Welsh Government in 2015/16 highlighted progress across a number of initiatives and were built upon further in 2016/17:

- The recruitment of over 400 Carers Champions throughout Health and Social Care and the third sector, ensuring Caring Awareness is embedded into various departments and organisations.
- The provision of Carer Aware training (both via e learning and face to face) to further expand the knowledge of both Carers Champions and staff.
- The training of nursing and social work students at the University of South Wales, ensuring the future workforce are Carer Aware.
- The sharing of best practice at an annual Carers Champion conference held in May 2016.
- Provision of relevant, timely and up to date information for Carers and staff (including the Cwm Taf A-Z Guide and online DEWIS directory).

4.7.9.1 Cwm Taf Carers Strategy Implementation 2017/18

We have developed the following Vision and five key aims for the Cwm Taf Carers Strategy. A detailed Action plan for delivery has been developed. Examples of actions are given for each Aim:

Carers of all ages in Cwm Taf will be recognised and valued as being fundamental to supportive and resilient families and communities. They will not have to care alone and will be able to access information, advice and support to help meet their needs, empowering them to lead healthy and fulfilled lives, balancing their caring role and their life outside caring.

- Aim 1: Identifying Carers of all ages and recognising their contributions
  - Annual Carers Champions conference to share information and best practice across the network
  - Recruitment of Carers Champions across partner organisations

- Aim 2: Providing up to date, relevant and timely information, advice & assistance to Carers of all ages
  - Develop and deliver a Young Carers Information Guide
  - Increased knowledge and use of the Information, Advice and Assistance service and DEWIS online Directory

- Aim 3: Providing support, services & training to meet the needs of Carers of all ages
  - Consider how technology can play an important part in supporting Carers. For example, face time technology to provide remote support

- Encourage uptake of opportunities to improve the health and wellbeing of Carers eg Mindfulness and Stress control courses run by Valleys Steps

- Aim 4: Giving Carers of all ages a voice, with more choice & control over their lives
  - Working with Carers on outcomes they want to achieve
  - Develop and share Carer stories and experiences so their voice can be heard

- Aim 5: Working together to make the most of our resources for the benefit of Carers of all ages
  - Reach Carers more effectively by "Making every contact count" - maximising opportunities from other programmes of work eg Health and Housing project in Tylorstown, to identify and capture views from Carers and look for new ways to meet their needs
  - Consider opportunities for joint commissioning and integration of service provision across Cwm Taf

Welsh Government provided transitional funding of £1million per annum for Wales in 2016/17 (£97K for Cwm Taf) to protect and build on progress to date under the Carers Measure and to prepare for the expansion of carers rights on the implementation of the Social Services & Well-Being Act. This funding has enabled the continuation of the three Carers Co-ordinator posts funded through this allocation in the Health Board and two Local Authorities to deliver the new Strategy.

As required by Welsh Government, an annual report on progress made, including the use of the allocation, will be submitted in June 2017. Further funding will be available in 2017/18 but confirmation of actual amounts and any specific criteria are not yet known.

The refreshed national carers strategy/statement of intent is awaited. Once published we will consider implications and actions needed in response for 2017/18.

4.7.10 Veterans

The Health Board's Armed Forces Forum (AFF) continues to meet on a quarterly basis to monitor progress against the Healthcare Provision for Armed Forces Community Action Plan. We continue to work in partnership with Local Authorities, Change Step, TEDS, Combat Stress and British Legion to enable community wide engagement with Veterans and their families and provide all round service.

In conjunction with the Veterans lead in Rhondda Cynon Taf Local Authority, we have developed a survey for residents which will help identify Veterans and their families across the Cwm Taf area. Specific questions were developed with regards to health to help us identify difficulties experienced when accessing our services.

As a consequence of feedback from our Veterans highlighting that they felt embarrassed when booking in at Outpatients and asking for the "quiet rooms" as they have PTSD, Senior Manager for Patient Experience Manager the PALS Officer in conjunction with Veterans have developed a Veterans ID Card which includes all of the above information. The card will be shown to the receptionist when booking in for an appointment.

We are also scoping the possibility of recruiting Veterans on work experience. This work forms part of the "Defence Employer Recognition Scheme" which we are keen to progress across Cwm Taf. The scheme has three stages: bronze, silver and gold awards. Current status across Cwm Taf means that we already in a position to be able to sign up for bronze and silver and then work towards the gold. We will also be working with key stakeholders who have already participated in this scheme to gauge their experience and gain a better understanding of the advantages and disadvantages.

A Cwm Taf "Corporate Covenant Pledge" has been developed which sets out specific aims relevant to the service; sign up to the pledge further evidences and strengthens the support for Veterans from an organisational perspective.

A collaborative project is ongoing to look at developing an E-learning package which focuses on the needs of Veterans and their families to help raise awareness and educate frontline staff. Key to the success of this training package will be the engagement of Veterans in its development.

The Patient Experience Team has been recognised for their partnership approach to working with Veterans at the Health Boards' Staff Recognition Awards and received a Unison All Wales Highly Commended Award.

4.7.11 Volunteers

The Health Board recognises the unique and valuable contribution that volunteers make in complementing our services. Volunteers enrich and extend the range of support provided to service users by providing practical help and support to enhance the experience of our patients and their carers.

Our Volunteers Strategy is taken forward through our Volunteering Steering Group and as a result a number of volunteering projects have been established within Cwm Taf:

- Hospital radio
- Meet and Greet Volunteers (YCC)
- Breast Feeding Peer Support Volunteers
- Chaplaincy Volunteers
- Ward Befriending Volunteers
- Volunteer Drivers
- Maternity Tour Guide Volunteers
- Welsh Speaking Volunteers Ward project
- Volunteers Instructor Programme (VIP)
- Meet and Greet Macmillan Unit
- Dementia Buddy Volunteers
- Activity Support Volunteers
- Education Programme for Patients (EPP)

We have developed strong links with our Third Sector partners, VAMT, Interlink and public bodies i.e. Job Centres, Colleges and Universities and we continue to work in partnership to

develop volunteering opportunities. We also work with our staff side leads to develop a consistent approach to volunteering that delivers benefits both to patients and volunteers themselves.

Our Volunteers Strategy has been developed which provides the vision for current volunteering schemes to be strengthened and new and innovative schemes to be developed. It is underpinned by a robust and comprehensive policy and procedure for volunteering. This strategy aims to provide an understanding, appreciation and awareness of volunteering and its benefits throughout the Health Board.

We appointed our first Volunteering Manager in December 2015 to further strengthen our Volunteers Strategy in action.

During 2017/18 we will be leading volunteering into the next phase with the following actions:

- Undertake a baseline assessment across all areas to re establish the need/demand for volunteers
- Following the outcome of the assessment we will proceed to develop and expand volunteering across Cwm Taf
- Work closely with Third Sector Organisations to develop volunteering, ensure best use of resources and avoid duplication
- Ensure a Volunteers Celebration Event is held on an annual basis
- Review the process for recruiting, managing and retaining volunteers

4.7.12 Citizen Engagement

The Health Board is fully committed to creating a culture that welcomes and facilitates the involvement of patients, relatives and carers from all communities it serves in the development, improvement and monitoring of services and patient care. They can help us to develop and refine solutions to the challenges of providing high quality, sustainable services.

Our community is full of examples of co-production. The Valleys communities are incredibly resourceful and mutually supportive, and they continue to work with us in the design and delivery of services. Our Public Forums have long been vehicles for generating better approaches to healthcare in Cwm Taf.

In the immediate term, we are thinking about how co-production can be strongly supported by pragmatic and concrete service developments in the following areas such as:

- advice and support services;
- self care models;
- use of behavioural science.

Citizen engagement priorities in 2017/18 include:

- The continued implementation of Citizen Engagement and Patient Experience Plans.
- Regular meetings of the UHB Stakeholder Reference Group (SRG). The SRG ensures that a range of stakeholder views (including representatives from local authorities, Third

Sector, Community Health Council, community groups, independent sector, patients and carers) are heard and can influence the planning, design and delivery of services.

- Regular meetings of the Health Board's four Locality Public Fora to ensure continuous engagement as well as undertake any formal consultations about the design and delivery of our services. Communities are engaged on a range of issues to ensure the public has a voice.
- With our partners in the Public Service Board, a co-ordinated approach to engagement and consultation activities will thrive with the continued use of the online community engagement 'hub'. The hub provides the means to:
  - Create and distribute questionnaires and surveys.
  - Advertise up and coming public events.
  - Collate information/feedback from the public to assist in the development and/or improvement to our services.
  - Provide feedback on the outcome of all engagement and consultation activities.
  - In addition, a Citizens' Panel comprising of over 1,600 people across Cwm Taf have signed up to give their views on consultation topics.
- Joint working with neighbouring Health Boards on the South Wales Programme.
- Work closely with the Community Health Council to ensure that engagement is timely and meaningful so that people understand the case for change and the options being considered. As a result of the extensive work that has been undertaken, we have been able to engage with a wide range of groups 'seldom heard' and develop a more robust approach to equality impact assessments.
- Support and guide the newly appointed Bevan Advocates for Cwm Taf, who will:
  - offer their unique perspective on services, health, wellbeing and illness to kick start a social movement and social engagement for change
  - influence the wider public through dialogue and discussion, promoting wider conversations around prudent healthcare and work with the UHB to improve health outcomes through the practical application of the Prudent Healthcare Principles
- In partnership with the Cardiff University School of Medicine, scope the benefits of working jointly towards a common goal in ensuring a citizen centred approach to health research, service design and evaluation.

4.7.13 Staff Partnership

Employee engagement is a workplace approach designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of well-being.

"This is about how we create the conditions in which employees offer more of their capability and potential." – David Macleod

Most importantly, the evidence is clear that an organisation like the UHB can do a great deal to impact on people's level of engagement. That is what makes it so important, as a tool for success. The approach is also about celebrating diversity, placing compassion and flexibility at the heart of everything Cwm Taf does, accepting risk and listening and trusting people to try new and innovative ways of working. Through other streams of work, patient flow; transforming safe and effective care together; iCARE; and the recent work around the UHB's

response to the Andrews Report including the unannounced Executive dignity visits as well as the Welsh Government recent visits all signal that positive engagement is taking place.

During 2017–2020, our organisation development approach will have a work stream relating to TeamCare and include Aston team based working.

Cwm Taf Cares continues to develop momentum; translating what this means in practice through working with staff at grass roots level is now underway in order that the organisational vision and values are owned and embedded. Our expansion of iCare into TeamCare is a reflection of this.

5.7.14 Corporate Social Responsibility

Corporate Social Responsibility (CSR) is about ensuring that the UHB makes a positive impact on society and aligns social and environmental responsibility to economic goals and value for money. It seeks to raise awareness of the impact that our work has on people and our environment, and the steps being taken to reduce any negative effects.

As a large employer providing public services and spending public money, our activities need to take place in the most sustainable way. We believe that by working towards the aims of corporate social responsibility we will also:

- Ensure service excellence;
- Make the best use of resources;
- Provide a great place to work; and
- Be responsive and accountable to our communities.

The introduction of the Well-Being of Future Generations (Wales) Act 2015 was a key milestone in the journey towards a better Wales for future generations. Since February 2014, the Cwm Taf Corporate Social Responsibility (CSR) group has been implementing a programme of work to develop enhanced relationships with local business partners and third sector organisations and to raise the profile of projects to improve the sustainability of services and the work force. This work has included:

- Organ donation and opportunities to raise awareness within Cwm Taf
- Support for the People's Kitchen – Merthyr Tydfil
- Promotion of credit unions
- Support for local food banks

- Third sector organisation's use of UHB facilities such as meeting rooms free of charge
- MacMillan coffee mornings
- The Samaritans South Wales Valleys Project
- Twiddle muffs for dementia patients
- Sustainable food procurement
- Sustainable environments and green spaces

4.7.14 Work Experience

The Health Board has been engaged with our Local Authorities in Merthyr Tydfil and Rhondda Cynon Taf to provide work experience and training for adults and schoolchildren for many years. With the introduction of the Well-Being of Future Generations Act and Welsh Government schemes to alleviate poverty, such as LIFT, this area of work has seen rapid growth over the past year.

Adult Work Experience

LIFT - The Health Board continues to work with its local LIFT Team to provide work experience placements in the south of the Health Board's geographical area. Over the past year the Health Board has also started to work with the LIFT Team from Blaenau Gwent to provide work experience placements to trainees living in the their catchment area but within commuting distance of Prince Charles Hospital. More recently the Health Board has met with a LIFT Team from Caerphilly and whilst discussions are ongoing an initial work experience cohort is planned for early 2017.

Since January 2016 the Health Board has offered 100 work experience placements to LIFT. Of these, 75 places have been taken up and 70 participants fully completed their placements. Twelve individuals have successfully obtained paid employment with the UHB.

In general the suitability of the LIFT trainees to work in a health environment remains a challenge and the Health Board continues to commit resources to ensure that all LIFT trainees have realistic expectations and fully understand the attitude and behaviours expected of UHB staff. Once in the workplace the success of placements relies on continuous monitoring of trainees and the provision of appropriate pastoral care.

Each individual successfully completing a LIFT work Experience placement is assessed on merit and if appropriate they are encouraged to participate in the Health Board's Pre-Employment Scheme.

Pre-Employment - Local Authority funded organisations, such as Bridges into Work II (Merthyr Tydfil) and Inspire to Work (RCT), identify individuals seeking employment and provide them with training in employability and essential skills prior to assisting them to identify a work experience placement in an area of employment in which they have shown an interest.

A typical month will see between 6 and 10 work experience trainees referred to the Health Board for inclusion on its pre-employment programmes, where they are provided with the same level of vocational training as that provided to new starters recruited to fill substantive posts as clinical HCSWs.

The Health Board has developed and implemented this new induction package since April 2016 with a key consideration being to ensure that the final programme would remain accessible to our pre-employment trainees. The Health Board has also worked closely with its partners within the Local Authorities to align their training with the requirements of the Clinical HCSW Framework, giving participants the best possible chance of success. Run monthly, up to 8 places on each programme are now offered to pre-employment trainees who meet the criteria for employment as a Clinical HCSW.

Pre-employment participants continue to receive benefits whilst on the programme and those that are successful are offered a place on the Health Board's Staff Bank where paid employment in the form of bank shifts is possible. Since January 2016, a total of 70 pre-employment trainees have successfully completed a paid shift as a clinical HCSW as part of our staff bank.

Schools

As part of the Health Board's wider schools engagement work, we are aiming to be more pro-active in the organisation of work experience and exposure to the health environment for the school years 9 – 13 (14 – 18 year olds), with a view to supporting schools to raise aspirations and career options for children.

During 2017, this work will see work the Health Board working far closer with local schools to ensure that work experience is far more coordinated and targeted: participating in "Industry Days" within schools to target year 9; organising supervised visits to expose year 10 to a variety of health environments and roles; providing week long bespoke placements for year 11, and providing more lengthy work experience placements to students studying Health and Social Care in years 12 and 13. As the children move through the school years the work experience placements will become more bespoke to ensure that the experience supports their future career choices.

Following the results of the two current pilot projects with Treorchy Comprehensive and Merthyr College, a framework for a systemised approach to schools and college liaison across our catchment area will be developed for 2017-20.

4.8 INNOVATION, LEARNING AND PURPOSEFUL COLLABORATION AS A UNIVERSITY HEALTH BOARD

University Health Board Status

Securing University Health Board (UHB) status in 2013 was a major achievement for Cwm Taf, recognising and helping us build upon the strong relationships that have flourished over the years between ourselves, the University of South Wales and Cardiff University. Strong academic and service partnerships support the promotion of health and well-being and high quality, safe and effective patient care, by ensuring the workforce is well educated and trained, the community is well informed and empowered and research opportunities are maximised.

Our Academic Partnership Board is responsible for strategic collaboration between the Health Board, the University of South Wales and Cardiff University to deliver our shared

strategic goals, to provide and strengthen quality, safety and health improvement, whilst gaining an international reputation for excellence, research and innovation.

The UHB and its partner universities have a long-standing history of collaborative working, with existing and expanding good practice in areas such as degree programme design, delivery and sponsorship. University Health Board status brings further opportunities for collaborative academic and industry ventures and joint academic appointments, the development of new roles and outcome based practice, all of which will help enhance recruitment and retention in the partner organisations.

Innovation Infrastructure and Support

The Executive Director with responsibility for leading the University status and associated work programme is currently the Executive Director of Therapies & Health Sciences/ Chief Operating Officer. The Director is supported by a number of Assistant Directors, Senior Clinicians and Senior Managers who have a range of academic, research and innovation links.

The Academic Partnership Board's programme of work for the next 12 months builds upon the foundations already in place and acknowledges the commitment to investment in staff; ongoing learning; research and development; our strong links with the local communities; and the need to recruit, retain and continue to invest in the workforce. The work programme is set against a number of key themes as set out in the following sections.

Governance Arrangements

The Academic Partnership Board developed a memorandum of understanding between the UHB and the universities to establish a long-term, strategic, and operational collaboration that will be of mutual benefit and support in order to promote the health, well-being and education of patients and the population and wealth creation. This document will need to be refined on confirmation that Cwm Taf will retain its university status following a formal review by the Welsh Government at the end of 2016. It will also formally reflect other partner relationships developed and strengthened over the last three years with e.g. Cardiff Metropolitan University.

Innovation and Service Transformation

We have a wide ranging set of priorities with a focus on innovation and service transformation as well as technology enabling solutions. Much of our plan revolves around the need for us to be really innovative and challenging in how we model our services and workforce for the future, particularly in implementing the outcomes of the South Wales Programme and in the next step ambitions we are setting out for our primary care, community and increasingly integrated services. The specific directorate chapters contained within this Plan provide additional examples and further detail in respect of the work ongoing in Cwm Taf.

The following are examples of the areas of work, across the holistic patient pathway from out of hospital care through to the acute settings, currently being taken forward across Cwm Taf (further examples are detailed throughout the Plan):

- Explorer 2 Project being undertaken with the Welsh Ambulance Services NHS Trust and St John's Medical Practice in Aberdare to develop a virtual community ward supported by community paramedic practitioners;
- Implementation of the recovery model for mental health services and the redesign of the services for older persons mental health services to provide care closer to home;
- Pilot project to implement the Danish model for improved access to cancer diagnosis and treatment, commencing in Spring 2017;
- Community based cardiology services to provide a one stop approach for patient engagement and management;
- Development of a diagnostic hub at the Royal Glamorgan Hospital designed in part to address difficulties with the recruitment and retention of radiology staff as well as improving the quality and efficiency of the diagnostic services offered to the local and regional population;
- Paediatric assessment service development at the Royal Glamorgan Hospital which will allow the majority of children to be cared for locally. The new model was successfully piloted in September 2016;
- Acute medical model implementation at the Royal Glamorgan Hospital in September 2015 which has allowed for the continued care of the vast majority of patients locally, with only small numbers requiring the tertiary/ specialist services at UHW;
- Development of a Surgical Assessment Unit (SAU) at the Royal Glamorgan Hospital to provide a central point of access for surgical emergencies, to assess, stabilise, investigate and initiate treatment;
- Introduction of new types of staff to address operational challenges, such as emergency care flow co-ordinators, pre-assessment co-ordinators and teams, advanced nurse practitioners in trauma and orthopaedics and acute medicine, physician associates etc;
- Technologies aimed at enabling communication between patients and professionals without the need for a face to face contact e.g. app development and point of care testing devices;
- Development of the electronic health record through the clinical portal, with access to up to date information on all aspects of a patient's care, available to all clinicians and service providers including GPs;
- Using technology to enable remote review and diagnosis of patients by specialists within tertiary centres, avoiding the need for the transfer of the patient;
- Increased access to mobile devices which enables staff to work effectively and efficiently wherever they are, reducing travel time, reducing accommodation costs and increasing value added time;
- E-rostering systems designed to improve the management of rotas and reduce costs associated with overtime, bank and agency staff;
- Technology to improve the scheduling and management of key processes such as the theatre scheduling tool, text and remind services and self service check in for outpatients;
- Use of mobile devices to improve communication channels for patients with sensory loss.

There are many other examples of work ongoing to transform services within Cwm Taf and the close links to the other elements of the work programme will strengthen these plans by

providing opportunities for changes to the workforce profile, improved recruitment and retention rates, support for innovation etc. Opportunities to secure funding to support efficiency improvements through the use of technology will continue to be considered as a priority area for the UHB. The Academic Partnership Board has a key role in ensuring that links to the education and training, research and development and commercialisation agendas are acknowledged, understood and appropriately exploited.

Establishment of an Internal Innovation Fund

We know that in Cwm Taf our staff have the insight and ideas to know what changes are needed, and to make change work. Often though we're so busy in our day to day work, doing the best we can, that there is no time to lift our heads and think long term.

The UHB has established an internal innovation fund that is accessible to all staff. We hope to foster a supportive culture across the organisation that allows us to listen to staff ideas, harness the creative thinking of our staff and support ideas and innovation that benefits the patient and staff.

The potential use of funding includes back-fill of staff time or other costs of piloting new ways of providing services or technologies; pump priming changes to ways of working, testing ideas and supporting new product development. Funding will be non recurrent (i.e. one-off), and after the pilot period it is expected that the change being piloted or tested will be cost saving or cost neutral with an improvement in quality or outcomes.

The innovation or idea will need to meet some, if not all, of the following criteria:

- There is a specific result in mind;
- It is important to the business of the UHB;
- It will create more efficiency or improved quality or outcomes;
- There is a reasonable outcome/result for the amount of work/energy/resources required;
- The innovation will be easily understood and used by staff;
- We can easily monitor and quantify the impact of the innovation;
- It represents a significant improvement in the process by which a service is delivered;
- It introduces a substantially new technology or service concept;
- It responds to the needs of a well-defined group of clients;
- It has the potential to be replicated in other departments/areas.

The process is being developed as simply as possible to keep time to a minimum in submitting an application. Staff wishing to submit an initial expression of interest for consideration will set out a short outline of their proposal and following consideration of the initial approach. This will be followed for a formal application where it is felt an idea should be progressed.

An Innovation Funding Panel will be set up and meet on a quarterly basis to consider formal applications. In the case of approved applications, the panel will organise staff access to expertise in areas such as intellectual property, and the commercialisation of ideas and provide ongoing support to overcome obstacles that hinder a project getting off the ground. All successful applicants will be invited back to panel to report on progress and projects will

be analysed to determine if the innovation is successful and whether it should be embedded in business as usual and where relevant should be rolled out to other areas.

As the concept develops in Cwm Taf, it is envisaged that pop up panels will also be established and staff on specific sites will be encouraged to pitch for on the spot funding of up to £500 to take forward an innovative idea in their particular area. This would be the subject of a separate and subsequent proposal.

Cwm Taf Innovation Conference

Cwm Taf hosted a very successful innovation conference in October 2015 and plans are currently being finalised to host a second innovation conference in April 2017 in order to celebrate the projects being taken forward by staff in collaboration with many key stakeholders.

Work with the Bevan Commission

During 2015 the Cwm Taf critical care outreach teams were selected by the Bevan Commission to be part of a 12 month trial of a disposable sepsis box. Cwm Taf, Rocialle and the 1000 lives improvement team will work together to develop and test the disposable sepsis boxes in Prince Charles Hospital and the Royal Glamorgan Hospital. The trial will hope to show an association between use of the box and significant increase in compliance with delivery of the sepsis 6 care bundle within one hour of sepsis recognition in all in-hospital clinical areas and significant increase in the percentage of sepsis 6 bundle delivery initiated by ward based nursing staff. This project was awarded the prize for the best poster presentation at the recent Bevan Commission innovation conference and it won a MediWales innovation award in December 2016.

The Bevan Commission recently approved a number of exemplars from Cwm Taf who will design and develop innovative ideas that are aligned to health board needs and prudent healthcare with a positive impact on patient outcomes; create a social movement for change across Wales by sharing approaches and inspiring others; and create a network to share ideas. The projects being taken forward as part of the Academy include:

1. Enhanced access to psychological therapies in community mental health teams
2. Introduction of purposeful activities for patients suffering with dementia
3. Transforming traditional ward based dementia care
4. Orthopaedics - improving health literacy and patient activation
5. Multidisciplinary intervention in primary care to very frequent attendees to improve self-efficacy and overall empowerment and patient wellbeing
6. Development of a virtual ward supported by community paramedic practitioners

The Bevan Commission recently asked all Health Boards and Trusts to appoint 10 Bevan Advocates who are patients, carers and volunteers, offering their unique perspective on services, health, wellbeing and illness and creating conversations and wider engagement for change. The Advocates will influence and support the Commission in its work, offering insights into the real ‘lived experience’ of healthcare and health services and feedback on the Commission’s thinking as it develops.

Health Boards and Trusts have also been invited to establish a Bevan innovation hub, as dynamic development, testing and learning environments for a specific theme, building upon their local expertise, knowledge and need. They will each take a different theme which, when brought together, will create great synergy and ultimately provide the basis for finding better integrated solutions for better health and care in Wales. It has been agreed that the Cwm Taf Bevan innovation hub will focus on primary and community based care and plans are being developed to try out and test new innovative ways of working, models and approaches in primary care, building upon approaches such as Bromley by Bow. The Bevan Commissioners have referred to this and are keen to see how different models, particularly in more deprived areas, might be structured and run including the role of social enterprises, salaried GPs or other community owned models.

Welsh Wound Innovation Centre

The Welsh Wound Innovation Centre (WWIC), situated next to the Royal Glamorgan Hospital, provides a significant economic development opportunity for Wales and the UK and a number of meetings have been held with officers and clinicians from Cwm Taf UHB. A memorandum of understanding has been agreed to set out a programme of work for the next 12 months and to support the delivery of a number of key objectives including:

- Continue to facilitate wound healing practice into clinical placements for undergraduate nurses and seek to develop opportunities for medical and AHP students;
- Continued education and support to tissue viability nurses; practice nurses and podiatrists;
- Consider opportunities to establish a diabetic, head and neck cancer and vascular wound clinics hosted at the WWIC;
- In light of Operation Jasmine, collaborate with the WWIC to develop a wound registry that is fit for both local and national needs;
- Participate in a number of proposed commercial studies to include a phase 3 randomised placebo-controlled study; a randomised controlled trial for a compression sleeve and a skin health study looking at the prevention of pressure damage to heel areas.

Training and Education

The Director of Workforce & Organisational Development, Director of Nursing, Midwifery and Patient Care, Assistant Director (Organisational Development) and the Head of Clinical Education are key members of the Academic Partnership Steering Group, with the Directors also sitting on the Academic Partnership Board. This facilitates effective communication and understanding across the various strands within the work programme. Details of the extensive training and education can be found in **Chapter 5** and key targets for the Academic Partnership Board include:

- Increased access to employment opportunities for the local population through projects such as LIFT which targets the unemployed from workless households with offers of vocational training and work experience;
- Widening access to employment through work with Job Centre Plus and the Bridges into Work Programme;
- Development of an approach to work closely with local schools and colleges e.g. Treorchy Comprehensive, YG Garth Olwg and the College Merthyr Tydfil to provide opportunities for joint working and work experience placements to encourage

recruitment into the organisation. Offering volunteering experiences to college students is also being investigated;
- Continued discussions with Cardiff University to develop an intercalated degree course (BSc) in primary care, a BSc module on inequalities in health and MSc modules in integrated care and ageing and health to be delivered from the Keir Hardie University Academic Centre;
- Further work to complete a stock take of honorary title holders so that we can demonstrate an increase in numbers to reflect more accurately the extent of our partnership working and the direction of travel with all of our academic partners.

Work is well underway to develop an Education and Training Strategy that will be proactive in supporting service transformation, creating greater agility within the workforce right across the employment spectrum from health care support workers through to advanced practitioner roles and new medical staff roles. In addition, systems to support accelerated organisational shared learning and service problem solving will need to form an explicit part of the strategy that will be in place from the spring 2017.

Research and Development

Cwm Taf is an ambitious UHB which has a distinct population on which to undertake high quality, ethical and collaborative research, with the aim of helping to develop and change patient care, outcomes and experience for the better. Details of the extensive research and development portfolio can be found in **Book A2** and the key targets for the Academic Partnership Board include:

- Establishment of an internal R&D funding scheme to support and promote novice researchers and their ideas (January 2017)
- Development of commercial research clinical accommodation at Keir Hardie University Health Park (February 2017) and the development of a Clinical Research Facility at the Royal Glamorgan Hospital (September 2017)
- Establishment of a repository of published works in collaboration with the education and library services.

Strong academic and industry partnerships support the promotion of health and wellbeing and high quality, safe and effective patient care, by ensuring the workforce is well educated and trained, the community is well informed and empowered and research opportunities are maximised. The Assistant Director for R&D continues to play a key role in the development of such partnerships and to contribute to the work of the Academic Partnership Board.

Commercialisation Opportunities

University Health Board status continues to bring a distinct advantage in achieving our strategic aim to increase the commercial research undertaken across the organisation. An increase in commercial research income would complement the funding received from bodies such as NISCHR and any successful grant applications. The combined income can then be re-invested into developing the UHB's research infra-structure, further developing the research activities of all health care professionals.

Discussions continue to investigate opportunities for co-production and utilisation of new information technology advances with local industry partners e.g. the Alacrity Foundation.

UHB researchers are working with a number of industry partners, to include local Wales based companies, to develop commercial partnerships with medical technology, diagnostic and pharmaceutical companies to progress clinical applications of innovative solutions to health and social care problems. Current examples include work with Imspex Ltd, Nutritia, Medpace, Boehringer Ingelheim, Huntleigh's, PulmonIR, BioVici, Rocialle, Ortho-Diagnostics, Renishaw, Simbec and Synexus.

One example of close collaboration with industry relates to the clinical biochemistry and respiratory medicine departments working in collaboration and sponsoring a study with PulmonIR and Swansea University. The study will test a new innovative methodology on a point of care testing (POCT) device, to detect exacerbation of Chronic Obstructive Pulmonary Disorders - PulmonIR won the "best new start up company award" at the MediWales conference in 2016.

National Collaborative Commissioning Unit

The National Collaborative Commissioning Unit (hosted by Cwm Taf UHB) in partnership with School of Health Sciences at Swansea University, with support from the Welsh Government, has used the innovative CAREMORE commissioning method, which has been created and developed within NHS Wales, as a catalyst for projects for both commercial and non commercial frameworks. There will be a Memorandum of Understanding agreed between National Collaborative Commissioning Unit and School of Health Sciences representing the roles and responsibilities of both parties. The partnership has also enabled the establishment of the C3 faculty to oversee the research and evaluation of the CAREMORE product. The intellectual property rights for CAREMORE rest with Cwm Taf University Health Board and discussions are ongoing to ensure that this is reflected in the Memorandum of Understanding.

Intellectual Property Management

Further work is needed to develop expertise relating to intellectual property rights and the management of commercial income leading to increased income generation opportunities for the UHB. Policies and procedures need to be finalised early in 2017 and key staff will need to attend recognised training programmes in this area so that contacts can be identified as key reference points for the organisation. This area of the work programme has been delayed due the availability of key staff

Societal Impact

The introduction of the Well-being of Future Generations (Wales) Act 2015 was a key milestone in the journey towards a better Wales for future generations. Since February 2014, the Cwm Taf Corporate Social Responsibility (CSR) group has been implementing a programme of work to develop enhanced relationships with local business partners and third sector organisations and to raise the profile of projects to improve the sustainability of services and the work force. Examples of their work can be found in **section 4.7**.

The Assistant Director (OD) and the Head of Business Support (Operations & Academic) play an active role in the development of the work plan for the corporate social responsibility group and they are also members of the Academic Steering Group. This improves understanding across the various strands of work that underpin the University Health Board work plan and effective working relationships with other key members of staff will continue to be developed to maximise the societal impact of this area of work .

Defining the Way Forward

The shift from a "Health Board" to a "University Health Board" presented an opportunity for every member of staff to take a legitimate personal responsibility in co-creating a "university in practice". Transforming patient care requires that there is a cultural environment of innovations in practice as a norm; where there is a research discipline in the form of evaluation and action research as we practice and a respected rigour in our more formal large scale research projects. In order to accelerate the impact on health outcomes, it requires that we "live learning" i.e. accelerate our experience and learning into the teaching and education practices between ourselves and our partner organisations.

Engagement from all clinical specialities and professional staff groups and all employees impacting on our patients' experience become an integral part of what it means for Cwm Taf to be a university, learning through lived practice. Practice must be based around continuous learning from patient experience loops and striving for excellence in the delivery of care and performance improvement.

Our recent positive response rate to the medical engagement scale (34%) and the staff survey (38%) are evidence of our staff engaging in Cwm Taf's commitment to continuous improvement. The University status has helped to raise the profile of this valleys-based health delivery organisation during a particularly challenging phase of staff recruitment and retention. Further development of Cwm Taf as a "University" health board is fundamental to our reputation as an attractive employer going forward.

Attaining university status in 2013 became an integral part of our organisational development journey and cultural change programme. The academic focus and rigour of continuous learning together has been an enabler in our ongoing improvement of our service performance trajectory.

The Board has recognised that a step change in the culture is required if we are going to seize the opportunities that come our way over the next few years. This step change fits within the goals of the Cwm Taf Integrated Medium Term Plan; the direction of the "alliance" travel and building Cwm Taf UHB's reputation as an employer and educator of choice.

We need to optimise the linkages and synergies between partner organisations, apply our collective wisdom and encourage opportunities for shared learning. A shared commitment to the progression of this agenda will allow Cwm Taf to develop innovative models and practices that could transform patient care. As we "live and learn" the resulting impact on the population will illustrate the belief that "***Cwm Taf Cares***".

4.9 ENSURING INTEGRATION WITH OUR PARTNERS' 3 YEAR PLANS

In developing and refreshing our Plan, we have been very mindful of ensuring these integrate effectively with those strategic plans of our partners. As part of refreshing our plan, we have actively shared our emergent plan and priorities with our partners both in discussion and in writing, in order that we can mutually support each other in taking our mutual work programmes forward and delivering on priorities.

For example, we sent a draft of our plan to organisations including Welsh Health Specialised Services Committee (WHSSC), Public Health Wales, the Welsh Ambulance Services Trust and the Shared Services Partnership in the spirit of seeking further comment and engagement. We are also considering their draft plans and are in discussion on key elements of mutual interest and priority. The following provides a short summary of some of the key areas of interface with some of our key NHS partner plans.

4.9.1 Velindre NHS Trust

Velindre NHS Trust provides the Health Board with a range of specialised services including cancer services, blood services and others on a contractual basis. The Velindre Cancer Centre is a specialised treatment, teaching, research and development centre for non-surgical oncology and treats a number of our patients with chemotherapy, systemic anticancer treatments, radiotherapy and related treatments, together with caring for some patients with specialist palliative care needs.

The Welsh Blood Service is also part of Velindre and plays a fundamental role in the delivery of health care in Cwm Taf. The service works to provide blood services, which allow Cwm Taf patients to improve the quality of their life, and saves the lives of many people every year.

The Trust also hosts the NHS Informatics Service (NWIS) and Shared Services on behalf of NHS Wales. They provide a range of high quality, customer focused support functions and services.

Services are commissioned from Velindre NHS Trust and the UHB is looking to constantly improve its commissioning relationship with this along with other Health Boards who provide particular services. Further detail on priorities over the next 3 year period in this respect can be found in **Book A3** and specifically **sections 1.11 and 1.23** on our development of cancer services and commissioning priorities in the forthcoming years.

4.9.2 Welsh Health Specialised Services Committee

Specialised and tertiary services are those provided by a relatively small number of specialist centres to populations greater than a million people. These services are typically high cost and low volume. The Welsh Health Specialised Services Committee (WHSSC) is a joint committee of the seven Health Boards in Wales, including Cwm Taf, and is hosted by Cwm Taf University Health Board. It is responsible for the planning of specialised and tertiary services on our behalf.

Staff from within the UHB have been and continue to be involved in dedicated discussions on the development of the refreshed Commissioning Plan for Specialised Services for Wales

2017 to 2020. This aims to set out an Integrated Commissioning Plan for these services for the population of Wales, including our own, over the coming period.

Book A3, and specifically **section 1.23.1** provides a summary of the priorities from a Cwm Taf perspective which we will continue to work closely with WHSSC on. The aim is to ensure the appropriate delivery of these specialist services, as well as looking at opportunities to reduce projected costs by ensuring that service growth is appropriately managed, savings opportunities are maximised, value for money is provided and high quality services are offered via the WHSSC contracts, based on sound evidence and due process.

4.9.3 Emergency Ambulance Services Commissioner and Welsh Ambulance Services Trust

Our commissioning intentions for ensuring a high quality, responsive and cost effective emergency ambulance transport service are co-ordinated via the Emergency Ambulance Services Commissioner (EASC) arrangements.

The direct delivery of services is managed by the Welsh Ambulance Services Trust (WAST) and articulated within the WAST 3 Year Plan. Both draft plans have been shared between organisations and discussions are ongoing about priorities for the forthcoming three years. These are being framed in our contributions to the EASC Commissioning and Quality Delivery Framework, setting out the Health Board requirements for the essential clinical transport services to support our population and underpin our patient pathways.

Following the announcement that the commissioning of non-emergency patient transport services in Wales will also pass to the Emergency Ambulance Services Commissioner (EASC), work has been underway during 2016/17 to manage this transfer process on an incremental basis. The plans will see an enhanced service with extended operating hours as part of proposals to modernise the service and improve quality of care through the provision of a safe and timely service, which will meet the needs of individual patients and reduce pressures on the 999 emergency ambulance service. The plans for enhanced services for oncology and renal patients commenced in 2016/17.

Other changes to be put in place by March 2017 include:

- A national set of service standards and requirements to extend the hours of the service between 6am and 8pm Monday to Friday as well as improving the discharge and transfer of patients from all scheduled care services;
- Disaggregation of the non-emergency patient transport service from the emergency ambulance service, ensuring appropriate focus on each important patient group;
- A new non-emergency patient transport service brand.

Non Emergency Patient Transport Services are planned to continue to be delivered within the Health Boards' existing budgets for non-emergency patient transport services.

Cwm Taf is playing a very active part in ensuring that the new commissioning arrangements are robust and fit for purpose in commissioning clinical transport services for the future. **Book A3** and specifically **section 1.23.2** provides an outline of our service requirements for clinical transportation services over the forthcoming period. This includes the continuation

of the ring fenced pilot commenced in the Rhondda Cynon Taf and Merthyr Tydfil areas, which has vastly improved Category A emergency ambulance 8 minute response times in the past year. The UHB will also continue to maintain a focus and further improve the good performance on ambulance handover rates at our District General Hospitals.

5. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

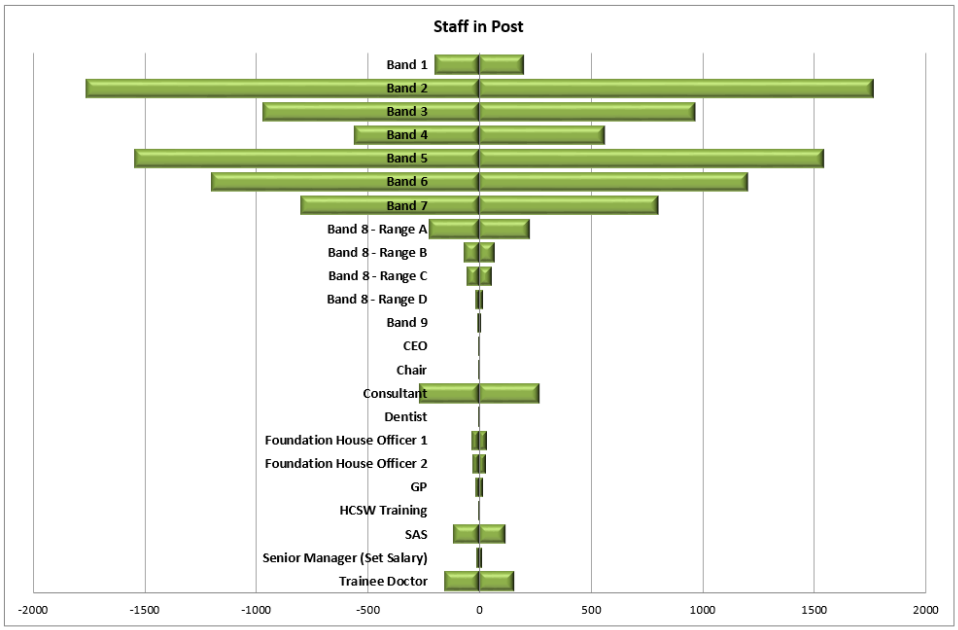
Our workforce is clearly our most significant asset and it is through the commitment, professionalism and dedication of our staff that we are able to deliver high quality services to our population. The way in which the Health Board plans, recruits, supports and develops and deploys its staff, is vital to its ability to meet the increasing service and financial challenges it faces.

The focus of our workforce agenda in the short to medium term will be to build upon organisational development capacity; build on the staff engagement work undertaken over the past 5 years; continue to address our recruitment & retention and corresponding pay bill pressures; support innovative workforce modernisation that supports service change; and to optimise the use of e-systems to drive efficiency and the delivery of safe patient care.

Over the lifetime of the plan, we will increase our collaboration with our NHS partner organisation, as well as working more closely with public sector colleagues under the Public Service Board arrangements. In doing so, we will look to maximise opportunities for workforce modernisation and sustainability afforded by the Social Services & Well-being Act, Well-being of Future Generations Act and the Cardiff City Deal.

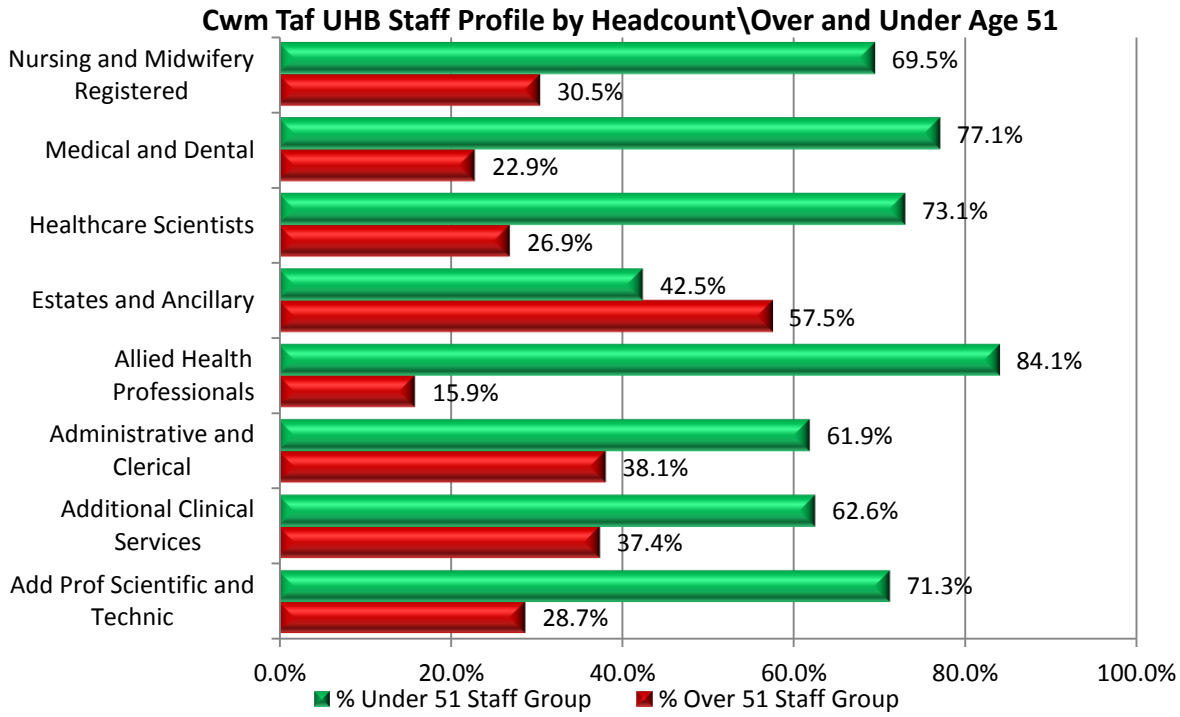
5.1 WORKFORCE PROFILE

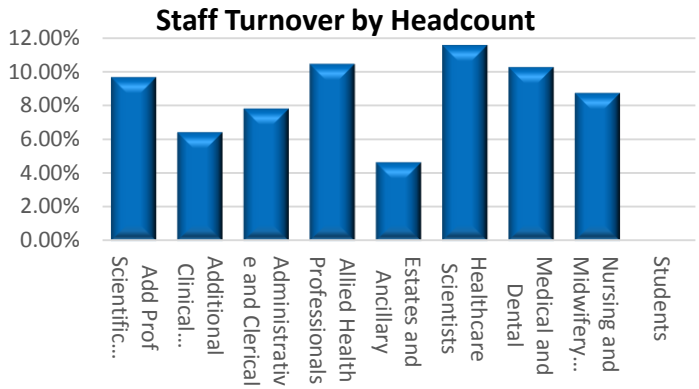
Cwm Taf UHB's average WTE is 7,031 which represent an increase of approximately 180.41 WTE over the previous 12 months. The average headcount at September 2016 was 7,998, which is an increase of 106 from September 2015 (7,892). The staff groups where increase has been seen are Nursing & Midwifery, Healthcare Scientists, Additional Professional & Technical and Admin & Clerical. The total pay-bill is circa £297m per annum which represents approximately 66% of 'controllable' budget.



The Health Board has a challenging age profile with 35% of the Health Boards staff over 51 and this is higher than the all Wales average. Estates and Ancillary staff group profile is

concerning, with over 57% of their staff aged over 51. Estates have particular recruitment difficulties and the Health Board has recently introduced a RRP scheme. In relation to the medical and dental staff group, the challenges we have are not just with Consultant posts, they are also with the SAS grade. Admin and Clerical, ACS and Nursing and Midwifery also have sustainability challenges where potentially a third or more of these staff groups could retire in next 5 plus years.





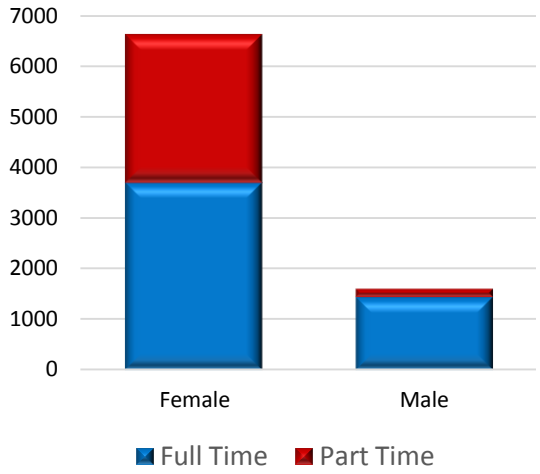
The current staff turnover rate, whilst increasing in year to 7.29%, still remains relatively low.

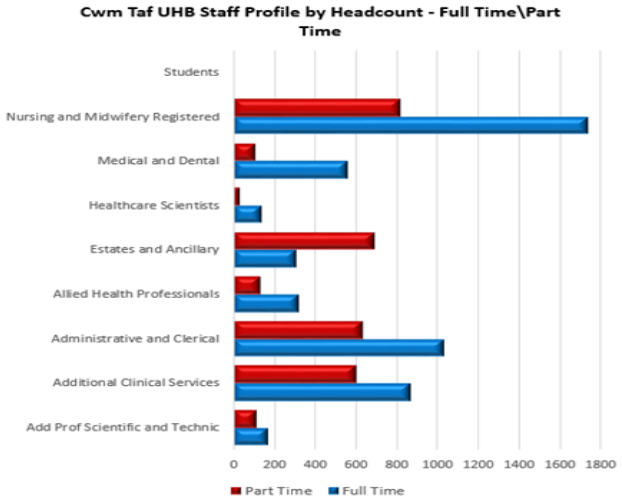
The turnover is variable within specific staff groups and some higher group are also where there is recruitment and sustainability challenges with high locum and agency costs. It should also be noted that the turnover within Estates and Facilities is low.

NB: Excludes Medical & Dental trainees.

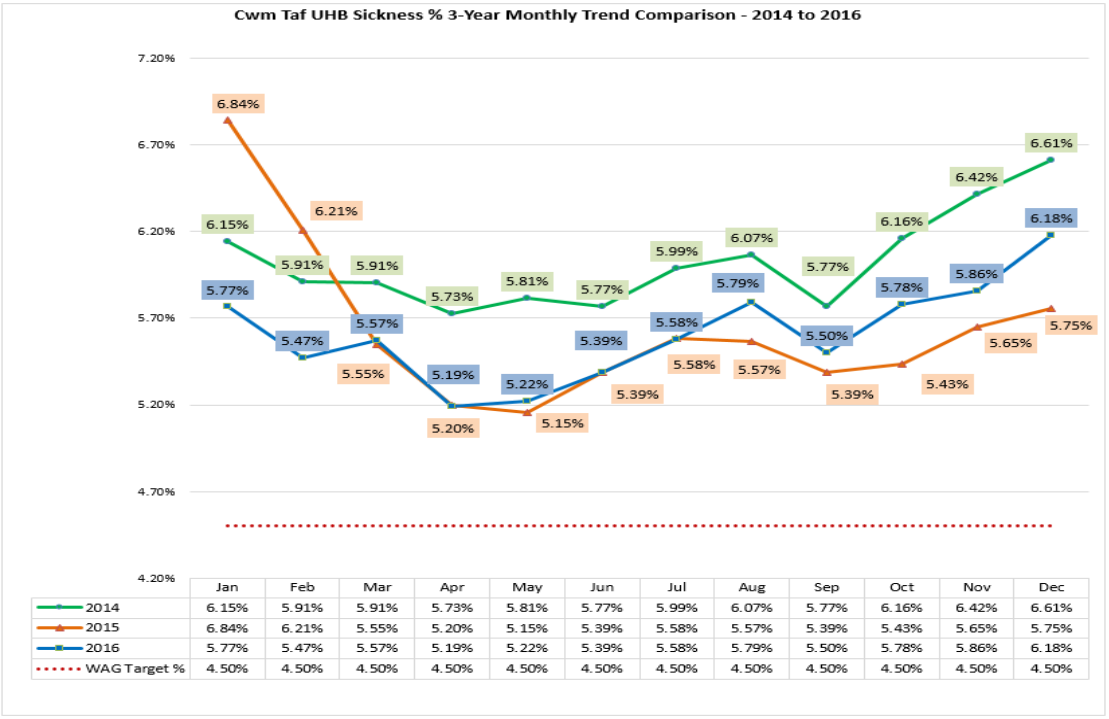
The gender profile of the organisation remains relatively static with approximately 44% of the female workforce working less than full time hours, in comparison to 10% males. The highest staff group working less than full time is Nursing and Midwifery, closely followed by Estates and Ancillary which includes a large proposition of facilities staff which are traditionally female part time workers.

Cwm Taf Gender Profile





We are the second largest employer within the area with the highest levels of deprivation in Wales. 88% of our workforce lives within the Cwm Taf community and will also be our patients at some stage, in receipt of our services. The level of deprivation within our community is likely to be a contributing factor to the high average sickness percentages of our workforce.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	6.15%	5.91%	5.91%	5.73%	5.81%	5.77%	5.99%	6.07%	5.77%	6.16%	6.42%	6.61%
2015	6.84%	6.21%	5.55%	5.20%	5.15%	5.39%	5.58%	5.57%	5.39%	5.43%	5.65%	5.75%
2016	5.77%	5.47%	5.57%	5.19%	5.22%	5.39%	5.58%	5.79%	5.50%	5.78%	5.86%	6.18%
WAG Target %	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%

Staff Group	Cwm Taf UHB	All Wales
Additional Professional, Scientific & Technical	2.5%	3.7%
Additional Clinical Services	8.0%	7.2%
Administrative & Clerical	4.6%	4.1%
Allied Health Professionals	3.9%	4.0%
Estates & Ancillary	7.3%	6.8%
Healthcare Scientists	4.1%	3.2%
Medical & Dental	1.5%	1.6%
Nursing & Midwifery Registered	6.1%	5.6%
All Staff Groups	**5.6%**	**5.1%**

The sickness percentage for Cwm Taf in December 2016 was 6.18%. Sickness rates remain a challenge for the Health Board however the rolling average sickness percentage at December 2016 was 5.57% (note: rounded to 5.6% WEDS benchmarking tool).

The Staff groups with a higher rolling average of sickness % compared to the All Wales average are also our staff groups with a highest age profile within the UHB.

5.2 KEY WORKFORCE ASSUMPTIONS

The key workforce assumptions for the Health Board for the next three years are as follows:

- An assumed overall wage award of 1% per annum for each of the three years plus an increase in the Living Wage costing £0.2m. Agenda for Change incremental drift which has been evidenced to still be impacting upon and increasing the cost of the workforce. The increases in recent years have been slowing down to £0.3m for 2017/18 and for subsequent years.
- Increase in inflation costs for 2019/20 of £5.9m resulting from NI and pension changes.
- £2m for increased living wage costs.
- Incremental drift for medical staff is projected at £0.2m per year (2017/20).
- A4C Incremental drift of £0.3m per year (2017/20).
- Commitment awards for consultants are projected at £0.2m per year (2017/20).
- Estimated inflation on external agency costs @ 2% equates to £0.3m per year (2017/20).
- 2% cost increase for Continuing Health Care and NHS funded nursing care at £0.6m per year (2017/20).
- Provision for the additional costs resulting from Apprenticeship Levy 2017/18 is projected at £1.2m.
- The anticipated turnover rate for staff during 2016-17 was 8.3%. The actual turnover rate as of September 2016 was 7.54% including retirement and VERs.
- The predicted turnover rate for 2017/2018 is 7.29 (including retirements and VERs).

5.3 KEY WORKFORCE CHALLENGES

As described in more detail in **Chapter 4**, the approach to planning continues to incorporate Directorate and Locality plans together with cross-cutting themes. The workforce implications have been developed as an integrated part of these local plans and the key implications have been identified throughout the plan. The delivery of these individual plans

from a workforce perspective is monitored through the Directorates local IMTPs. These are reviewed at the Clinical Business Meetings (CBMs) with the Service Managers and Workforce Business Partners who have been jointly engaged in their co-production.

The following section identifies our key workforce challenges during the life of the plan. **Section 5.4** explains our overall approach and actions to reshaping and rebalancing the workforce and provides detail on our plans to address the specific workforce issues and challenges.

5.3.1 Recruitment Difficulties

Recruitment difficulties pose a significant risk to the Health Board in delivering safe and effective services; they are a primary driver for skill mix change and workforce modernisation. The Health Board is experiencing particular difficulties in the recruitment of medical Consultants in Acute Medicine, A&E, Paediatrics, Obstetrics and Gynaecology, Intensivists, Pathology, Radiologists and General Practitioners. General Surgery and Obstetrics and Gynaecology are also experiencing difficulty at SAS level.

Other recruitment difficulties also being experience are Nurses (adult, paediatric, mental health and practice nursing), Pharmacists, Radiographers and Sonographers, CBT Therapists, some Allied Health Professionals including entry grade Physiotherapist and Estates staff. Finally, our ability to recruit high calibre senior managers and executive directors within a challenging labour market, poses a risk. Recent changes to pension and tax legislation is exacerbating these issues with a significant risk of the exit of senior managers, executive directors and senior clinicians over the lifetime of the plan.

Building on the digital nurse recruitment campaign detailed in **Section 2.2,** the Health Board has commissioned a marketing company to develop the 'Cwm Taf offer'. This campaign will initially focus on Medical & Dental and Allied Health Professionals. This will help to attract the Radiographer workforce to support the development of the Diagnostic Hub. This recruitment strategy is intended to dovetail with Welsh Government's "TrainWorkLive" campaign as it develops.

Junior Doctor Recruitment and Retention

The medical staff recruitment challenges within the four services, covered by the South Wales Programme are well rehearsed. The sustainability of junior doctor rotas has been and will continue to be exacerbated by the difficulty in recruitment to training places, provided by the Deanery across Wales. In 2016 the position for Cwm Taf was better than originally anticipated, resulting in nine Core Medical Trainee vacancies (out of a total of twenty-three posts) across the Health Board in August. Early indications from the Deanery would suggest that this position will remain for the foreseeable future.

In addition to specific challenges faced in the specialties considered as part of the South Wales Programme, the Health Board has found recruitment to the Trauma and Orthopaedics and Surgery rotas challenging and has had to rely on locum doctors to cover these slots. The Health Board is working with Medacs on an ongoing basis on permanent recruitment to replace locum doctors with substantive members of staff. The Health Board

has also participated in the collaborative BAPIO MTI initiative and has potentially secured 4 applicants in Paediatrics and 4 in Obstetrics & Gynaecology.

There are no easy solutions to these challenges and the Health Board will continue to employ a range of options to fill vacancies including:

- General recruitment.
- Our targeted recruitment campaign which will run for 12-18 months.
- Further MTI initiatives in a range of specialities.
- Rotations with neighbouring Health Boards, We have successfully introduced a middle tier rotation with Cardiff and ABMU in Trauma & Orthopaedics, although the same initiative at tier 1 failed to attract any doctors.
- Skill mix change through the use of ANPs or Physician Assistants on tier 1 rotas e.g. Acute Medicine.

Whilst recruitment remains challenging, we are making progress both in recruiting permanently to posts and in reducing spend on high cost locum agency usage. This is the subject of our ongoing monitoring and financial savings from our medical workforce form part of our cross cutting themes, reviewed each quarter at Executive Programme Board.

South Wales Programme (SWP)

In respect of the Alliance work to reshape the provision of health services across South East Wales the programme of work is now moving to implementation stage. In the meantime, significant risks remain in maintaining a viable medical workforce to support some of these 'fragile' services; local contingency measures continue to be developed and implemented in liaison with the Wales Deanery. Services across the alliance within Paediatric, Neonatal and Obstetric services are currently the most fragile with significant risks within all four Health Boards and heavy reliance on locum staff. Within Cwm Taf, a detailed contingency plan has been developed to address the potential need for urgent relocation of services within the Health Board, until the building works in PCH and UHW are completed.

The Health Board continues to maintain consultant-led Paediatric, Neonatal and Obstetric services on both the PCH and RGH sites and rota are monitored on a constant basis. Due to the uncertainty, we have experienced increased turnover amongst Midwifery staff at RGH.

Following the Deanery removal of the junior doctors from the A&E department RGH as part of the SWP re-design of specialist services, we have successfully reviewed the skill mix, with more emergency nurse practitioners and acute care physicians working as part of the team at the front door. In the medium to long-term the A&E department will be staffed differently and will deliver a different model of care. It will still operate 24/7 and play a vital role in providing services for local people.

Nursing Recruitment and Retention

We have experienced significant pressures on our Nursing workforce due to increased turnover in 2015, particularly in the Royal Glamorgan Hospital. Difficulties in recruiting qualified Nurses and the impact of increased numbers of registered nurses opting to work for high premium off contract agencies are compounded by an ageing workforce many of whom are likely to want to retire in coming years.

In 2016, we introduced a dedicated nurse recruitment manager post and launched a national recruitment campaign #joincwmtaf.wales, aimed at recruiting nurses, with a dedicated micro site to support the campaign. We are making progress however, given the demographic profiles of our nursing population and the voluntary movement of ward based nurses into other roles across the Health Board, recruitment and retention of our Nursing workforce will remain a key priority this year.

We have a strategy in place to remove the use of premium "off" contract agency nursing usage (and the subsequent high cost that is associated with this), and to reduce our reliance on agency nurses more generally. Our current target is to remove all off contract agency spend by end of the first quarter of the financial year. We will also be seeking to improve our bank fill rates and increasing the number of shifts delivered by Health Board employed staff. The award of a new framework contract for Agency Nurses will assist in both increasing potential suppliers and standardising rates to a lower cost.

Our International recruitment continues and we have now begun to see the first of our overseas recruits arrive from the Philippines. There is an ongoing supply of nurses that are under offer, as we wait for them to achieve the relevant qualification and language requirements to be able to enter the UK and achieve NMC registration. We are currently targeting 50 Nurses, of which only 4 have arrived in the Health Board to date. The changes in the NMC criteria requiring an IELTS qualification at level 7 has proven a significant impact on the ability of Nurses to achieve the necessary standards in the Philippines before travelling to Wales. This has significantly lengthened the recruitment timeline for these Nurses. In addition to the timelines, changes to the immigration rules have also introduced additional visa charges on an annual basis for the overseas Nurses. We continue to track the candidates' progress in the Philippines and we are anticipating that a further two thirds of those in progress will be available during this financial year. Once in the UK, we have a local development programme designed to support their integration into the workplace and prepare them to sit their OSCE test to enable them to achieve their NMC registration to practice as a registered Nurse. Whilst we continue with the activity it is evident that we have to invest significant time and resource to achieve the gains in registered Nurses.

We continue to work closely with our Universities building links to encourage students to select Cwm Taf as an employer of choice and this includes attending careers fairs, directly addressing the students and building regular contact with them.

Nurse Staffing Levels (Wales) Act 2016

This Act places a duty on the Health Board to ensure that nurses have time to care sensitively for their patients. The Act codifies current best practice for determining nurse staffing levels and will ensure that they are set and maintained in clinical areas. The relevant sections to the Health Board are as follows:

- 25A: The duty to provide sufficient Registered Nurses to allow nurses time to care for patients sensitively.
- 25B: The requirement for the Health Board to take all reasonable steps to maintain the Registered Nurse staffing level and to inform patients and the public of the same. Initially this section duty applies to adult, acute medical and surgical in patient settings

but contains a regulation which allows Welsh Ministers to extend the settings to which the duty applies.

- 25C: The duty that the Health Board will calculate Registered Nurse staffing levels using a specific method.
- 25E: The duty for the Health Board to submit a report about the Registered Nurse staffing level to include the extent to which the level has been maintained, the impact the Board considers that not maintaining the level has had on care provided to patients by nurses, and any actions taken in response to not maintaining the level.

The Health Board is compliant with Section 25A of the Act that will come into force in April 2017. We have taken a focused approach on nurse staffing levels and are engaged with workforce planning, recruitment and retention of registered and non-registered nursing staff. The Health Board is also already engaged in aspects of the remaining sections that will come into force in April 2018 and will devise a work plan to ensure full compliance.

Primary Care Workforce Challenges

There are significant recruitment and retention issues in relation to GPs and Practice Nurses. The sustainability of the current GP workforce is putting pressure on the Primary Care Support Unit (PCSU) which helps to provide salaried staff to fill the gaps. The capacity of the Health Board to directly manage any more practices is limited.

A recent exercise was undertaken by the Health Board to establish the workforce gap for GPs and Practice Nurses. The RCGP recommends 1 WTE GP per 1500 patients (it is understood that this takes into account the increasing ageing population with complex co-morbidities, deprivation and geography). Using this ratio would equate to an additional 74 WTE new GPs and 20 WTE new Practice Nurses across the Health Board. However, an alternative workforce model the Health Board is proposing is:

- 1 WTE GP per 2000 patients
- 1 WTE Practice Nurses per 4000 patients

This model would then equate to a shortfall of 23.8 WTE GPs and 9.8 WTE Practice Nurses and summarising per cluster would show:

Cluster	GP Shortfall WTE	Practice Nurse Shortfall WTE
Cynon	3.3	2
Merthyr Tydfil	4.5	1.6
Rhondda	6.5	2.6
Taf Ely	9.5	3.6
Total	**23.8**	**9.8**

There is also a significant risk in relation to the age profile of the current GP and Practice Nurse workforce. Many GPs are choosing to become locums rather than salaried or partners and are not finding out of hours services attractive, in addition experience suggests the Practice Nurses route has not been a first choice destination for newly qualified Nurses.

The Health Board has for a number of years worked with the University to support and encourage the placements of pre and post registration nurses within Primary Care. Historically priority has always been given to secondary care placements although many practices within Cwm Taf are willing to take and support students. Primary Care needs to be the chosen place for a career following post registration and this can be achieved if the placements are longer and the students are attached to a GP Training Practice. The Health Board and GP Practices are now working together to devise a programme of work around a structured pre-registration placement.

The Health Board has also started a series of workforce planning workshops with the 42 GP practices and this programme of work will continue throughout 2017-18. The first introductory meeting was held in November 2016 and was attended by the Health Boards Primary Care Team, Workforce BP/Modernisation Lead, GPs/Practice Managers and BroTaf LMC representatives. Workshops in 2017 will focus on the workforce challenges/risks gaps in recruitment (on a cluster basis) and increasing pressures on sustainability. It will also explore ways in which demand and capacity planning, development of new roles, skills development and cluster networking can help resolve the issues to inform an agreed collaborative workforce strategy.

Impact of sickness absence

Whist recruitment is a key factor in our agency and locum spend the Health Board recognises that the levels of sickness absence are also a significant cost driver. Whilst our sickness trajectory had been improving for over 12 months, over the winter period we have seen an increasing trend that positions us within the upper quartile across Wales. This will be a key priority with our target being 5%.

Legislative changes to HMRC rules around employment status and Pension taxation.

There have been significant changes to Pensions taxation in recent years which have begun to impact most significantly on Senior Managers, Consultants and GPs. Higher banded nursing and therapy staff may also be affected. We have provided advice to employees to ensure that they are informed of the impacts, and we have begun to see an increase in retirements as a result. There is an increased risk that this could encourage higher turnover due to early retirement.

From 6th April 2017 individuals providing a service for Cwm Taf UHB (and all NHS organisations) who have historically been paid for these services “off payroll” may be affected by changes to the HMRC rules – IR35 Regulations. Once an assessment has been made, using a HMRC tool the conclusion may be that we are required to deduct PAYE tax and National Insurance contributions (NIC) from such payments via payroll. This will result in a number of procedural changes. Assessing the volume of individuals affected is still work in progress. All agency staff will also be affected but the main agencies we deal with including MEDACS are working closely with us and have already proposed a workable system. The

main risk is that individuals may no longer wish to provide services to us because of the potential changes to their tax and NI deductions, particularly in areas where we currently experience skills shortages i.e. medical staffing and IT contractors. We have a particular risk to our GP Out of Hours Service which is heavily reliant on independent GPs. A project team is working to ensure that the system is robust making the transition as smooth as possible and that the effects are limited so that service is not adversely affected.

5.4 PROJECTED CHANGES OVER THE THREE YEARS 2017–2020

Based on our corporate and directorate plans, the net impact of our workforce profile is projected at a reduction of circa 515 paid WTE over 3 years. Provision for investment in new service and delivery models has been made within the finance plan and this reduction will be offset by a projected increase over the 3 years of 248 paid WTE. This investment in new service delivery models and other quality & safety investments are dependent upon the assumed funding set out in **Chapter 6**, which requires confirmation with the Welsh Government. The net decrease of 267 paid WTE over 3 years of current workforce is shown in table below:

Workforce Plan 2017-18 to 2019-20	Savings Plans	Cost Pressures & investment	Net Movement
2017/18	-251	120	-131
2018/19	-115	73	-42
2019/20	-149	56	-93
Total	**-515**	**248**	**-267**

Further details of the year 1 impact by staff group and the expected model of workforce reduction is shown in the following table. The table below reflects this position for both financial and workforce plan movements:

Workforce Plan 2017-18 Staff Group	Savings plans	Investments and Cost Pressures	Total
Board Members	0	0	0
Medical & Dental	-11	18	12
Nursing & Midwifery Registered	-35	56	7
Additional Prof, Scientific and Tech	-4	7	4
Healthcare Scientists	-11	0	-10
Allied Health Professionals	-18	7	-9
Additional Clinical Services	-65	25	-40
Administrative and Clerical	-62	6	-56

Workforce Plan 2017-18 Staff Group	Savings plans	Investments and Cost Pressures	Total
Estates and Ancillary	-43	0	-43
Students	0	0	0
Total	**-251**	**120**	**-131**

It should be noted that the estimated WTE referred to above, does not in all cases mean a real reduction in employed staff. This WTE reduction can be released through skill mix change and efficiencies. For example, there will be no real reduction in the employed Registered Nurse workforce but cost efficiencies that can be released through reduction of Agency usage and the new workforce model for specialling. It is anticipated this new workforce model will facilitate a reduction in bank usage. Facilities also have a number of service change projects and through efficiencies/benchmarking they anticipate a release of Ancillary WTE.

These workforce changes have been identified within the context of the planned investments and savings set out in **Chapter 6**.

The next section provides greater detail on how we plan to address these risks and effect the necessary workforce changes summarised above.

5.5 REBALANCING THE WORKFORCE: THE UHB'S APPROACH TO WORKFORCE CHANGE

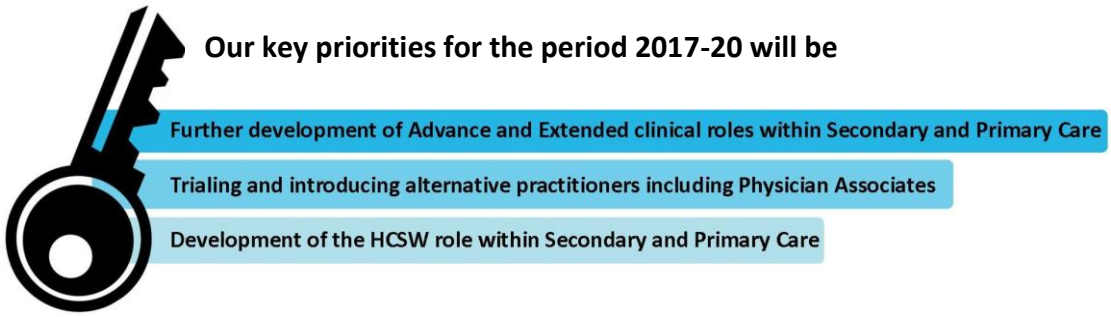
To ensure we have the right people and skills in place to deliver the service changes we are planning, the difficult financial context means that at the same time as we need to invest in new roles and new service models, there is a need to maximise the efficiency of our current workforce and deliver significant savings through control of the pay bill.

The proposed changes to the workforce through both investments in new posts and reductions in workforce numbers have been identified by service scheme/change programme and plotted in terms of when the scheme is likely to deliver the changes. This is explained in more detail in **Chapter 6**.

The Health Board's approach to rebalancing the workforce is based on three complementary strategies all of which continue to be utilised simultaneously. These are:

The following section provides further detail on the planned workforce initiatives and change programmes associated with each of these work streams. More detail on the change programmes themselves are detailed in **Book A3** on Service Change.

5.5.1 Workforce Redesign, Skill Mix Change and New Roles



Examples of Advanced/Specialist and Extended Scope Practitioners currently being developed or utilised

- Acute Medicine extension of ENP and ANP roles.
- Development of ANPs in Trauma & Orthopaedics and Acute Medicine to cover tier 1 rota.
- Critical care practitioners.
- Specialist Nurse/ANP Surgical Assessment Unit, Breast and Colorectal Services.
- Advanced practice for radiographers due to recruitment difficulties for radiologists.
- ANP within a new model of community care.
- Expansion of roles within Obstetrics & Gynaecology, Nurse-led Pessary clinic, Nurse Sonographer, Nurse Colposcopist, Nurse Hysterscopists and Nurse Urodynamics.
- Advance Biomedical Scientist "specimen cut up" – replacing Consultant time.
- Advanced Therapist.
- Surgical Care Practitioner.

In terms of Primary Care Cluster Development:

- ANP Primary Care - Support will continue to be given to GP practices to encourage the up skilling of Practice Nurses to ANP. The Health Board also plans to continue to fund Practice Nurses on the MSc in Advanced Clinical Practice course, the cost of the backfill to support the GP sessional commitment for the GP mentorship and ANPs who wish to gain the Independent Prescribing Qualification.
- Development of OOH/In Hours ANP – A 3 year training post is in development for a Primary Care Nurse with special interest in OOHs. The 3 year training programme will include a commitment to undertake the MSc in Advanced Clinical Practice and an attachment to a GP Training Practice.
- Cluster Pharmacists to increase the capacity for GPs and supporting minor ailments pharmacy scheme working closely with Community Pharmacies.
- Community Paramedics – This role will be part of a multi disciplinary team to strengthen the care of patients in the community with the aim of avoiding admission to hospital. 4 Community Paramedics have been recruited by WAST to work across 'in-hours' and 'out of hours'. During the in-hours the Community Paramedics work within the virtual ward. Patients are identified for the 'Virtual Ward' with frailty, multiple and complex health

and social care needs. During out of hours the Community Paramedics are part of the clinical team being dispatched to patients who require out of hours urgent medical attention. The aim is to reduce conveyance to hospital, and supporting patients to remain safely in their homes and improve the patient experience.

- Expanding non medical prescribing.
- First contact Physiotherapist.
- Further development of Practice Nurses.

The Health Board will continue to develop advanced and extended practice in both primary and secondary care and expand into other areas where traditionally these roles have not been part of the workforce model. Another Advance Practice role the Heath Board is exploring is the role of the Consultant Nurse within Maternity Services.

Physician Associates

This is a new role in Cwm Taf UHB and one which we plan to introduce in 2017/18. The role attracts students with bioscience degrees, who may not want to pursue bio scientific careers and might want to consider a second degree or a MSc as a Physician Associate. Currently we have none in the Health Board.

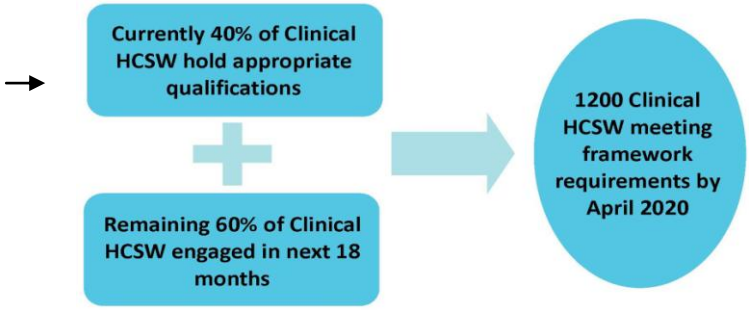
During 2017, we plan to trial and evaluate the Physician Associate role in three settings; Paediatric Assessment Unit, Primary Care Support Unit and Acute Medicine. The work is being conducted in collaboration with Aneurin Bevan UHB, Cardiff & Vale UHB and Powys tLHB to enable this role to be evaluated in a number of different clinical settings to inform future utilisation. The Health Board's intention is to recruit 6 ready qualified and experienced Physician Associates. Parallel discussions are underway with University of South Wales and Cardiff University in respect of an academic programme with a view to commissioning this in 2018, given the lack of access to the students in Swansea and Wrexham.

HCSW Development and Opportunities for New and Extended Roles

Since being mandated in April 2016 the Health Board has focused its efforts on ensuring all new HCSWs meet the requirements of the induction element of the HCSW Framework. The Health Board has developed a 10 day classroom based HCSW Foundation Programme which is mandatory for all new clinical HCSWs, including bank. Five programmes have been delivered to date, catering for 100 delegates and feedback from participants and line managers is excellent. The Health Board is now in the process of creating a network of assessors and verifiers to ensure the Agored Cymru quality standards are adhered to and maintained. Over the next financial year the Health Board has allocated resources to initiate the development of our existing Clinical HCSW workforce to meet the requirements of the Framework.

The programme requires suitable delivery of clinical and traditional style classrooms for two weeks of every month. By summer 2018 the Health Board will be compliant with induction for new starters and work is also underway to ensure that delivery of the framework, is managed and monitored through the use of the ESR.

Current focus is on the clinical HCSW workforce and a recent scoping exercise indicated that:



Apprenticeships and Vocational Qualifications - A very small number of staff are recruited as traditional style apprentices and paid under Agenda for Change Terms & Conditions annex 21 (formerly annex U). This type of post is normally considered supernumerary and externally funded.

The main model of delivering apprenticeships and vocational qualifications within the Health Board is currently to target existing staff and support them to undertake a qualification where the majority of training is undertaken "on the job" with limited release to undertake formally delivered face to face training.

In addition, the Health Board's vision is to review all band 2-4 posts, as they become vacant, to assess their suitability to become an apprenticeship. Those deemed suitable will be advertised as such and successful applicants will be expected to undertake and complete the specified qualification within a given timeframe. Discussions are also underway with partner organisations under the Public Service Board umbrella to support a collaborative approach to apprenticeships for the population of Cwm Taf.

Widening the Maternity Support Worker role to include Obstetrics scrub is an example where there is opportunity to extend the role of the HCSW. This role is being considered on an All Wales basis and will form part of the think in modernising maternity services within the Health Board.

Primary Care

The Clusters are demonstrating an immediate focus on the development of clinical HCSW with Clinical Practice Educators supporting training and education this workforce to equip them in:

- Physiological measurements
- Basic principles of wound management
- Flu vaccinations
- Venepuncture

Further planned developments are:

- Level 3 educational training for HCSW to support the Diabetic Community Clinic Project with foot checks.
- Level 3 educational training in ECG, Spirometery and Phlebotomy.
- Practice clerical team to be trained to read, code and action incoming clinical correspondence. (based on Brighton & Hove model)

Clinical HCSW Skills Escalator

A key initiative that we are currently discussing with the Head of School at the University of South Wales, which would contribute to delivering a more prudent workforce, is the development of a skills escalator that runs from A4C band 2 through to band 4, with subsequent access into undergraduate training for those who wish to progress to professional registration. This creates the potential for a unique offer in Wales to access employment in the NHS. This idea is to promote a structured route through whilst at the same time addressing issues of recruitment and retention.

If the skills escalator is combined with access to part-time undergraduate training in Nursing (and possibly other Allied Healthcare Professions), this could open the opportunity for individuals who might not be in a position to access existing university-based training. Alignment to revised CNO standards and appropriate flexibilities within the Safe Staffing Bill would facilitate a prudent rebalancing of the workforce. Currently discussion are taking place with our local University, the University of South Wales.

The Health Board is currently assessing the opportunities for using band 3 and 4 competencies to support the workload issues and vacancy pressures we are facing with our qualified nursing workforce. We will follow the developments in England in relation to the pilots of the Nursing Associate carefully to understand the settings in which these new roles are being utilised and will work with Nursing and Workforce & OD colleagues at a national level to support the appropriate development and utilisation of the band 4 workforce.

Non-Clinical HCSW Framework

It is anticipated that the first stage of this framework will be mandated during the 2017/18 financial year and that, due to the diversity of non-clinical HCSWs, the burden placed upon the Health Board from this Framework will be greater than that of the Clinical HCSW Framework. Consequently the Health Board will need to prioritise staff groups to engage with the framework.

5.5.2 Maximising Workforce Efficiency

Maximising the efficiency and productive contribution of the workforce is a key component of our workforce plan. The priorities range from ensuring our operational and management systems/processes are robust to facilitate the effective management and deployment of our staff to the utilisation of e-employment systems to minimise waste. As described in **Chapter 6**, there will continue to be workforce productivity cross cutting work programme to oversee a range of activities that will support efficiency, productivity, service improvement and release savings from the paybill.

5.5.2.1 Workforce Productivity Programme

The Health Board has 4 identified workforce productivity themes:

- General Workforce Productivity
- Medical Workforce Productivity
- Nursing Workforce Productivity
- E-systems Workforce Productivity

5.5.2.2 General Workforce Productivity

The key focus of activity for 2017/18 will include further efficiency from our corporate functions; efficiency in the travel and expenses budgets through changes in practice such as more use of technology, use of pool cars, car sharing, agile working etc; the continued use of salary sacrifice schemes (where appropriate), and by better use of our e-systems to reduce bureaucracy and ensure that resource is more effectively deployed.

We are extending our internal bank to include other professions including administrative, ancillary, therapist and mental health practitioners.

We continue to look at areas of efficiency across our general workforce. A current example is a series of interlink redesign projects within our Facilities Division. There are a total of 8 work streams across 6 areas of the Facilities function that are targeted to deliver £1m of savings from the paybill. Workforce is providing a dedicated resource to ensure that the project achieves the target.

5.5.2.3 Medical Workforce Productivity

Our medical workforce productivity group will continue to focus on a range of activities to drive, improve efficiency, utilisation of our medical workforce and reduce the need for additional cover often at premium rates. We are working at a local and national level to address the increasing costs of off contract agency locums through two routes:

- Use of e-systems.
- Recruiting to rota gaps through a range of routes.

Implementation of e-Job Planning & e-Rostering software will support Directorates to maximise operational efficiency of the Allocate Software® system streamlines, standardises and improves the administration process to support job planning, absence management and rota organisation across the UHB. The scheme of work will provide clearly defined roles and a consistent approach to both job planning and rota organisation ensures we are not incurring avoidable additional costs (ADHs etc) through rotas which are compliant and efficient.

Positive progress has been made this year and we are on target to have completed the implementation of e-job planning by the beginning of the financial year. Our target is for all SAS Doctors and Consultants to have an up to date and current approved job plan by July 2017. E-Rostering and employee on line (which facilitates the booking of annual leave etc) will be fully implemented early in the new financial year. These will then need to be populated via the clinical activity management system which pulls through daytime activity such as clinics, theatre sessions etc into the rota.

5.5.2.4 Nursing Productivity

This work stream is focussing on reducing overspend on Nursing costs, particularly the use of off contract (premium and non premium) agency usage. This is linked to the establishment figures of Nurses on the wards to comply with the CNO guidance, our significant shortfalls against these substantively, and our recruitment activity to plug the gap. Another key feature of this work is to fully understand and address the increasing

demand for one-one/specialing nursing which accounts for a significant element of our bank usage. The Assistant Director of Nursing is leading a piece of work to understand the drivers for this demand to enable us to address this. One aspect which has been identified is the increasing need for support with patients with mental health needs.

In year we have replaced our nursing rostering system, with Allocate Software® Health Roster programme. We are in the process of migrating all existing users to the new software, which also contains an integrated bank module that allows us to improve our booking of bank and agency shifts. We plan to complete the migration project by the end of March 2017, and complete the final phase of the rollout 2017/18.

Once these system changes are in place we will move to a multi disciplinary resource function which supports directorates with bank, nursing and medical agency sourcing, which will also be supported by the medacs contract.

5.5.2.5 E-systems Workforce Productivity

Our deployment of E-Systems is a key enabler to allow improvements to existing arrangements for a range of workforce productivity opportunities that will enable us to realise both cash releasing and non cash releasing savings (cost avoidance or functional service improvements).

Through the use of ESR, E-Expenses, Integrated E-Rostering & Job planning software from Allocate Software®, we are able to automate manual transactions and paper processes that are not only more efficient, but provide with more accurate and timely reporting and assurance measures. This year we will look to introduce a new resourcing arrangement which will allow us to combine staff resources deployed on medical and nursing rostering to more efficient use, and combine these with the Bank/Medacs support into one combined resourcing support function.

With the rollout of ESR, we will also be able to allow staff to access their ESR accounts including E-Learning, E-Expenses and Revalidation accounts remotely. We plan to have rolled out access to Employee Self Service by April 2017. This will allow employees to be able to log on using their smart phones, tablets or home PC's to update their learning, check their payslip or request leave. For those staff on e-rostering, a similar facility is available to access their shifts remotely and book leave, additional shifts etc. We will also be providing additional facilities at our main sites, for staff to be able to access IT equipment. We are currently working to a plan that will see our processes become paperless and managed via self service by September 2017.

As a result of the positive progress me have made with ESR Self Service and our IT compliance we have been selected as the first Health Board in Wales to deploy the new 'ESR Self Service Portal'. We are also working with the central WfIS team to fully utilise ESR functionality e.g, The Nurse Revalidation module which we are piloting within Paediatrics acute and community, again the first organisation in Wales to do this.

5.5.3 Flexing the Size and Location of the Workforce

Delivering the scale of workforce change identified will continue to be challenging and will require a co-ordinated and staged change programme. The elements of the approach the Health Board has used and proposes to continue in 2017/18 are as follows:

- Ensure alternative workforce models and location of the workforce is considered as part of patient pathway redesign and change.
- Use turnover from natural wastage and retirement and the non- replacement of leavers to support WTE reduction where this is required.
- Accelerate and actively utilise retire and return to facilitate skill mix change and flexible retirement.
- Redeployment of staff to suitable alternative posts via the OCP process
- Termination of fixed term contracts where appropriate
- Utilisation of Voluntary Early Release (VERS) (see below)
- Seeking voluntary redundancies
- Make compulsory redundancies where services/posts have become redundant.

5.5.3.1 Invoking the Organisational Change Policy and seeking redeployment options

Where possible, staff that may be displaced and wish to remain in employment, will be offered redeployment into suitable alternative posts. An active redeployment register is managed by the Workforce & OD department and will continue to be routinely referenced by the vacancy control panel prior to any appointment being approved for advertisement.

Vacancies will continue to be advertised internally first unless there are circumstances where it is clear that the required skills are not available within the organisation. Staff who do not accept suitable alternative posts will be managed in accordance with the provisions of the Organisational Change Policy. Additionally, displaced staff will be afforded the option to apply for VER.

5.5.3.2 Proposed Utilisation of Future Voluntary Early Release (VER) Processes

To support the ongoing need for the Health Board to change the way we deliver our services over the next few years and to ensure that the VER scheme is used as an enabling tool to support this flexibility to address service re-design, VERS is open for individuals to submit applications on an ongoing basis as well as offering groups of staff associated with specific change programmes the option to apply for VER.

5.5.3.3 Voluntary or compulsory redundancy

In the event that it has not been possible to redeploy any displaced staff and that there is little prospect of any suitable employment arising in the near future, the Health Board would need to consider offering voluntary redundancy and as a last resort compulsory redundancy. Before embarking on such a course of action, clear change management principles and engagement with staff side colleagues would be of paramount importance. We do not anticipate needing to access voluntary or compulsory redundancy during 2017/2018.

5.5.3.4 Delivery

In order for the successful transformation of services to become a reality all of the above strategies and implications on the workforce should be considered and carefully evaluated.

The main risks/limitations to the transformation of services being delivered is as follows:

- Lower staff turnover levels than predicted will reduce our capacity to deliver pay savings.
- Delays in delivering the service and workforce change in the earlier part of the year will necessitate greater levels of workforce savings in the latter part and may require blunter measures to be utilised, e.g. vacancy freeze, etc.
- Risk of not achieving the changes in service provision and workforce modernisation to enable safe and sustainable services to be provided.
- Breakdown in partnership working.
- Fragility of medical and nursing workforce.
- Management capacity and capability to deliver.
- Our ability to recruit within a challenging UK labour market.
- Ability to release staff for development and lead in time to develop new roles and extended skills.
- Implications of BREXIT and potential loss of /inability to recruit from a European market.
- Changes to Pension and Taxation regulations which may affect retirement decision particularly senior professional and management staff.

5.6 ORGANISATIONAL DEVELOPMENT

Enabling the organisation to continuously learn, improve and deliver on its vision and strategy requires that we embrace the current research and evidence for the leadership of Cwm Taf UHB. Our priority areas for the next phase are highlighted in **Annex B7**.

Widening Access and Engaging with Schools

The Health Board is currently working with Merthyr College and Treorchy Comprehensive School on a number of priority areas to widen access to employment opportunities with the NHS. This work is intended to promote careers within the NHS/Cwm Taf much earlier starting with primary schools; raise the aspirations of our local school children; pilot a model of career support that can be rolled out across our community; ensure work experience opportunities are on a planned basis verses ad hoc; encourage young people to access volunteering; promoting public health messages and support opportunities to address the needs of the Welsh Bacc curriculum at both GCSE & A level. The Health Board intends to expand this model to all schools and colleges within the Cwm Taf population once pilots in these organisations have been evaluated.

Working with Partners

The Cwm Taf Public Services Board which was launched in May 2016 has initiated a joint workforce development project group and the first meeting took place in November 2016. The project group membership consists of Cwm Taf UHB, RCT and Merthyr Tydfil Local Authorities, probation service, Third Sector, Police and South Wales Fire & Rescue services. The aim of the group is to collectively ensure we have a skilled and sustainable public services workforce for the future and a programme plan is under development. There is well

established collaborative work between Cwm Taf UHB, Merthyr Tydfil Local Authority, Rhondda Cynon Taf Local Authority and partners on pre-employment schemes, which have resulted in people gaining employment. The initiatives reinforced the principles and goals contained within the Social Services & Well-Being (Wales) and Well-Being of Future Generations Acts.

Staff Side Partnership Working

We have active engagement with our staff side colleagues via the formal partnership arrangements at the monthly meeting of the Joint Advisory Group (JAG) and Working in Partnership Forum (WIPF). These meetings are attended by the Chief Executive, Directors, service managers and Workforce & OD. Major Service changes, e.g. the SWP are shared on the agenda with our staff side colleagues. There are also a number of other informal and formal forums for joint working within the Health Board where staff side play a key role and which will ensure that service change is delivered. Through having a strong working relationship there is respect for the challenges we face and enables the Health Board to have open and frank discussions to ensure our service are safe and sustainable.

Employee Engagement

The Workforce & OD department has undertaken research into "best practice" in relation to promoting and improving employee engagement. The Board adopted the Employee Engagement Framework in November 2015. A work programme to progress the framework implementation was agreed for 2016/17 and is shown in **Annex B6** together with a summary of the outcomes achieved. Further work is now being conducted by the Employee Engagement Group to refine the 2017/18 work programme. A key focus will be the role of the line manager in staff engagement and also specific action plans resulting from issues emerging from the Medical Engagement Scale and the national staff survey results.

Many pulse surveys have now been carried out throughout the Health Board and feedback is being used effectively in driving and supporting change. The change management toolkit which has been devised has resulted in service change being planned and implemented in a consistent, open and transparent way. Therefore, we will continue to use and develop the toolkit, the principles and leaflet for staff.

2016 NHS Wales Staff Survey

Following a 38% response rate across which is an increase from the 2013 survey (25%) there was a positive improvement overall with some areas showing significant improvement. **Job satisfaction** - 71% of staff said they are satisfied with their present job up from 63% in 2013. **Line managers and senior managers** - 63% of staff said senior managers are committed to patient care (up from 52%) **Organisation change** - 72% of staff say they support the need for change; 32% say that change is well managed. **Communication** - Significant improvements we recorded in all of the scores on communications. However just 42% of staff say that they are able to provide services in Welsh when this is the preference of the service user (up from 33% in 2013) however, this is 6% below the current overall NHS Wales score. Scores on **learning and development** have shown improvements, and now many of these scores are above the All Wales average. All scores on **health, wellbeing & safety** at work have improved. Whilst we are pleased with the positive progress, there are still some further areas to be addressed around dignity in the work place and how managers respond to that.

Further analysis and engagement is taking place across the organisation to build on this engagement work.

Personal Development Reviews (PDRs)
PDRs continue to be recorded via the ESR and compliance reporting achieved through ESR Business Intelligence. Over the past year, Health Board compliance has remained at around 65%. With fresh targeted interventions, we aim to increase compliance to 70% within 2017/18 75% by the end of 2018/19 and 85% within the life of the plan.

In line with the requirements of the Pay Progression Policy, reviewers are now expected to schedule each individual's PDR date to take place 8–12 weeks before the individual's incremental date. The Health Board has refreshed the training available to reviewers to include this new requirement whilst also making it shorter, more focused and easier to access. In addition the Health Board will be conducting a review of the reporting and holding to account arrangements, regarding PDR compliance, in 2017.

Statutory and Mandatory Training
The Health Board continues to improve its Core Skills Training Framework compliance. The use of the ESR learning management system continues to be enhanced and is used to manage the delivery of all CSTF training delivery.

Over the past year a series of bespoke ESR BI dashboards have been created that facilitate the easy production of corporate monitoring reports whilst also allowing line managers at all levels to easily monitor the compliance of their staff. These reports are now routinely presented at monthly Clinical and Corporate Business meetings where senior directorate management are held to account.

Many of the level 1 CSTF subjects are only available through e-learning, which causes problems for many staff that do not have the skills to use e-learning or access to a PC in a suitable environment to conduct e-learning. To overcome this, the Health Board, in conjunction with subject leads is developing training packs designed to be delivered by line managers at team meetings. Line managers are then able to record attendance through the use of ESR Self Service, ensuring that their improved compliance is reflected in the corporate reports available through Business Intelligence.

The Health Board's overall compliance for Level one of the CSTF currently stands at slightly over 48%. Current data shows that the Health Board's compliance is rising by 20% per year, indicating that our compliance target of 85% will be reached by the end of the 2018/19 financial year.

International Health Partnership (IHP) working
The Health Board has a strong history through its PONT link of international health work. This year we have exposed our graduate management trainees to this agenda to promote the International Health Co-ordination Centre's (IHCC's) Charter for International Health Partnerships. We are working to expand our links and develop further links withm Nepal and Vanuatu islands in 2017.

5.7 EQUALITY AND DIVERSITY

The Health Board is committed to the principles of equality and diversity and the importance of meeting the needs of the protected groups under the Equality Act 2010 and the Welsh specific duties to:

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not;
- Eliminate unlawful discrimination, harassment and victimisation.
- The revised Cwm Taf Strategic Equality Plan which will be the focus of our activity between 2017/20 outlines five specific objectives, which are fundamental to the IMTP;
- Better health outcomes for all which focuses on linking Equality with the Quality Agenda and continuing to produce meaningful, effective Equality Impact Assessments which will support all service developments in relation to the IMTP to ensure that the needs of protected groups are met;
- Improved patient access and experience with particular emphasis on cultural and communication issues including meeting the needs of members of our community for whom English is not their first language or who have sensory loss or communication difficulties and those who wish to communicate in the medium of Welsh;
- Empowered, engaged and included staff, we are particularly keen to establish staff networks, initially for LGB staff as part of our Stonewall Health Champions project but also for other protected groups over time from both a wellbeing perspective but also in terms of enabling them to influence service development;
- Inclusive leadership at all levels, we wish to embed Equality into all our organisational development and management development programmes so that it can be led at different levels and key players will be aware of their responsibility;
- Gender pay equality - Work will continue in this area with a view to including other protected groups following our contribution to the Cardiff University 'Women Adding Value to the Economy' (WAVE) national project in which we were selected as a lead Health Board.

In addition to this, specific objectives will be developed in relation to each protected group from a staff, patient/service user and community perspective. This will ensure the inclusion of issues in relation to small groups, for example people who identify as Trans* (Trans* is an umbrella term that refers to all of the identities within the gender identity spectrum).

Our plan also includes more general objectives e.g. in relation to training and information. On this point, Equality is now part of the Core Skills Framework.

Engagement will be undertaken agreeing and implementing the Strategic Equality Plan will be a priority for the foreseeable future.

An Equality Impact Assessment on this refreshed IMTP has been undertaken and is attached as **Annex B8**.

5.8 BILINGUAL SERVICE PROVISION

The Health Board is committed in its efforts to improve and promote bilingual service provision, and recognises the positive impact this has upon our Welsh speaking service users. Annual monitoring and statistical reports are submitted to the Welsh Language Commissioner and Welsh Government outlining the steps taken to progress the Welsh language agenda. In compliance with its current Welsh Language Scheme and in preparation for the Standards, the Health Board has developed a Bilingual Skills Strategy.

This strategy focuses on how the workforce can strategically deliver services through the medium of Welsh and identifies potential options for increasing the number of our Welsh speaking staff. The main objectives of the strategy are to:

- Carry out an audit of staff's current Welsh language skills finding out where our existing Welsh speakers are based
- Carry out a Welsh Language Service Needs Assessment analysing data to determine what Welsh service provision is needed to meet the needs of the local population
- Identify current skills gaps within specific departments/ teams across the organisation
- Bridge the skills gap developing action plans with team managers; using creative ways of working with current Welsh speaking staff; providing training for staff to learn Welsh; to recruit Welsh speakers.

The Equality and Welsh Language Forum monitors the implementation and progress of the strategy. It has been successfully implemented in Ysbyty George Thomas and is now being implemented in other teams and departments across the Health Board, including Wards 1-6 Ysbyty Cwm Cynon, Communications Team, Maxillo Facial, Physiotherapy, Localities, and Mental Health. The Strategy will be refreshed in 2017 and a new action plan will be developed accordingly.

The Health Board continues to make excellent progress against the 'More Than Just Words' Framework which aims to increase capacity for implementing the 'Active Offer' principle. Ward B2, a general rehabilitation ward in Ysbyty Cwm Rhondda is now officially a bilingual ward, offering Welsh speaking inpatients the opportunity to receive their care and treatment in Welsh. Providing the patient does not need specialist care on another ward, patients can choose to be admitted onto the bilingual ward. This initiative won the Minister for Health's special recognition award in the 2015 Welsh in Healthcare Awards and has received much positive press coverage. Excellent feedback and praise from service users and their families has also been offered to staff on the ward. The Health Board will look to roll out similar initiatives to other wards across Cwm Taf.

Regular progress reports are presented to the Board to ensure support, awareness and assurance from the senior Executive Team for Welsh language service provision. Over the next three years, priority areas for Welsh language service provision improvements include paediatrics, elderly mental health, and the implementation of the Bilingual Skills Strategy. The Health Board is continuing in its efforts to promote the use of Welsh language in the workplace and offers various opportunities and support for staff who wish to learn or improve their Welsh language skills.

6. FINANCE – 2017/18 TO 2019/20

The financial plan builds on the current 2016/17 to 2018/19 plan and also the actual delivery in previous years. The financial plan is necessarily ambitious and challenging, given the financial environment that the Health Board is operating in.

6.1 QUALITY AND SAFETY

The Health Board is committed to continuously take account of the context of the Triple Aim requirements as the 3 Year Plan for 2017/18 – 2019/20 is developed and assessed. These principles have been used in the development and implementation of cost improvement plans where triangulation of quality, performance and cost has meant that informed decisions have been made to manage risk and prioritise investments as well as deliver cost reductions.

6.2 UPDATE ON FINANCIAL PERFORMANCE IN 2016/17

The Health Board has recently submitted its M11 Monitoring Returns to Welsh Government. This showed a year to date (YTD) deficit of £2k and a forecast breakeven position for 2016/17.

The Health Board is projecting a breakeven position for 2016/17. During 2016/17 there has been lower than assumed recurrent Welsh Government funding, overspending on nursing and medical staff pay and shortfalls against recurring savings targets. The forecast breakeven position has therefore only been achieved through slippage on investments and developments and other non-recurring measures. A recurring deficit of £11.6m is projected going forward into 2017/18 and this is the starting point for our medium term financial plan for the three year period 2017/18 to 2019/20.

The key components of the forecast recurrent deficit are summarised below:

	£m
Recurrent shortfall in the WG funding assumed in the 2016/17 IMTP for investment in new service models.	2.9
Recurrent shortfalls in 2016/17 savings delivery	3.3
Other net recurrent over spends	5.4
Total	**11.6**

6.3 OVERVIEW OF THE FINANCIAL PLAN FOR 2017/18 TO 2019/20

The key assumptions driving our financial plan for the next three years are summarised below:

- An underlying deficit at the end of 2016/17 of £11.6m.
- Additional recurring allocations from Welsh Government of £24.1m in 2017/18 and also a further £20.0m in 2018/19 and 2019/20 (see **section 6.4** for breakdown).
- We are also assuming that £2m AME funding will be required from Welsh Government in 2017/18, which is in relation to an anticipated provision needed at the end of 2017/18 for Phase 3 retrospective Continuing Health Care claims.

- Provision for recurring inflation, cost and service pressures of £23.2m in 2017/18, £22.3m in 2018/19 and £30.1m in 2019/20. These figures include provision for an annual pay award of 1% per annum plus incremental drift and non-pay increases from 2017/18 in line with projected inflation. The higher cost in 2019/20 includes £5.9m resulting from National Insurance and pension changes and also £2.0m for increased Living Wage costs.
- The plan includes £2.0m for investment in new service and delivery models in 2017/18 plus an investment of £4.0m for additional capacity to meet projected planned care demand and so maintain delivery against RTT targets. Further discretionary investment of £4.5m and £3.0m is planned for years 2 and 3 of the plan plus a further investment of £1m per annum in RTT capacity to meet increasing demand.
- The plan also includes £1.1m of new investments to transform services for older people and patients with mental health conditions.
- The plan includes provision for a number of non recurring costs and benefits with a net benefit of £1.4m in 2017/18 followed by net costs of £3.1m and £2.5m in the next two years.
- Recurring efficiency and redesign savings of £21.9m are required in order to deliver a balanced budget in 2017/18. This is 4.3% of the controllable budget of circa £500m. The recurring savings requirement reduces to £10.0m (2.0%) in 2018/19 and £13.0m (2.6%) in 2019/20. The total recurring savings over 3 years is £44.9m (8.7%).
- Given the scale of the challenge in 2017/18, the plan includes a £4m non recurring savings provision which reduces the in year savings target to £17.9m (3.5%). This provision recognises that some savings schemes will not be fully implemented from the start of the financial year.
- Availability of Welsh Government strategic capital funding to support the capital costs of the key changes included in the plan. Our 3 year capital plan includes a number of schemes in which are critical to deliver key service changes within our plan, many of which are key enablers for saving included in the plan.
- It is assumed that the depreciation costs of all future capital schemes are fully funded by the Welsh Government, in line with current policy. These additional costs and consequent non-cash backed allocation changes are not included in the financial schedules pending clarity on approvals.

The medium term plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers. Based on the assumptions outlined above, this plan will deliver a break even position over the three year period.

	2017-2019 DRAFT FINANCIAL PLAN									
	2017/18			2018/19			2019/20			Total
R = recurring NR = non recurring	R	NR	Total	R	NR	Total	R	NR	Total	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Brought forward recurring deficit/-surplus	**11.6**		**11.6**	**-3.2**		**-3.2**	**-4.3**		**-4.3**	
Income changes										
Share of core un-earmarked growth monies	-23.0		-23.0	-20.0		-20.0	-20.0		-20.0	-63.0
Share of earmarked growth monies	-1.1		-1.1	0.0		0.0	0.0		0.0	-1.1
Invest to save income from 15/16 round		-0.2	-0.2			0.0			0.0	0.0
Invest to save repayments		1.5	1.5		0.2	0.2		0.4	0.4	0.0
sub total income changes	**-24.1**	**1.3**	**-22.8**	**-20.0**	**0.2**	**-19.8**	**-20.0**	**0.4**	**-19.5**	**-64.1**
Cost pressures and investments										
Pay rises, incremental drift and inflation	9.9		9.9	8.7		8.7	10.5		10.5	29.0
UK national NI and pension changes	0.5		0.5	0.1		0.1	5.9		5.9	6.5
Service and demand pressures	12.8		12.8	12.5		12.5	12.7		12.7	38.0
Service improvement - RTT capacity	4.0		4.0	1.0		1.0	1.0		1.0	6.0
Service improvement - internally determined	2.0		2.0	4.5		4.5	3.0		3.0	9.5
Service improvement - earmarked WG growth monies	1.1		1.1	0.0		0.0	0.0		0.0	1.1
Slippage on cost pressures and investments		-0.8	-0.8		-1.0	-1.0		-1.0	-1.0	0.0
Other Non-recurring costs & benefits		-1.4	-1.4		3.1	3.1		2.5	2.5	
Contingency	1.0		1.0	2.1	2.0	4.1	2.2		2.2	5.3
Sub total cost pressures and investments	**31.2**	**-2.2**	**29.1**	**28.9**	**4.1**	**33.0**	**35.3**	**1.5**	**36.8**	**95.4**
Efficiency and re-design savings	-21.9	4.0	-17.9	-10.0	0.0	-10.0	-13.0	0.0	-13.0	-44.9
Sub total	**-21.9**	**4.0**	**-17.9**	**-10.0**	**0.0**	**-10.0**	**-13.0**	**0.0**	**-13.0**	**-44.9**
Total change on previous year	**-14.8**	**3.2**	**-11.6**	**-1.1**	**4.3**	**3.2**	**2.3**	**1.9**	**4.3**	**-13.6**
Revised surplus/deficit	**-3.2**	**3.2**	**0.0**	**-4.3**	**4.3**	**0.0**	**-2.0**	**1.9**	**0.0**	**0.0**

The elements of the plan are described in further detail below.

6.4 INCOME CHANGES

A summary of our assumed allocations from the Welsh Government for 2017/18 is shown in the table below.

	Un-earmarked	Earmarked	Total
	£'m	£'m	£'m
Recurrent:			
Confirmed share of £90m core allocation	(10.0)	0	(10.0)
Confirmed share of £20m Mental Health allocation	(1.1)	(1.1)	(2.2)
Assumed funding for primary care inflation not included in core allocation	(1.1)	0	(1.1)
Assumed funding from the £16m New Treatment fund towards increased NICE costs	(1.8)	0	(1.8)
Funding requested from the £50m Innovation Fund	(9.0)	0	(9.0)
Total Recurrent	**(23.0)**	**(1.1)**	**(24.1)**
Non recurrent:			
Invest to Save income from the 2015/16 round	(0.2)	0	(0.2)
Invest to Save repayments	1.5	0	1.5
Total	**(21.7)**	**(1.1)**	**(22.8)**

The key points to highlight are as follows:

- **Confirmed share of £20m mental health allocation**

This funding provides a contribution towards pay increases and other unavoidable cost growth of £1.1m and new investment in mental health services of £1.1m. The proposed new investments are outlined in **section 6.6** below.

- **Assumed funding for primary care inflation not included in the core allocation**

We are assuming an additional allocation of £1.1m towards the inflationary costs of the primary care contracts.

- **Assumed funding from the £16m New Treatment Fund**

We are assuming an additional allocation of £1.8m towards the increased costs of NICE and High Cost drugs.

- **Funding requested from the £50m Innovation Fund**

The Health Board has assessed its overall funding requirement for 2017/18 which is consistent with achieving breakeven and also:

- Delivering on all the key RTT and diagnostic wait targets
- Improving unscheduled care performance
- Driving forward transformational change in a number of areas

- Delivering sustainable service models and performance.

After taking account of our ambitious savings plans, which are partly enabled by the planned service changes, the additional funding requirement is £11.6m over and above the allocation changes set out in the Allocation letter and those noted above.

We have also worked through the opportunity for re-phasing our transformation plans which could reduce the £11.6m requirement down to £9.0m. We have included this lower sum in our IMTP submission which means reducing the extent to which we can support:

- Further investment in community mental health services for older people and extension of the psychiatric liaison service.
- The planned redesign of the service and staffing model for the increasing number of patients with co-morbid dementia on general hospital wards.

Both of these developments are part of an overall strategic objective to reduce dependency on hospital care and could, over a period of 2–3 years become self-financing through bed reductions.

The reduced funding requirement could also result in some further operational performance and financial risk, which we will do everything possible to mitigate.

We would therefore appreciate further discussion with Welsh Government about the possibility of identifying sources of transitional funding over the lifetime of this plan should it not be possible to fund this recurrently through the IMTP process.

- **Share of un-earmarked growth monies for 2018/19 and 2019/20**

We are assuming a core recurring allocation in years 2 and 3 of £20.0m per annum which is based on an 11.1% Cwm Taff share of assumed total general allocation growth to Health Boards of £180m.

6.5 INFLATIONARY AND SERVICE DEMAND AND COST PRESSURES

The table below shows the projected inflationary, demand and other cost pressures for the next three years.

Inflation and Other cost pressures	17/18		18/19		19/20
	£m		£m		£m
Inflation					
Pay rises and incremental drift	4.1		4.1		5.9
Primary care inflation	1.0		1.0		1.0
Apprentice Levy	1.2		0.0		0.0
CHC/FNC inflation	0.9		0.9		0.9
Non-pay inflation	1.5		1.5		1.5
LTA inflation at 2%	1.2		1.2		1.2
Sub total	**9.9**		**8.7**		**10.5**
Service and demand pressures					
CHC/FNC growth	1.3		1.3		1.3
Primary care prescribing	3.0		3.0		3.0
Community pharmacy	0.0		0.0		0.0
NICE	2.5		2.5		2.5
Internal cost/demand/service pressures	3.0		3.0		3.2
Claims WRP	0.6		0.7		0.7
WHSSC demand & cost pressures	2.0		2.0		2.0
EASC demand and cost pressures	0.4		0.0		0.0
Sub total	**12.8**		**12.5**		**12.7**
UK national NI and pension changes	**0.5**		**0.1**		**5.9**
Total	**23.1**		**21.3**		**29.1**

The basis for the above estimates is outlined below.

i. Pay cost inflation

Pay cost pressures have been assessed to remain stable over the three years of the plan:

	2017/18 £m	2018/19 £m	2019/20 £m
Wage award – 1% of £290m	2.9	2.9	2.9
Impact of Living wage	0.15	0.15	2.0
A4C incremental drift	0.3	0.3	0.3
A4C medical staff	0.2	0.2	0.2
Consultant commitment awards	0.2	0.2	0.2
Estimated inflation on external agency costs@2%	0.3	0.3	0.3
Total	**4.1**	**4.1**	**5.9**

We have assumed that the annual wage award for each of the three years will be 1% of the current pay bill. This excludes the impact of implementing an increase in the Living Wage of 20p/hour from 2017/18, which equates to £150k per annum. The significant increase in year 3 is due to a potential increase in the number of staff being impacted by the Living Wage.

ii. Primary care inflation
The anticipated cost pressure for 2017/18 is £1.0m per annum over the 3 year term.

iii. Apprentice levy
We have included a cost pressure of £1.2m in 2017/18 in respect of the additional costs associated with the introduction of the apprentice levy.

iv. Continuing Health Care (CHC) and NHS Funded Nursing Care (NHSFNC)
We currently spend circa £32m per annum on external CHC placements.

The anticipated cost increases for each year of the plan have been based on average price inflation of circa 2% per annum (£0.6m) and volume growth of circa 4.0% per annum (£1.3m). Our plan also includes £0.3m for NHSFNC.

v. Non Pay Inflation
Following the approach taken in previous years, a matrix largely based upon the Health Services Cost Index (HSCI) has been developed to derive an assessment of non pay inflation. To provide a more accurate assessment, colleagues from Welsh Health Supplies have provided estimates of inflation on medical and surgical consumables, provisions and external general service contracts.

The plan includes a non pay inflation estimate of £1.5m per annum for each year of the plan. No material allowance has been made for the potential price rises resulting from recent changes in exchange rates, which have not yet fed through into prices. These have been reported to be up to 5% in other sectors and this represents a potential risk to the plan.

vi. LTA inflation
Provision has been made for a 2% tariff increase over the three years of the plan.

vii. Primary Care Prescribing
The financial plan includes a provisional sum for growth in primary care prescribing of £3.0m in 2017/18 with a corresponding savings target of £1.5m.This equates to net growth after savings of £1.5m for 2017/18. The Directorate received net growth of £1.5m in 2016/17 and is currently forecasting a breakeven position. The same provision for growth has been made in 2018/19 and 2019/20.

viii. Community Pharmacy
On 20 October 2016, the Cabinet Secretary for Health, Well-being and Sport announced that community pharmacy funding would in 2017-18 would remain at the 2015-16 level but that this would be contingent on new arrangements for pharmaceutical services being agreed with Community Pharmacy Wales. Whilst these new arrangements will affect the method by

which funding is delivered, we are planning on the basis that the total funding for community pharmacy essential and advanced services will be maintained at the 2015/16 level. Expenditure on community pharmacy enhanced services is unaffected by the new arrangements.

The financial plan does not make any provision for growth in community pharmacy expenditure costs over the next three years.

ix. NICE and new high cost drugs (including Hepatitis C)

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. We have assumed an annual increase of £2.5m for each year of the plan. The £2.5m provision for 2017/18 includes:

- Internal Cwm Taf NICE growth over 2016/17 out-turn (£0.7m)
- Internal HEP C growth over the recurring investment made in 2016/17 of £1.4m (£0.3m)
- Anticipated financial impact of growth in NICE and other high cost drugs for Cwm Taf residents at Velindre Trust and other Health Boards (£1.5m).

The risk assessment at **section 6.10** recognises a potential risk that the cost of NICE and high cost drugs could exceed the plan provision of £2.5m by up to £1m.

x. Local cost, demand and service pressures

A £3.0m provision has been made in the plan to cover local cost, demand and service pressures in 2017/18 and 2018/19, increasing to £3.2m in 2019/20. The provisional estimates for 2017/18 are as follows:

Local cost, demand and service pressures	£k
Microsoft licencing	300
WCCIS running costs	186
Replacement programme for beds & mattresses	300
Trend increases in non pay relating to demand pressures , particularly drugs and laboratory costs	631
Reduction in external income streams	517
Other	1065
Total	**3000**

xi. Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by LHBs since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget.

The financial plan assumes an increase in costs of £0.6m for 2017/18 and £0.7m per annum for the next 2 years.

In line, with guidance from the Welsh Government, no provision has been made for the reduction in the legally stipulated interest rate used in calculating certain claims.

xii. WHSSC demand and cost pressures

The financial plan includes a sum of £2.0m per annum for demand and cost pressures in relation to WHSSC.

The planning assumption in 2016/17 was that the £2m for 2017/18 would include £1m for the Full Year Effect (FYE) of 2016/17 investments and cost pressures and £1m for new investments and cost pressures in 2017/18.

The latest plans from WHSSC are indicating a forecast cost for 2017/18 of £2.1m and work is ongoing with WHSSC to close the gap of £0.1m. 2016/17 investments and cost pressures is £1.6m plus a further £1m for new investments. Delivery of the WHSSC plans to maintain costs within the plan provision of £2m represents a significant risk to the financial plan.

xiii. EASC demand and cost pressures

The financial plan includes a sum of £0.4m to cover additional funding likely to be agreed for EASC/WAST in 2017/18.

xiv. National Insurance and pension changes

There are three separate cost pressures over the term of the three year plan:

- Auto enrolment £0.3m in 2017/18 and £0.1m 2018/19
- Pension administration charges £0.18m in 2017/18
- Changes to the pension discount rate in 2019/20- £5.9m

The 2016 Budget announced a change in the discount rate to be used in valuations of unfunded public service pension schemes with effect from 2019/20. We have estimated that the impact on Cwm Taf will be in the region of £5.9m.

6.6 INVESTMENT IN CHANGE AND NEW SERVICE AND DELIVERY MODELS

The following table sets out the planned recurring investments over the three year period:

	2017/18 £m	**2018/19 £m**	**2019/209 £m**
Recurring			
Service improvement – internally determined	2.0	4.5	3.0
Service improvement – planned care capacity	4.0	0	0
Service improvement – earmarked WG growth monies for Mental Health	1.1	0	0
Total	**7.1**	**4.5**	**3.0**

Recurring investment in new service & delivery models, quality and infrastructure

The first cut IMTP submissions from directorates identified £10m of discretionary investment proposals which significantly exceeds the £2m provision for 2017/18. The Health Board has identified a number of priority areas of investment in new or expanded service

models which it considers will provide improved value to patients. These include the following:

1. Further development of the acute medicine model
2. Introduction of a fracture liaison service
3. Further development of our current frailty services
4. Expansion of pre-operative assessment
5. Expansion of day surgery
6. Capacity to enable new planned care pathways to be implemented or extended (e.g. audiology capacity to enable greater direct access for GPs to reduce demand on ENT medical staff)
7. Expansion of new technology in community settings (e.g. expanded teledermatology)

A final review of all investment proposals will be undertaken prior to the start of the financial year once Welsh Government funding has been agreed, to determine the key priorities for 2017/18, the levels of investment and phasing decisions.

Service improvement – planned care capacity

The Health Board is planning to invest an additional £4.0m in core planned care capacity in order to address the shortfalls in current capacity (and therefore avoid the significant outsourcing costs incurred in 2016/17) and also to meet the increasing demand in 2017/18.

Service improvement – earmarked Welsh Government growth monies

As noted in **section 6.4** above, the Health Board is proposing to invest an additional £1.1m in mental health services. The key proposed areas of investment are summarised below:

	2017/18 £k
Psychiatric liaison services and compliance with HIW recommendations– funded at risk in 2016/17	280
Valley life project which includes a dementia hub based at Ysbyty George Thomas and expansion of community intervention dementia team.	450
Expansion of older persons daycare services (with further expansion being considered from the £2m provision above)	370
Total	**1,100**

These investments will both reduce the rate of Older People's Mental Health admissions and enable some existing inpatients to be discharged earlier with community support. This is linked to the achievement of planned savings from reducing bed capacity.

Slippage on planned investments

The financial plan recognises that there will be slippage against some of the planned recurring investments. Our assumption is that any slippage (including against the additional assumed Welsh Government growth monies) will be retained by the UHB and will therefore provide a non recurring benefit over the 3 year term. The anticipated levels of slippage are summarised below which represents 3-4 months of the planned new investment.

	2017/18 £m	2018/19 £m	2019/209 £m
Anticipated slippage on investments	**(0.8)**	**(1.0)**	**(1.0)**

6.7 OTHER NON RECURRING COSTS AND BENEFITS

	2017/18 £m	2018/19 £m	2019/209 £m
Retrospective CHC claims	0.8	0.8	0.5
Existing Invest to Save schemes	0.3	0.8	0.5
Voluntary Early release (VER)	0.5	0.5	0.5
Other non recurring costs including change management	1.0	1.0	1.0
Other non recurring expenditure reductions	(4.0)	0	0
Total	**(1.4)**	**3.1**	**2.5**

The anticipated contingent liability for Retrospective CHC claims (phase 3) at the end of 2016/17 is £4.0m. Our planning assumption is that some of these claims will be settled and paid in 2017/18 , some will be unsuccessful and some will be settled and paid in later years. We are assuming that a £2m provision will required at the end of 2017/18 which will require AME funding from Welsh Government.

6.8 MEDIUM TERM SAVINGS PLAN 2017/18 TO 2019/20

Summary

	2017/18 £m	2018/19 £m	2019/20 £m	Total £m
Total recurring efficiency and redesign savings	(21.9)	(10.0)	(13.0)	(44.9)
Provision for slippage in the delivery of the recurring efficiency and redesign savings	4.0	0	0	4.0
Total In Year savings	(17.9)	(10.0)	(13.0)	(40.9)

The total recurring savings over the 3 year period is £44.9m which is around 8.7% of the Health Board's controllable expenditure (excluding capital charges and primary care contracts) of circa £500m.

It should also be noted that there is provision within the 2017/18 plan for slippage whereby savings schemes are not all fully implemented from the start of each financial year.

Recurring efficiency and re-design savings in 2017/18

For the purpose of the medium term savings plan, these have been identified within the following categories:

- Addressing savings shortfalls and recurrent overspends from 2016/17
- Improved controls and cost reduction
- Net income generation
- Staffing models, workforce management, recruitment and retention
- Efficiency and productivity
- Value, pathways, referral and treatment thresholds, clinical decision making
- Service reconfiguration and premises rationalisation

Our medium term savings plans are summarised in the following two tables which show firstly the recurrent savings by overarching category and secondly by the estimated impact on pay, non-pay, income.

The estimated wte reduction associated with the £11.7m pay savings in 2017/18 is 251wte. However this wte reduction is offset by an estimated increase of 120wte due to the planned £7.1m investment in new service and delivery models outlined in **section 6.6** above. The estimated net reduction in 2017/18 is therefore 131wte. Further information is provided in **section 5.4**.

Medium Term Savings plan	**£k**	**£k**	**£k**	**£k**
Brought Forward Plans	9242			9242
Improved Controls And Cost Reduction	2550	2821	3668	9039
Net Income Generation	150	166	216	532
Staffing Models., Workforce Mgt, Recruitment And Retention	1824	2018	2624	6466
Efficiency And Productivity	509	563	732	1804
Value; Pathways; Referral And Treatment Thresholds; Clinical Decision Making	2905	3214	4178	10298
Service Reconfiguration & Premises Rationalisation	1100	1217	1582	3899
To Be Identified	3620			3620
Total	**21900**	**10000**	**13000**	**44900**

	2017-18	**2018-19**	**2019-20**	**Total**
Medium Term Savings plan	**£k**	**£k**	**£k**	**£k**
Pay	10777	5896	7664	24337
Non pay -traditional and CHC	4341	2375	3087	9803
Non Pay - primary care prescribing	1500	821	1067	3387
Non pay - acute prescribing	320	175	228	723
Non pay -other health boards	200	109	142	452
Income - other health boards	617	338	439	1393
Non clinical Income generation	525	287	373	1186
To be identified	3620			3620
Total savings	**21900**	**10000**	**13000**	**44900**

The detailed savings plans for 2017/18 are shown below for each of the categories described above:

i. Savings shortfalls and recurrent overspends from 2016/17

A significant element of the 2017/18 savings plan is to address the recurrent savings shortfalls and recurrent overspends from 2016/17. These are summarised in the following table:

Savings Plans	Pay	Non Pay	Income	Total
Brought Forward Plans	**£k**	**£k**	**£k**	**£k**
Reduce Brought forward CRES Plans	2305	822	225	3352
Reduce Medical Staff Forecast Overspends	1487	0	0	1487
Reduce Ward Nursing Forecast Overspends	2998	0	0	2998
Reduce Other Pay Forecast Overspends	852	0	0	852
Other opportunities from 2016/17	0	36	517	553
Total	**7642**	**858**	**742**	**9242**

The two most significant cost reduction schemes are to reduce the forecast recurrent overspends on ward nursing (£3.0m) and medical staffing (£1.5m).

The main schemes making up the £3.3m recurrent savings shortfall are summarised below:

- Reduce housekeeping costs £0.4m
- Theatre utilisation and productivity £0.35m
- Repatriation to Pinewood House £0.1m
- Endoscopy productivity and utilisation £0.1m
- Reduce portering costs £0.1m
- Outpatient productivity – reduced follow ups £0.13m
- Non pay - £0.25m
- Workforce productivity - £0.57m

ii. Improved controls and cost reduction

The planned recurrent savings from individual schemes in 2017/18 are set out in the table below:

Savings Plans	Pay	Non Pay	Income	Total
Improved Controls And Cost Reduction	**£k**	**£k**	**£k**	**£k**
Utilities	0	150	0	150
Further service repatriation	0	0	100	100
Review of Community Dental	0	200	0	200
NEPT	0	100	0	100
CHC	0	250	0	250
Primary care prescribing	0	500	0	500
Primary care prescribing - Cat M	0	500	0	500
Non-pay	0	750	0	750
Total	**0**	**2450**	**100**	**2550**

iii. Income generation

The planned recurrent changes are shown in the table below:

Savings Plans	Pay	Non Pay	Income	Total
Net Income Generation	**£k**	**£k**	**£k**	**£k**
Restaurants and Bar Baristas	0	0	100	100
Residences	0	0	0	0
CAMHS T4	0	0	50	50
Total	**0**	**0**	**150**	**150**

iv. Staffing models, workforce mgt, recruitment and retention

A wide range of schemes for achieving recurrent savings through improvements in workforce productivity have been developed, which are set out in the table below:

Savings Plans	Pay	Non Pay	Income	Total
Staffing Models., Workforce Mgt, Recruitment And Retention	**£k**	**£k**	**£k**	**£k**
Theatre utilisation and productivity	34	0	0	34
Minor procedures moved to outpatient or other non theatre settings	0	0	0	0
Outpatient admin and chaparoning outside the clinic room	34	0	0	34
Medical records - booking processes	34	0	0	34
Resources released in directorate admin from records centralisation	172	0	0	172
Radiology	200	0	0	200
Therapies	280	0	0	280
Pathology	200	0	0	200
Patient catering	250	0	0	250
Portering	100	0	0	100
Management and admin	100	0	0	100
New Switch	120	0	0	120
Building maintenance	50	0	0	50
Corporate directorates	250	0	0	250
Travel	0	0	0	0
Retire & return	0	0	0	0
Salary sacrifice	0	0	0	0
Total	**1824**	**0**	**0**	**1824**

Efficiency and productivity

A wide range of schemes for achieving recurrent savings through improvements in service productivity and efficiency have been developed:

Savings Plans	Pay	Non Pay	Income	Total
Efficiency And Productivity	**£k**	**£k**	**£k**	**£k**
Theatre utilisation and productivity	88	38	0	126
Minor procedures moved to outpatient or other non theatre settings	0	0	0	0
Endoscopy utilisation and productivity	0	0	0	0
Outpatient productivity - in the room	93	40	0	133
Improved management of elective and non-elective patient flow enabling reduced beds	0	0	0	0
CAMHs : external contracst to cover cost pressures	0	0	50	50
Localities productivity	140	60	0	200
Total	**321**	**138**	**50**	**509**

v. Value, pathways, referral and treatment thresholds , clinical decision making

The planned recurrent savings from individual schemes in 2017/18 are set out in the table below:

Savings Plans	Pay	Non Pay	Income	Total
Value; Pathways; Referral And Treatment Thresholds; Clinical Decision Making	**£k**	**£k**	**£k**	**£k**
Alternatives to surgery	0	0	0	0
Outpatient pathways - reduced follow up rate	270	116	0	385
Referral criteria and thresholds	0	0	0	0
Planned care pathway optimisation specifically in specialties coming within the National Planned Care Programme - ENT, Urology, T&O, Oph	70	30	0	100
Radiology	0	0	0	0
Therapies	0	0	0	0
Pathology	0	0	0	0
CHC	0	750	0	750
Primary care prescribing	0	1000	0	1000
Impact of new cluster models in reducing demand on secondary care	0	0	0	0
CAMHS	0	0	100	100
Acute prescribing - bio-similars	0	160	0	160
Acute prescribing - other	0	160	0	160
Non-pay- Value	0	250	0	250
Total	**340**	**2466**	**100**	**2905**

The main schemes in this area are:

- Primary care prescribing- £1m
- Continuing Healthcare -£0.75m

vi. Service reconfiguration and premises rationalisation

The main service reconfiguration and premises rationalisation schemes are summarised below:

Savings Plans	Pay	Non Pay	Income	Total
Service Reconfiguration & Premises Rationalisation	**£k**	**£k**	**£k**	**£k**
Laundry	0	100	0	100
Premises rationalisation/reduction	0	200	0	200
Rationalisation of crisis services	0	0	0	0
OPMH Phase 2	650	150	0	800
Total	**650**	**450**	**0**	**1100**

Recurring efficiency and re-design savings in 2018/19 and 2019/20

While detailed plans have focussed on 2017/18, plans are also being developed for the latter two years, developing on the framework already in place. The key schemes are summarised below and these are reflected in the three year financial savings plan set out above.

i. Improved controls and cost reduction

- Ongoing work on procurement, non-pay management including prudent clinical selection of products, prescribing and management of continuing health care placements.
- Further repatriation of services provided for Cwm Taf patients by other Health Boards where appropriate.
- Further improvements in energy efficiency, subject to securing the necessary capital investment.

ii. Net income generation

- Further development of commercial activities for other Health Boards.

iii. Staffing models, workforce management, recruitment and retention

- Further development of productive working across a wide range of settings - including in particular inpatients, theatres, outpatients, endoscopy, diagnostics, facilities and community services. This will require appropriate management capacity and technology as outlined previously.
- Further development of back office improvements, including improved use of ESR and E-rostering for a wide range of staff groups.
- Continued development towards an electronic medical record and increased use of electronic systems for referrals, order requesting and results reporting, enabling improved clinical information and reduced administrative staff costs.

iv. Efficiency and productivity, value, pathways, referral and treatment thresholds, clinical decision making

- Further improvement in patient flow and systems of care. A particular area in addition to the current primary focus on the acute element of hospital stays is around older people admitted to hospital where there are better and more cost effective community service alternatives, or staying in hospital longer than necessary for their clinical care due to shortfalls in community and social care capacity.
- Further development of the Older People's Mental Health model, improving community and liaison services, enabling reductions in continuing assessment beds.

- Development of the role of outpatient consultations within patient pathways, including streamlined pathways and greater use of community cluster hubs.
- Potential reconfiguration of some services, linked to the outcome of the South Wales Programme.
- Further development of prioritisation and development of models of care for specialist services, including pathways and care models.
- Looking at the opportunity to concentrate specialist services on single sites where appropriate
- An increased contribution from the application of prudent medicine principles, more generally, in addition to the specific areas above.

6.9 BALANCE SHEET AND CASH FLOW

As at Month 11, the Health Board is forecasting to have a cash balance at the end of 2016/17 of circa £1.8m.

The PSPP compliance for 2016/17 is projected at 90% over the whole year which is below the target of 95%. Significant efforts are being made to bring monthly compliance back to 95% by April 2017.

The projected working capital balances over the next three years are as follows:

	2016-17	**2017-18**	**2018-19**	**2019-20**
	£m	**£m**	**£m**	**£m**
Inventories	3.9	3.9	3.9	3.9
Receivables	71.4	71.4	71.4	71.4
Payables	(70.1)	(68.5)	(68.5)	(68.5)
Provisions	(58.6)	(58.6)	(58.6)	(58.6)
Cash	1.8	0.2	0.2	0.2
Total	**(51.6)**	**(51.6)**	**(51.6)**	**(51.6)**
Delay in paying non-NHS invoices at year-end (£m/wks)		nil	Nil	nil

The above projections assume that any movements in working balances not associated with an I&E deficit will be funded through additional cash allocations from Welsh Government. It also assumes that there will not be a material change in payment patterns of other Health Boards to Cwm Taf. Clearly, this may be a risk should other Health Boards experience cash pressures.

6.10 KEY RISKS TO THE 2017/18 FINANCIAL PLAN

The following table summarises the key risks to the 2017/18 financial plan. This shows the worse case position (as per the Welsh Government financial templates) and also a more realistic probability adjusted risk which applies probability assessments to the worse case position:

Risk assessment of 2017/18 financial plan	Plan assumption	Worse case position	Probability assessment	Probability adjusted risk
	£m	£m	%	£m
Assumed allocation from the £50m Investrment Fund	9.0	4.0	25%	1.0
Primary care rates rebates reatined by HB	0.3	0.3	0%	0
Reduction in ICF funding	0.0	0.7	50%	0.3
				0
Savings delivery short of plan	17.9	10.6	50%	5.3
				0
Non pay inflation greater than plan provision of 2%	1.5	2.3	25%	0.6
Other cost pressures exceed plan provision	3.0	0.1	25%	0.0
Non inflation cost pressure risks exceed plan provision	0.0	3.0	50%	1.5
WHSSC demand pressures exceed plan provision	2.0	0.6	50%	0.3
NICE costs exceed plan provision	2.5	1.0	50%	0.5
New Treatment Fund costs exceed plan provision	1.8	0.9	50%	0.5
Pay inflation greater than the £2.9m per annum (1%) included in plan	2.9	?	?	?
Discretionary service improvement investments exceed plan provision	2.0	5.1	50%	2.5
Investments in RTT capacity	4.0	1.1	50%	0.6
Assumed AME funding required for retrospective CHC provision (Phase 3 claims)	2.0	2.0	0%	0
				0
Recurent deficit brought forward from 2016/17	11.6	-0.6	50%	-0.3
WRP costs less than plan provision	0.6	-0.4	50%	-0.2
Surplus/deficit before contingencies	**61.1**	**30.7**		**12.6**
Contingencies	**-1.0**	**-1.0**		-1.0
Surplus/deficit after contingencies	**60.1**	**29.7**		**11.6**

Risks to be managed by the University Health Board

The key risks to be managed by the Health Board include:

- Recurring deficit brought forward from 2016/17
- Shortfall in savings delivery
- Non pay inflation exceeding the £1.5m (2%) provision in the financial plan
- RTT cost pressures exceeding the £4m provision in the financial plan
- Other unavoidable cost pressures exceeding the £3m provision in the financial plan
- WHSSC demand pressures exceeding plan provision of £2m
- NICE costs greater than plan provision of £2.5m

Risks that require further discussion with Welsh Government

- Our income assumptions and slippage assumptions are set out in Sections 6.4 and 6.7 respectively. The potential impact of any changes to these assumptions would require discussion with Welsh Government.
- The final cost of the 2017/18 annual pay award remains within the 1% plan assumption of £2.9m.
- The anticipated contingent liability for Retrospective CHC claims (Phase 3) at the end of 2016/17 is £4.0m. Our planning assumption is that some of these claims will be settled and paid in 2017/18 , some will be unsuccessful and some will be settled and paid in later years. We are assuming that a £2m provision will required at the end of 2017/18 which will require AME funding from Welsh Government.
- Securing approval for capital funding to deliver the schemes which are key to the achievement of re-design and productivity savings over the 3 year period.

Financial Risk Management Plans for 2017/18

- Further development of the capability and capacity to plan and deliver service improvement and change.
- Further development of demand and capacity planning, reflecting both improved pathways and improved productivity in the delivery of services.
- Further increasing the rigour of requiring clear expected outcomes to be demonstrated before investment in re-designed services is approved.
- Development of more detailed options and plans for reconfiguration of services within the South Wales Programme and ensuring that value for money is maximised in those plans, including more detailed clinical models, patient flow predictions, staffing models and resultant financial plans.

As regards the second category of risks which the Health Board cannot manage alone, the key actions regarding the 2017/18 risks are as follows:

- To engage with the Welsh Government regarding the assumptions the Health Board is making regarding additional allocations, slippage and AME funding.
- To continue working with other Health Boards to develop a single integrated plan for service reconfiguration under the South Wales programme, and to liaise with the Welsh Government regarding the service and capital and revenue consequences of that plan.
- To continue working with other Health Boards through the Management Group and the Joint Committee to improve the effectiveness of WHSCC commissioning.
- To progress capital business cases and seek approval decisions from Welsh Government in a timely way.

6.11 KEY RISKS TO THE FINANCIAL PLAN IN YEARS 2 AND 3

The key risks for years 2 and 3 are similar to those in 2017/18:

- Delivery of savings in line with the plan.
- Managing cost and demand pressures in line with the plan. This particularly applies to the assumption of the 1% public sector pay policy continuing during a period of potential higher inflation.

- Welsh Government income assumptions.

7. ENABLERS

7.1 INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

Impact of ICT on the organisation

Investment in ICT is a critical enabler to allow the Health Board to support the challenge of working across the traditional boundaries and support integration between the various Health Services and other Public Sector bodies, in line with national policies and direction such as the South Wales Programme.

There is a commitment to provide increased care outside of the hospital setting, both near to and in the home of patients. From the patient perspective, the services should be integrated and seamless, with health, social care, and other professionals being able to work effectively and supported by common, reliable, up-to-date information.

Patient treatment and care is becoming more fluid with care being provided by primary care and secondary care services in multiple Health Boards and Local Authorities.

For this vision to succeed, as the patient moves physically between care settings and providers, all the appropriate clinical and social care documents must be available at the point of treatment in a timely manner. Clinical teams must have the tools and ability to work in a more agile manner, access to the records of patients must move from inconvenient paper based and hospital based systems, to electronic records, accessible using the latest technology, and delivered in a manner that does not compromise patient confidentiality and safety.

To support this mobile working vision, ICT must be able to provide infrastructure and hardware to deliver the clinical record and applications at the point of care. The era of static working is rapidly becoming replaced with the concept of agile staff based and working where most appropriate to meet clinical needs.

The clinical application design itself needs to be reviewed with the requirements to provide both tablet and app based designs as opposed to traditional desk top deployments.

The strategic direction as defined in the *Informed Health and Care Digital Strategy* states:

Digital technologies and online services have become part of the daily lives of many people in Wales. We can bank, shop, work, read, enjoy music and films, book holidays and stay in touch with friends and colleagues across the globe online, using PCs, tablets and mobile devices such as smartphones. The Informed Health and Care Digital Strategy outlines how we will use technology and greater access to information to help improve the health and well-being of the people of Wales. It describes a Wales where citizens have more control of their health and social care, can access their information and interact with services online as easily as they do with other public sectors or other aspects of their lives, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services.

The IMTP sets out the strategic context in which ICT is operating, the Health Board's ICT requirements in line with the Corporate Business Plans and the collaborative working with NWIS and other Health Boards. There is a piece of work underway to define both the ICT Strategy and Strategic Outline Plans required to support the future for Cwm Taf as laid out in the IMTP. The ICT Strategy is currently under development, has recently been shared internally for comment, and will be finalised in early 2017/18.

In summary, ICT aims to deliver:

- Robust ICT infrastructure to enable delivery of plans to change how and where staff work
- A move towards a digital health record as a key enabler for change
- An ICT model that supports patient care delivered from where it is best for patients, including support for greater integration of health and social care services
- ICT enablers for improved clinical efficiency
- An ICT Strategy and Standard Operating Procedure which sets out the approach and the resource implications of developments outlined above, including changes to governance of ICT incorporating a greater clinical leadership role.

The Health Board, supported by the ICT Department, is moving to a much greater focus on benefits identification, planning and realisation from ICT developments. This will ensure that improvements to services or operational processes enabled by ICT developments are planned ahead of implementation, led by the relevant service managers and clinical leaders.

The vision to deliver the *Informed Health and Care Digital Strategy* has the following four goals and work streams.

Information for you
People will be able to look after their own well-being and connect with health and social care more efficiently and effectively, with online access to information and their own records; undertaking a variety of health transactions directly, using technology, and using digital tools and apps to support self care, health monitoring and maintain independent living.

Supporting professionals
Health and social care professionals will use digital tools and have improved access to information to do their jobs more effectively with improvements in quality, safety and efficiency. A 'once for Wales' approach will create a solid platform for common standards and interoperability between systems and access to structured, electronic records in all care settings to join up and co-ordinate care for service users, patients and carers.

Improvements and innovation
The health and social care system in Wales will make better use of available data and information to improve decision making, plan service change and drive improvement in quality and performance. Collaboration across the whole system, and with partners in industry and academia, will ensure digital advances and innovation is harnessed and by opening up the 'once for Wales' technical platform allow greater flexibility and agility in the development of new services and applications.

A planned future
Digital health and social care will be a key enabler of transformed service in Wales. Joint planning, partnership working and stakeholder engagement at local, regional and national level will ensure that the opportunities and ambitions outlined in this strategy are prioritised, with planning guidance issued by Welsh Government.

Strategic drivers

The current principal drivers for the ICT strategy are:

- **Prudent Healthcare Principles** (as described in **section 4.6**)
- **Social Services and Well-Being Act (2014)** (as described in **section 4.7**)
- **The Wellbeing of Future Generations Act (2015)** (as described in **section 4.7**)
- **A Digital Health and Social Care Strategy for Wales (2015)**

Improving access to information and introducing new ways of delivering care with digital technologies must be at the heart of our service plans and our vision for prudent healthcare.

INFORMATION FOR YOU VISION

People will be able to look after their own well-being and connect with health and social care more efficiently and effectively, with online access to information and their own records; undertaking a variety of health transactions directly, using technology, and using digital tools and apps to support self care, health monitoring and maintain independent living.

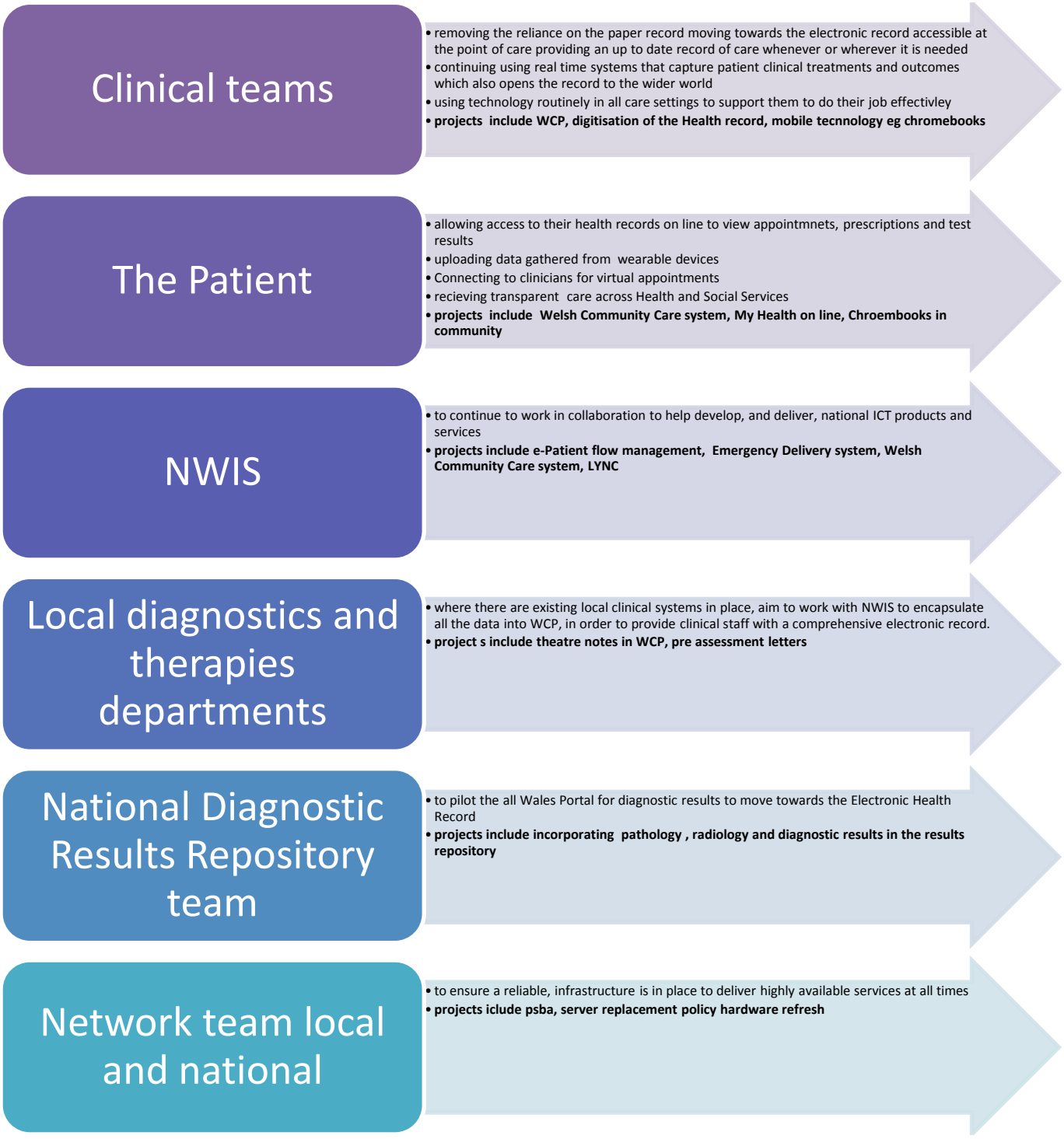
SUPPORTING PROFESSIONALS VISION

Health and social care professionals will use digital tools and have improved access to information to do their jobs more effectively with improvements in quality, safety and efficiency. A 'once for Wales' approach will create a solid platform for common standards and interoperability between systems and access to structured, electronic records in all care settings to join up and co-ordinate care for service users, patients and carers.

IMPROVEMENT AND INNOVATION VISION

The health and social care system in Wales will make better use of available data and information to improve decision making, plan service change and drive improvement in quality and performance. Collaboration across the whole system, and with partners in industry and academia, will ensure digital advances and innovation is harnessed and by opening up the 'once for Wales' technical platform allow greater flexibility and agility in the development of new services and applications.

To achieve these aims, we need to work with:



Key priorities 2017-18

Key ICT priorities and actions for the following areas are outlined in detail in **Annex B10:**

- Nationally defined projects
- Locally defined projects
- Collaborative working projects

7.2 ESTATES AND CAPITAL

7.2.1 Estates

The Estate is one of the Health Board's largest assets, and consists of a range of facilities and services which support all the UHB's activities in the delivery of healthcare for its catchment population. The Health Board agreed its Estates Strategy in 2014 and receives Annual Reports on progress (last one in November 2016). The Strategy describes the Health Board's existing estate and broadly outlines known and potential changes proposed to it over the next five years.

The Health Board currently manages two District General Hospitals, five occupied community hospitals, and 27 health centres/clinics/support facilities. Within Primary Care, GPs own and manage a large number of premises, many of which the Health Board shares or utilises to some extent.

The Estates Strategy describes the current condition of the estate, supported by a wealth of data that is submitted as part of the annual Estates and Facilities Performance Management System (EFPMS) returns. A summary of the key issues is outlined below:

- Major improvements have been made in the condition of the estate over the last few years, with 61% now built post-1995 and only 3% built pre-1945,
- Overall compliance against fire safety standards has improved considerably (87% of the estate compliant in 2015/16, compared with 74% in 2011/12), but work is still required to ensure that compliance against fire standards is improved at PCH.
- The overall levels of risk adjusted backlog maintenance have reduced over the last few years with the sale of a number of old community hospitals. The total risk adjusted backlog costs in 2015/16 were £6,812m compared to £7,530m reported in 2014/15. It must be noted that these figures exclude the costs associated with the ground and first floor scheme at PCH.
- The data suggests that a significant maintenance backlog has built up at RGH, which is now 16 years old, with increasing pressures on the building and the accommodation in terms of overall space, functional suitability, and lifespan of major areas of plant/equipment.
- Dewi Sant Hospital also requires significant additional investment to bring this up to standard and ensure that it is fit for purpose for the planned Health Park.
- A significant increase in expenditure is required to reduce the overall backlog maintenance costs
- There are a number of primary care practices in poor condition which will need to be addressed as part of the Primary Care Estates Strategy. In the past, the development of new Primary Care premises has been achieved largely through the use of third party developers with funding support for any increased revenue costs met by Welsh Government. This funding is no longer available and work on primary care premises has been on hold for some time pending agreement of an alternative funding model. However Welsh Government have invested in the refurbishment of Aberdare Health Centre and proposals will be submitted to them to refurbish Tonypandy Health Centre in 2017.

In terms of energy management, the Health Board recognises that the consumption of energy and water is necessary for the provision of healthcare services, but that it also has a responsibility to be energy and resource efficient by minimising unnecessary energy usage.

The Health Board has already invested in various low or zero carbon technologies which will help drive it to a zero carbon emitting organisation. The level of consumption in 2014/15 was (422 kWh/m^2) and was rated as an amber performance nationally but improvements made during 2015/16 reduced the consumption to 400 kWh/m^2 whilst CO2 (Kg/M2) emissions reduced from 113 to 106, which has moved the position from an amber to a green national performance indicator.

In 2015/16, the Health Board recorded a total energy cost of £3,810,037, compared to £4,273,329 reported the previous year. This was mainly attributed to a number of energy efficiency projects that have been completed which includes installation of LED lighting, voltage optimisers, efficient boiler replacement and Building Management systems.

The Health Board has agreed an Energy Management Plan which commits the organisation to a 7% reduction in consumption year on year. This includes the introduction of an energy awareness campaign together with a range of capital schemes identified to reduce usage. Much of this plan is dependent on capital becoming available.

This refreshed IMTP sets out a number of service changes, many of which will have a significant impact on the estate. The Estates Strategy sets this out in more detail, but some of the more major impacts include:

- A major redesign of services provided from RGH, which will require capital refurbishment as an enabler. This will include the development of the Diagnostic Hub, transfer of palliative care services onto the site, centralisation of breast services and a number of changes arising from the South Wales Programme including the introduction of a Paediatric Assessment Unit and Acute Medicine model.
- Establishment of a 'health park' type facility on the Dewi Sant site, with a mix of primary and community health care, social care and third sector partners using the site for ambulatory care. Again, capital will be a major enabler.
- Service remodelling which will see Tonteg Hospital and Pontypridd and District Cottage Hospitals becoming surplus to requirements, and further reviews on-going to determine whether any further community premises may be vacated in the future.
- Development of a purpose built Macmillan palliative care facility on the RGH site.

Over the coming three years, the strategic objectives for our estate are to ensure that:

- The estate is developed to meet emerging service models.
- All statutory and safety obligations are achieved.
- Backlog maintenance levels are reduced year on year to a nominal amount by 2017/18.
- Performance against the 6 national targets is improved, with the 90% target achieved by 2017/18.
- The cost per square metre is reviewed each year, reducing it if possible, taking account of the safety of the service.

7.2.2 Capital

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 fully aligned to the service and estate priorities set out in this plan.

Availability of Welsh Government strategic capital funding to support the capital costs of the key changes included in the Plan is key. Our 3 year capital plan includes a number of schemes which are critical to deliver key service changes, many of which are key enablers for savings included in the plan. Without continuing to secure this capital funding stream, the relevant revenue savings within our Plan could not be fully achieved.

Major capital investment is required to implement a number of elements of the Health Board's 3 Year Plan. The Health Board has submitted to the Welsh Government a set of priorities for capital investment for the coming years, with schemes that enable service model changes, facilitate performance and efficiency improvements and maintain the Health Board's assets (estate and equipment) to a high standard. Specific major schemes include:

- PCH ground and first floor refurbishment project.
- Strategic programme to develop the primary care estate.
- Major radiology modernisation programme at both PCH and RGH.
- Creation of a new, expanded paediatric, obstetric and neonatal service at PCH to enable the outcome of the South Wales Programme
- Palliative care remodelling in conjunction with Macmillan to facilitate the move of palliative care services currently at Pontypridd and District Cottage Hospital to RGH and close Pontypridd & District Cottage Hospital.

- Schemes to enable service model changes include:
    - Redesign of RGH to facilitate the outcome of the South Wales Programme, including the development of a Diagnostic Hub and suitable accommodation to meet the emerging requirements of emergency/acute medicine.
    - Reconfiguration of the Dewi Sant site to enable the development of a Health Park facility.
    - Potential joint development of a Satellite Radiotherapy unit at PCH as part of the new Hub and spoke delivery plan in development by Velindre.
    - Creation of an integrated primary and community care development in Mountain Ash.
- Schemes to facilitate improvements in performance and efficiency include:
    - Major ICT investment to enable the move towards electronic health records, for example including electronic prescribing, document management technology, digital dictation and digitisation.
    - Energy management improvements to secure revenue reductions and digitisation
    - Centralisation of switchboards across the UHB.
    - Radiology Information system replacement
    - Radiology IT performance and resilience
    - WCCIS implementation.

- Major engineering infrastructure schemes with a particular focus on RGH including replacement of electrical and mechanical systems, generators, switchgear and air handling plant

A number of these schemes have already received Welsh Government funding approval and relate specifically to the organisation's quality and financial plans with capital funding required to facilitate the changes in service models that will lead to achievement of cost reduction plans. Work is on-going to ensure that the appropriate business cases are developed to secure the critical funding still required and that they are submitted in a timely fashion. Elements of this investment plan are already acknowledged by the Welsh Government and either already secured or included in the future All Wales Capital Programme.

A significant level of additional capital funding in 2016/17 has allowed the Health Board to address a number of risk areas through further medical equipment purchase and ICT replacement, and has also enabled the implementation of a number of corporate priorities aimed at improving performance. The Health Board will continue to take advantage of any other funding opportunities or routes which become available, such as the Health Technology Fund, 'Invest to Save' and Integration Funds,

In summary, the following reflect the specific priorities for the coming year outlined in the Capital Plan and the Estates Plan:

- Further development and agreement of a Primary and Community Care Estates Development Plan, with associated integrated health and social care developments where appropriate, supporting the delivery of the Primary and Community Care Plan and implementation of the Social Service and Well-Being Act.
- Refurbishment of Tonypandy and Aberdare Health Centres.
- Further development of the Dewi Sant site into a Health Park facility, with consideration being given to how Ysbyty Cwm Cynon (YCC) and Ysbyty Cwm Rhondda may also be able to contribute to this service model in their respective communities.
- Commencement of the physical refurbishment works of ground and first floors at PCH to meet the requirements of a live Fire Enforcement notice.
- Continuation of the major radiology equipment replacement programme.
- Creation of a new and expanded paediatric, obstetric and neonatal service at PCH in line with the outcome of the South Wales Programme and investment in RGH to facilitate the Paediatric Assessment and Midwifery Units.
- Completion and submission of the Palliative Care Unit Business case.
- Development of phase 2 plans for the Diagnostic Hub.
- Significant changes to the RGH site,
  - developing detailed programmes for plant/ equipment replacement to ensure that the hospital retains a suitable physical condition and statutory compliance;
  - creating, revising and implementing site development plans for RGH to accommodate the changes outlined including a Breast Unit, co-located acute medicine service and ambulatory care services;
  - developing a suite of business cases to secure capital to enable these changes to be implemented.

- Digital health records management, implementation of the Welsh Community Care Information System and other ICT investment to support digital health.
- Continuation of a disposal programme, with disposal of Pontypridd and District Cottage Hospital and Tonteg Hospital.
- Review of community premises to determine whether there are further opportunities for site rationalisation.
- Further development of the Williamstown Warehouse to support the continued centralisation of medical records storage/ management and realise the opportunity for digitisation.
- Continuation of benchmarking of costs against English and Welsh providers,
- Negotiations with Welsh Government to secure the significant levels of capital to enable change.
- Undertake a Health Board premises review and facilitate redesign/ rationalisation outcomes.
- Development of an accommodation control plan for RGH.
- Secure and develop a suitably experienced management structure to deliver the expansive capital and estate development programme.
- Review priorities for the Discretionary Capital Programme, taking into account the needs of the organisation's 3 year plan including:
    - undertaking a range of actions as outlined in the energy management plan, including in particular continuing to seek capital funding for the major schemes required to reduce energy consumption.
- Working in partnership with Velindre NHS Trust on the potential for a Satellite Radiotherapy Unit at PCH.
- Working in partnership with the NHS Wales Collaborative on the establishment of the National Imaging Academy, with Cwm Taf UHB as the host organisation.

8. DELIVERY, STEWARDSHIP AND GOVERNANCE

8.1 PLANNING APPROACH

The integrated planning approach that the Health Board has used to prepare its Plan, builds on the strengthened processes introduced over the last three years. This approach recognises that the Health Board has three main areas of focus in planning and monitoring improvements over time:

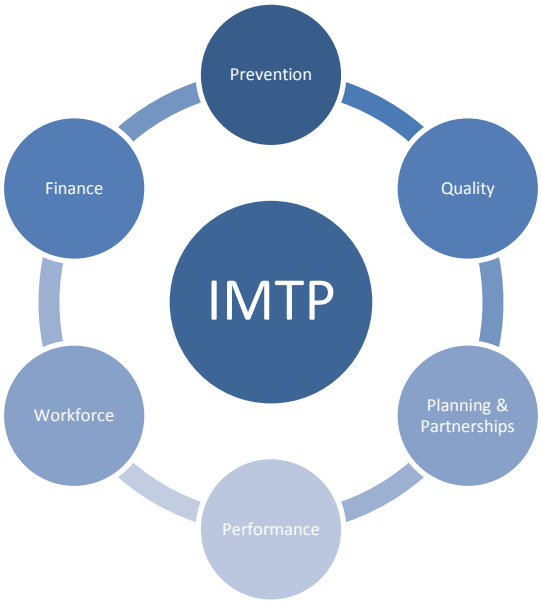
- Developing clear long term strategic objectives for the Health Board which will frame the development of short and medium term service improvement plans.
- A clear (and rolling) set of priorities for improvement over the next three years.
- A clear understanding of the steps which are required in the short to medium term (1-3 years), to underpin the successful delivery of the Health Board's longer term objectives and priorities, aligned with those of NHS Wales.

The planning approach for the development of our Plan has been designed as a three-fold process:

- Developing Directorate/Locality/Corporate Plans within a Local Planning Framework (LPF); in parallel with
- Developing plans based on cross-cutting themes and other organisation wide plans; and
- Refresh of the overarching, corporate IMTP.

The building blocks of our Local Planning Framework (based on the national planning work) involved the development of organisation wide 'opportunities' using benchmarking and closer integration between service, quality, performance, workforce and financial plans.

Using this structured model of integrated planning, we are driving our local planning process to ensure that we achieve 'read across' for the expected outcomes we identify. Their impact is not only measured in terms of workforce, finance and performance, but specifically to assess their impact on patient experience, quality and the principles of prudent healthcare. This is known within the organisation as the 'Golden Thread' of integrated planning:



As part of the ongoing development of integrated planning in the Health Board, we have further developed our LPF to build on our local Directorate, Locality and Corporate plans to

ensure that we continue to strengthen and develop plans that are realistic, measurable and attainable. In particular for this planning cycle, we maintained our focus on:-

- 'What are we doing that could be done better?' – e.g. productivity and efficiency
- 'How do we change the way we do things?' – e.g. service shifts, prudent healthcare
- 'How we fundamentally change what we do?' - e.g. whole systems change across a health economy; working with partners and the public/patients (co-production).

2016/17 was the third year of developing Directorate Plans. It brought with it much greater maturity and granularity. The expectations of what was required from Directorate Plans was better understood, and the introduction of the Business Partner Model ensured that Directorates have robust and reliable corporate support.

In addition, we have continued our focus on delivery through the development of a local planning assurance and approvals process for our local plans and cross cutting theme plans. Maintaining our strong delivery focus, we have further developed our formal assessment and approval process for our local plans with our focus on assessing them using a 'maturity matrix' structure.

As part of the assessment and approval arrangements, there is a formal 'sign off' process off by the Directorate Managers and Operational Directors, supported by a corporate Executive Board approval process. This is an area of our planning process that we are continuing to develop and, in particular, we are using opportunities to use a peer review approach and Directorate learning sessions to share best practice.

Our intention is to further strengthen our planning and delivery approach as part of our journey of clinically led transformation. Our emerging Clinical Services Strategy in **Chapter 4** and our Service Change Plans outlined in **Book A3** demonstrate how we have developed this planning model using our pathways based approach, providing the structure for the presentation of our service plans and deliverables.

The development of the Plan has been an iterative process underpinned by a comprehensive formal and informal engagement process led by Executive Directors, predicated on open and honest discussions which reflect the challenging environment in which we are operating. As an iterative process, we have developed our plan using this formal and informal feedback. In addition we participated in the NHS Wales Integrated Planning Events in July and November 2016.

We will continue to use this formal and informal approach to underpin our communication, engagement and consultation processes and a copy of our Engagement Plan can be found at **Annex B11**.

The Health Board is committed to principles of genuine citizen and staff empowerment and we will continue to work with our partners to develop and strengthen the planning and

prioritisation process. We will also continue to evolve our planning processes by learning from the experiences of the last year and reflecting on feedback from all those involved. In addition to the Engagement Plan, our local planning timetable has been developed and is included in **Annex B12**.

8.2 DELIVERY MODEL

The Health Board has a very strong delivery focus, which is a blended approach to quality, safety, performance and finance. Our approach has transitioned from our initial intensive and principally finance driven turnaround programme into delivering a much more transformational agenda.

The Health Board continues to sharpen its focus on a number of key priorities. This means that the UHB's significant investment in day to day governance is being appropriately utilised to gain maximum return for the communities we serve. Our focused approach to delivery will continue by the development (and where appropriate use) of:

- More sophisticated benchmarking data;
- More clarity on the further opportunities that each directorate has for improvement;
- Cross cutting activities that can be pursued with executive led projects and with dedicated support from our newly created Programme Management Office;
- A matrix/programme management model that tracks directorate and locality performance against their plans, as well as cross cutting activities undertaken by several directorates;
- A reinforced approach to managing these activities with robust governance and focused performance management;
- A delivery framework that supports delivery through our directorates and localities, underpinned by specialist advice and a programme infrastructure;
- Participation in and the application of learning from the Welsh Audit Office's Structured Assessments.

8.2.1 Benchmarking

We maintain our focus on benchmarking as a business intelligence tool and we intend to continue to:

- Develop clear information on the comparative spend per head of population on the services (commissioned and provided) by the Health Board and key drivers for that comparative spend in terms of both activity levels (relative access rates) and unit costs (relative productivity). The comparative cost per head would ideally be based on cost per head of population weighted for age and deprivation. However, there is not currently an agreed basis of defining weighted population for each Health Board in Wales this way and certainly not one that would allow comparisons across the UK. We are therefore comparing our spend per 'un-weighted' head of population for each service with those of identified Primary Care Trusts (PCTs) in England with comparable population characteristics – Durham, Middlesbrough and Sefton.
- The volume and productivity drivers for variations in overall cost are planned to be developed as follows: volume in terms of activity per head of population for each service will be compared with the average for the three PCTs above. This is currently being

undertaken for the UHB by CHKS. We have asked for this to be broken down, for example, by specialty, patient type, Healthcare Resource Group (HRG).

- Productivity at an overall specialty/service level will be assessed initially by comparison of Cwm Taf reference costs and unit costs with those of other Health Boards. However, we will then go on to consider how to compare reference costs with those in England, including what adjustments are necessary to achieve this.

The aim of this process is to build a picture of the relative spend on each specialty or service and the extent to which variances against comparable organisations are driven by volume as against productivity.

8.2.2 Opportunities for Improvement

We will continue to use an approach that identifies opportunities that utilises comparative (performance, quality, workload and cost) statistics covering all of the Health Board's clinical and support services. The aim is to encourage the use of benchmarks and other comparative data to develop efficiency and effectiveness within the organisation, including potential savings opportunities. This approach is to strengthen evidence based planning and build the momentum for ongoing improvement in the organisation. This will also support the Health Board to strengthen its business intelligence.

8.2.3 Cross Cutting Themes

Directorate and Locality Plans on their own are likely to achieve less if they are drawn up and delivered without integration with the rest of the organisation and with partners. We are therefore committing ourselves to our cross cutting theme programme.

There are two particular ways in which cross cutting plans can add value:

- Economies of scale and expertise in looking at difficult problems being faced by some or all directorates and localities (e.g. outpatient productivity improvement).
- Avoidance of 'silo' working which is sub-optimal for the organisation as a whole.

When developing medium term savings plans as a Health Board, we have been mindful of the requirement to phase in programmes of work to ensure a whole systems approach is adopted and to maintain equity across the UHB. To facilitate this, as can be seen earlier throughout the Plan, we have identified those cross cutting themes where we believe there is greatest gain from a focussed cross cutting project process. The nine themes for 2017/18 are as follows:

1. Integrated Unscheduled Care
2. Planned Care
3. Service Redesign & Site Rationalisation
4. Outpatient Improvement
5. Contracting & Commissioning
6. Workforce Productivity and Improvement
7. Non Pay
8. Continuing Health Care
9. Prevention and Improving 'Value' from Healthcare (new theme)

In terms of delivery and governance, the approach we are following is based on a programme management approach and is essentially the way in which we create a linkage between the directorates and localities service change plans and the cross cutting themes; and keep track of quality and finance and performance targets to support delivery.

This model is designed to ensure that we utilise a 'whole system' approach to the delivery of our efficiency and re-design savings plans. It recognises that we will need to phase in programmes of work, as well as targeting work on improvements where there is the biggest opportunity. This includes the importance of assessing the impact on quality and patient experience using our Quality Impact Assessment Tool.

As outlined above, this 'programme planning and delivery approach' is a key part of our local planning and delivery cycle which will prioritise deliverables and establish a clear delivery framework with performance management arrangements. This has already identified:

- Directorate and Locality integrated business plans with delivery managed through Clinical Business Meetings;
- Cross-cutting themes that are underpinned by clear programme management and project implementation plans, led at Executive level with Executive level oversight at the Programme Board;
- Model of Continuous Improvement e.g. using business intelligence; reflecting benchmarking;
- Continued process of communication, engagement, consultation and approvals, including the development of a robust assurance and approvals process for our local plans.

8.2.4 Governance for Delivery

The Health Board has four important set pieces that will ensure the activities outlined above are appropriately managed, these are:

- Clinical Business Meetings – where a small core of Executives meet on a monthly business with the clinical and managerial leads of each directorate to provide oversight and performance management of the entire operation;
- Corporate Business Meetings – where a small core of Executives meet on a bi-monthly basis with the managerial leads for each major corporate function to provide oversight and performance management;
- Operations Board – where the Chief Operating Officer oversees his cluster of cross cutting themes and associated activities to achieve medium to long term improvement trajectories;
- Executive Programme Board (EPB) – where the Executives meet on a monthly basis to give oversight and co-ordinate all of the performance and improvement activities in the organisation related to the Health Board's cross cutting transformation programme. The EPB reports on a quarterly basis to the Executive Board.

Our performance management arrangements outlined in the table below provide further synergy to this delivery model:-

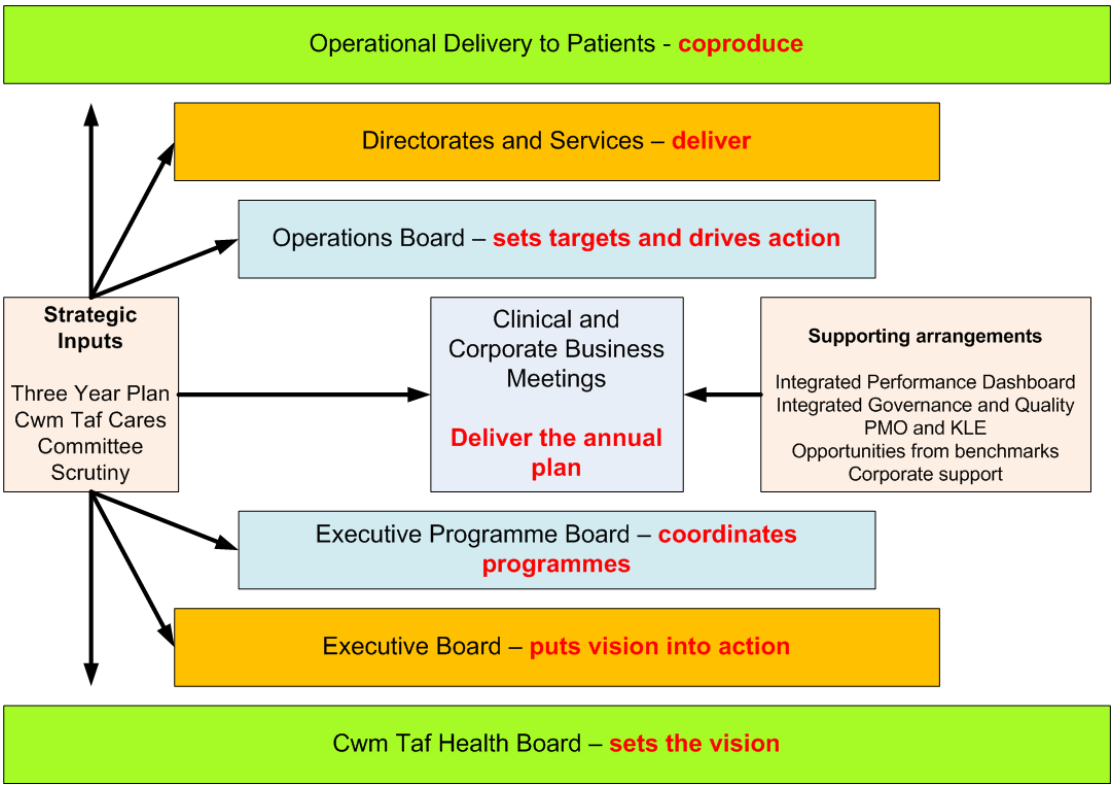
Forum	Performance Management
UHB	- Quarterly IMTP Progress Reports - Integrated Performance Dashboard - Quality and Finance Reports - Annual Service Delivery Reports - Sub-Committee Reports - External Audits and Reviews - Regular updates on the development of the next IMTP
Integrated Governance Committee	- Sub-Committee Reports - External Audits and Reviews
Board Sub-Committees	- Integrated Performance Dashboard - Quality and Finance Reports - External and Internal Audits and Reviews
Executive Board	- Quarterly IMTP Progress Reports - Integrated Performance Dashboard - Quality and Finance Reports - Annual Service Delivery Reports - Business Case Approval - Regular updates on the development of the next IMTP
Executive Programme Board	Individual session with Executive Leads for each theme and the Chief Executive Officer & Director of Finance, supported by the Programme Management Office (PMO) Cross Cutting Theme Programme Highlight Report Project/Cross-cutting Theme Highlight Reports Overall Programme Management & delivery tracking
Clinical Business Meetings	Local Dashboard monitoring Progress / Highlight reports
Corporate Business Meetings	Local Dashboard monitoring Progress / Highlight reports

To further support delivery, we have established a Programme Management Office to provide the necessary specialist advice and programme infrastructure to support the development of the Cross Cutting Transformation Programme; also enabling clinical engagement and encouraging clinical leadership is a key tenet of this approach.

The principles of this are outlined in more detail below:

- Prime business partner support is provided to Directorates and Localities via nominated leads for planning, information, patient care and safety (PC&S), workforce and financial support.
- Where additional support or local expertise is required, this will be provided from temporary backfill or redeployment e.g. certain numbers of clinical sessions for specific purpose/project
- Internal support made available from a small programme management office/central delivery support unit (PMO/DSU) provides the opportunity to build up and develop specialist local expertise on project management, improvement and change management
- External support by exception e.g. where specific expertise is required and not available internally or if there are capacity problems.

The following diagram summarises the totality of our delivery model:



Governance for Delivery of Regional Collaboration

In addition to confirming priority service areas for Regional collaboration (see **section 4.2**), the All-Wales Chief Executives and Directors of Planning have been considering how the existing governance arrangements need to be strengthened or revised to underpin delivery of the work programme.

The work programme needs to be delivered through an overarching governance structure that is more robust and provides greater clarity to ensure we provide the necessary pace, purpose and oversight of the agreed collaborative work programme.

A governance framework is therefore under discussion and development as part of the NHS Collaborative arrangements and with All Wales Directors of Planning support, within which collaborative planning can progress and decision making can be effected. This is considered to be an important issue to progress if prioritisation of the work programme and effective decision making, is to follow from planning work to ensure change is implemented efficiently.

8.3 CORPORATE GOVERNANCE

The Health Board has continued to mature and strengthen its governance and assurance arrangements, which has been reviewed and referenced by the Wales Audit Office, within their annual structured assessment process. Our delivery, governance and assurance arrangements are built on an organisational culture that is based on listening and learning which directs its role in determining policy and setting strategic direction and ensures that

there are effective internal control mechanisms for the Health Board that demonstrate high standards of governance and behaviour. This is, of course, set against a backdrop of the UHB ensuring that it remains responsive to the needs of its communities.

The system of internal control is informed by the work of Internal Auditors, Clinical Audit and the Directors within the organisation who have responsibility for the development and maintenance of risk assurance and internal control frameworks. Comments on this are made by External Auditors in their Annual Audit Report and other reports. In addition, the work of Healthcare Inspectorate Wales (HIW) in both their planned and unplanned work and other regulators is utilised. We also have a very active Community Health Council who undertake a comprehensive visiting programme and their feedback and engagement with the Health Board is a key assurance tool utilised by the organisation.

During 2014/15 the Board held a workshop on the development of a new Board Assurance Framework (BAF) aligned fully to its 3-year Plan. The Board approved a new framework at its Board meeting in March 2015. The BAF is predicated on the Health Board's 3 Year Plan and also maps the business of the Board and its Sub-Committees against its 5 key organisational objectives. The populated BAF is now fully established and continues to mature to become a useful assurance tool for the organisation. The Board also reviewed and approved its annual plan of business for 2016-2017, ensuring monitoring and scrutiny of the delivery of its plan featured prominently within it.

The BAF is designed to support the Board to deliver its Strategy as outlined within this IMTP for 2017-2020. The framework also serves to inform the Board on principal risks threatening the delivery of the Health Board''s objectives. The BAF aligns principal risks, key controls, its risk appetite and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

Board responsibility for the Board Assurance Framework

It is the responsibility of the Board to:

- Determine its strategic direction and related objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree its "risk appetite" recognising the interdependencies of objectives and the impact of mitigating risks on one may adversely impact on others;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance arrangements;
- Ensure that plans are in place to take corrective action where there is minimal assurance that agreed objectives will be fully delivered;
- Sustain and uphold dynamic risk management arrangements (in particular an up to date and well maintained risk register)

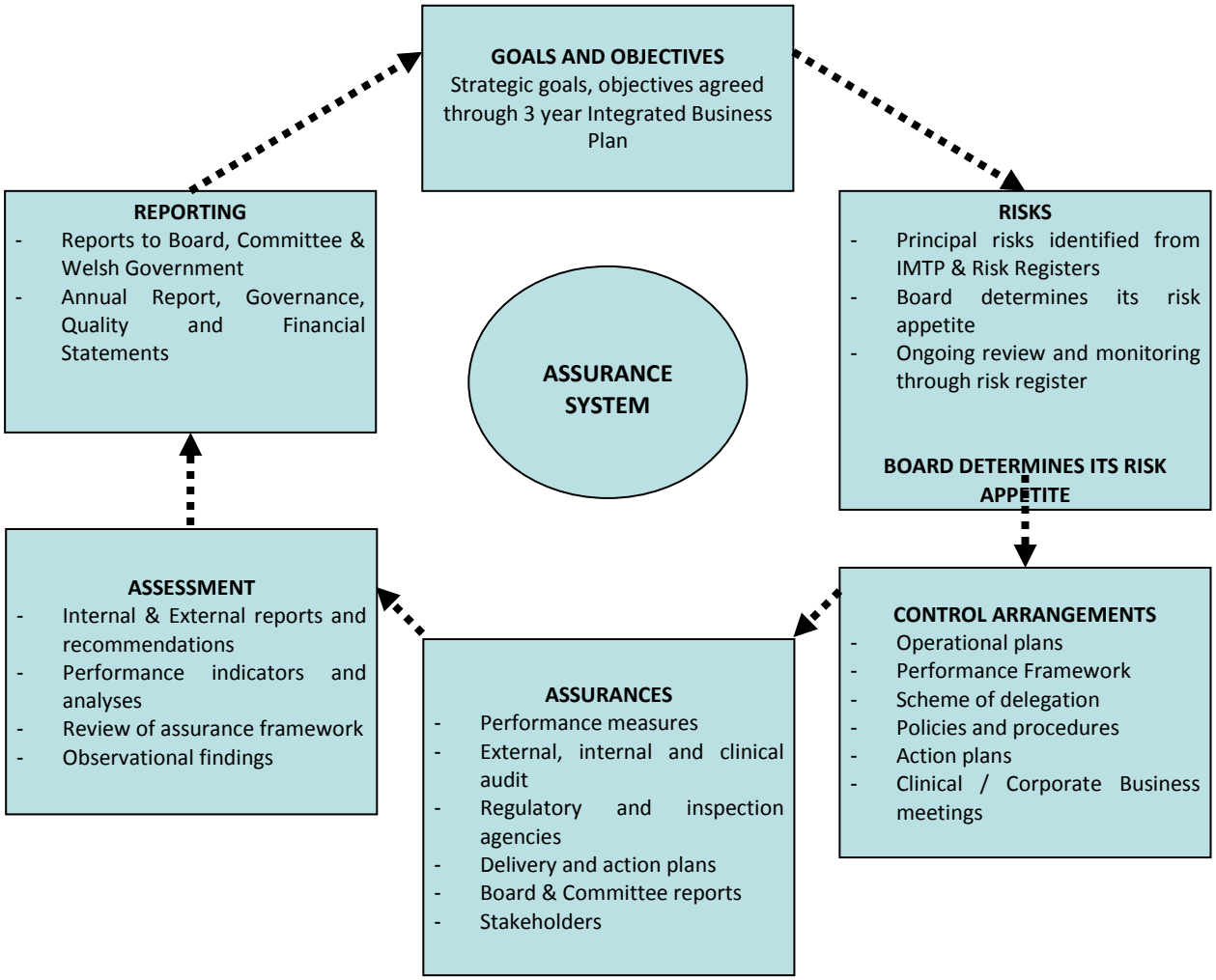
The Audit Committee has oversight on behalf of the Board on:

- the adequacy of the assurance processes
- the effectiveness of the management of principal risks

In line with current arrangements, each principal risk is assigned as appropriate to a Board Sub-Committee, which has responsibility on behalf of the Board to seek assurance that those risks are being managed in accordance with the agreed risk appetite and approved plans. Of course, there are some risks that remain the responsibility of the Board.

The Assurance Framework in its Operational Context

At a high level, the following schematic represents the Board Assurance System:



To ensure appropriate assurance arrangements are in place the Board is supported by a number of sub committees, namely, the Integrated Governance Committee; the Audit Committee; the Quality, Safety and Risk Committee (following the merger of both Quality & Safety and Corporate Risk Committees; Remuneration and Terms of Service Committee; Mental Health Act Monitoring Committee, the Finance, Performance and Workforce Committee and the Primary Care Committee. These key Committees of the Board scrutinise Executive Director delivery of the Board's strategic priorities and will closely monitor and scrutinise the delivery of the integrated 3 year plan, along with the Board who are actively engaged in its ongoing development.

Patients and the public have an important role to play in proactively participating in their care and it is important that the organisation addresses this requirement in its governance arrangements. The University Heath Board has recognised that work is needed to introduce a more co-ordinated approach to ensure the patient voice is proactively informing service delivery and, more importantly, to ensure that information captured is readily available for reporting to Board on 'lessons learned' and implementing changes to working practices.

A Quality Delivery Strategy (aligned with the Board's 'Cwm Taf Cares' philosophy) has been developed and in place from 2014, which clearly articulates the key actions that will ensure this happens in a more coordinated and structured way. This Strategy is being refreshed from 2017. Indeed, Wales Audit Office recognised the strength of the Board's patient, public and engagement work in its structured assessment process.

This work will be further informed by the important lessons that the Board has learnt from Francis and the joint review that was undertaken by Healthcare Inspectorate Wales and the Wales Audit Office into the governance arrangements at Betsi Cadwaladr UHB (BCUHB). The joint report issued in June 2013, made many recommendations for the BCUHB and the wider NHS with regards to governance arrangements, including a recommendation that the wider NHS in Wales "should reflect and learn from the issues raised in the report". The report had recommendations for individual Health Boards and NHS Wales. It is acknowledged that many of the issues could occur in the UHB.

Indeed during 2014, the Health Minister received and published 'Trusted to Care' a report into aspects of care at Abertawe Bro Morgannwg UHB and which identified learning not just for that organisation but for NHS Wales. A detailed review and Board workshop were held to inform our existing internal quality delivery plan and related priorities. This work was also informed by our review of 'Dignified Care?', the report of the Older People's Commissioner. A number of 'unannounced' Executive led 'walkrounds' were undertaken to support internal assurance mechanisms and these are continuing.

We have made good progress in taking forward our clinical governance arrangements and this provides an opportunity to reflect on this when clarifying our refreshed Strategy for Quality. This not only articulates the important lessons learnt from Francis and Keogh along with other relevant Inquiries, but importantly reflects on feedback received from our patients and communities.

Our own HIW review into governance arrangements published in spring 2012 resulted in us developing a comprehensive action plan in response. During 2015, Healthcare Inspectorate Wales reported positively on their Follow Up Governance Review of the UHB and recognised the significant progress made by the UHB in strengthening its governance arrangements. The UHB's Integrated Governance Committee routinely reviews its Governance and Accountability Action Plan and there is recognition that the vast majority of the Follow Up Governance Review have been addressed by the Health Board.

Over recent years there has been a significant amount of work undertaken to strengthen the governance and accountability arrangements supporting the delivery of the quality, performance and financial targets within the organisation and this progress has also been

recognised by Wales Audit Office within its Structured assessments undertaken over the last three years. The organisation through its established clinical/corporate business meeting model, has strengthened its arrangements for reviewing delivery and holding directorates to account to reflect the move to integrated planning and delivery.

The Health Board has made significant progress in embedding the integrated medium term planning approach.

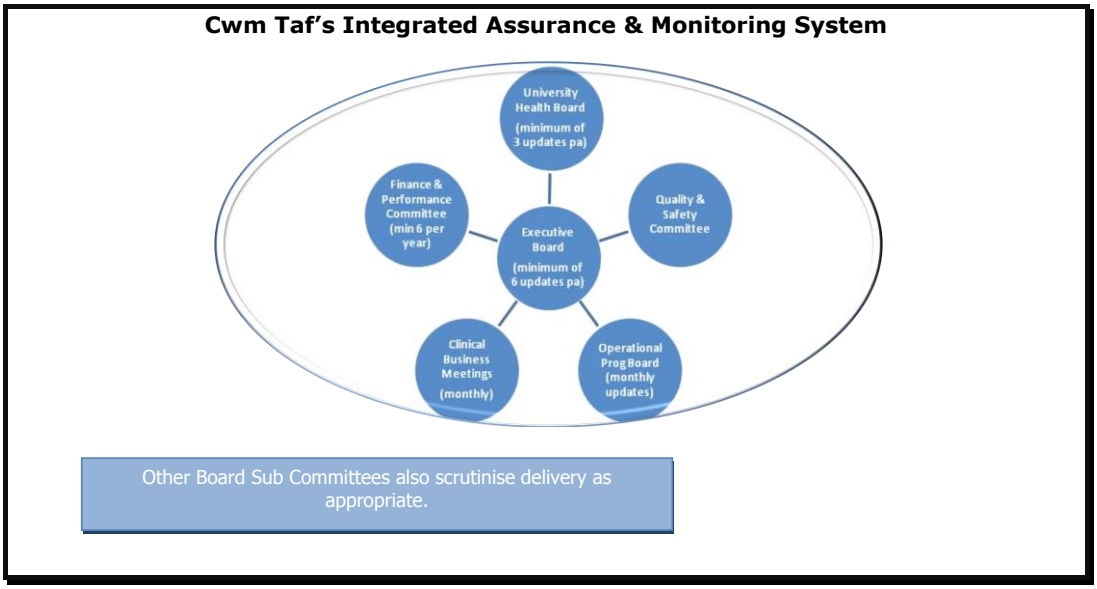
The significant progress made on the Health Board's governance and assurance mechanisms as reflected in the Annual Wales Audit Office Structured Assessment reports will continue to be built on as we move forward on our journey of improvement from being an organisation that has matured its governance and assurance arrangements from 'developing' to consistently 'practicing'.

The Health Board's governance and assurance arrangements also have a strong focus on performance and delivery. Whilst challenges remain going forward, good progress is being made in this area of our work and notable improvements in performance have featured during 2016/17. Robust scrutiny through the Board's Finance, Performance and Workforce Committee will remain the focus going forward.

The Health Board will ultimately approve and oversee implementation and delivery of the 3 year Plan. Central to implementation and delivery of the Plan is robust local scrutiny and assurance arrangements endorsed by the Board that provide assurance in relation to contractor services, directly provided services and commissioned services.

In support of this, the Board will rely on its existing Governance and Assurance arrangements with Executive Board; Executive Programme Board and Clinical/Corporate Business meetings being utilised to monitor operational delivery of key elements of the plan.

The key sub-committees of the Board involved in monitoring and scrutinising delivery of the plan will include, but not be limited to; the Finance, Performance and Workforce Committee and the Quality, Safety and Risk Committee, but with regular updates provided to the Executive Board and Health Board on progress. The strengthened quarterly reporting template has been well received by the Board and will continue to evolve in order that it meets the requirements of the Board and Welsh Government.



8.4 PRINCIPAL RISKS TO DELIVERY AND MITIGATING ACTIONS

8.4.1 Integrated Risk Management

The Health Board has an approved strategy for risk management and a related action plan that clearly outlines the organisation's risk appetite and process for ensuring the Board's plans are built on a foundation of risk assessment that informs mitigating actions. **Chapter 6, section 6.10** also outlines a number of specific risks to a number of current financial assumptions in the plan which are key.

To support this and as part of our risk management approach to the implementation of the Plan, the Health Board has a Board Assurance Framework and an organisational Risk Register, which is published quarterly and considered by the Integrated Governance Committee, the Audit Committee and the Quality, Safety & Risk Committee. Further supported with the direction of the Executive, it ensures key risks aligned to delivery are considered and scrutinised by the relevant Sub-Committee of the Board e.g. statutory and Tier 1 finance and performance targets are scrutinised routinely at the Finance, Performance and Workforce Committee.

The Health Board's approach to risk management ensures that risks are identified, assessed and prioritised; ensuring appropriate mitigating actions are taken. Progress against these actions is reported to the appropriate business meetings in place across the organisation and as outlined above, organisational risks are considered at Executive Board and scrutinised by the appropriate Sub-Committee of the Board.

In reviewing the robustness of a developing organisational risk register, Board Members consider whether the top recorded risks are those that Members of the Board can relate to and indeed evidence that they are informing the work of the Board and its Sub-Committees in delivering its related Strategy. As at January 2017 the top risks outlined within the Health Board's risk register were:

- Failure to recruit medical & dental staff and its related impact on rotas going forward (also aligned with the outcome of the South Wales Programme)

- Reduction in medical staff training posts
- Failure to recruit registered nursing staff
- Increasing dependency on agency staff to cover nursing and medical gaps
- Failure to recruit GPs and sustain GP services across Cwm Taf
- Fire Safety compliance and issues with PCH hospital site (Ground & First Floor)
- Lack of control and capacity to accommodate all hospital follow up outpatient appointments
- Producing and delivering a viable 3 year integrated plan
- Delivering Tier 1 Targets, which include;
    - Referral to Treatment
    - Unscheduled Care
    - Cancer (sustained improvement)
    - Stroke (sustained improvement)
    - Mental Health and CAHMS (sustained improvement)

Arrangements at a Directorate level have been strengthened to ensure that health and safety issues are properly considered and managed in line with the Board's Strategy and related policy. Regular audits are undertaken on prioritised areas and this information is then used to ensure necessary improvements are introduced and implemented. A training programme is in place and related resource issues are being addressed to ensure improved compliance and uptake of training.

Staff awareness of the need to manage risks is encouraged through regular communication and the incident reporting system and the 'datix' risk module continues to be rolled out to better capture assessed risks and the actions being taken to mitigate them.

Case studies and patient stories are presented to the Board's Sub-Committees and scrutiny panels, in order that lessons can be disseminated and shared. The Wales Audit Office has recognised as part of its structured assessment programme that the organisation has a positive open and listening culture focused on learning and improvement.

The organisation's commitment to risk management, the bedrock of its governance and assurance processes, means that work will continue to ensure that:

- Risks related to the delivery of the organisations plans will be subject to regular assessment, review and scrutiny via the appropriate sub-committee of the Board.
- There is compliance with legislative requirements where non compliance would pose a serious risk.
- Evidence based guidance and best practice is utilised in order to support the highest standard of clinical practice.
- All sources and consequences of risk are identified and these risks are assessed and either eliminated or minimised.
- Information concerning organisational risk is shared with staff across the UHB and where appropriate partner organisations.
- Damage and injuries are minimised and people's health and well being is optimised.
- Resources diverted away from patient care to fund risk reduction are minimised.

- Lessons are learnt from a variety of Board processes including; compliments, incidents and claims in order to share best practice and reduce the likelihood of recurrence.

The Health Board manages risk through its Directorate structures. **Annex B13** sets out a summary of key risks that will be monitored routinely through Board processes that are considered to impact on some elements of the Plan. Going forward, the organisational risk register is being reviewed and, where appropriate, updated on a bi-monthly basis by the Executive Board.

Work continues to ensure the Board's governance arrangements and the processes and the structure of the Risk Register are robust and aligned with the Board Assurance Framework, which was updated and approved as a Framework in the March 2015 Board meeting and received by the Board in November 2015.

8.4.2 Civil Contingencies

The Health Board has continued to develop its Major Incident Plan, as well as producing an all-Wales mass casualty plan for NHS Wales. We have also delivered anti-radicalisation training to 100+ frontline mental health staff.

In 2016/17 we developed the capability to accept helicopter night landings at the Royal Glamorgan Hospital and increased our contribution to 17 trained Medical Emergency Response Incident Team (MERIT) A&E nurses to work in casualty clearing stations 'at-scene' with WAST.

We have also uploaded all UHB Major Incident, Business Continuity and Regional Plans onto Diligent (our paperless solution for Executive Directors). This enables them to have all plans securely to hand on their iPads should they need to attend UHB Gold, the Regional Local Resilience Forum Gold or the Emergency Co-ordination Centre Wales at Welsh Government.

For 2017/18, the Health Board is planning the following developments:

- New HQ / DGH video conferencing to link Gold and Silver commands in the District General Hospitals.
- 4 new decontamination tents for our 2 A&E and 2 Minor Injury Unit sites.
- New 24/7 helipad at Prince Charles Hospital adjacent to A&E so no WAST ambulance transfer is required and night landing are possible. A new Helicopter procedure will be developed and tested with Air Ambulance.
- Anti-radicalisation training for frontline CAMHS staff across Cwm Taf, Cardiff & Vale and ABMU Health Boards.
- 4 live contaminated casualty exercises for the 2 A&E and 2 Minor Injuries Units.
- A whole organisation Business Continuity exercise.
- A whole organisation Major Incident tabletop exercise.