

CTM 2030
**Ein Hiechyd
Ein Dyfodol**

DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
**Our Health
Our Future**

BUILDING HEALTHIER
COMMUNITIES TOGETHER

Cwm Taf Morgannwg University Health Board Three year Plan 2023-26

Datblygu **Cymunedau**
Iachach **Gyda'n Gilydd**

**Building Healthier
Communities Together**



MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE



Paul Mears, Chief Executive



Emrys Elias, Chair

We are pleased to present our plan for the health board for the next three years, which sets out how we will continue to provide high quality care, whilst making continual improvements to health outcomes, patient experience and the quality of our services.

NHS Wales and our social care and third sector partners continue to face significant and sustained pressures. During this time our Cwm Taf Morgannwg workforce has maintained our commitment to ensuring that patients and their families receive high-quality care.

While 2023-24 will continue to present us with challenges, we are positive about the future for Cwm Taf Morgannwg. Our vision for the future of health care that includes modern facilities, integrated community services and connected communities, that all make the best use of technology and the skills of our staff, maximising effectiveness and really enabling individuals to be in control of their own health provides a firm foundation to emerge more strongly.

We continue the significant work to refine and deliver our strategy under the banner of CTM2030 and the clinical services plan; a systemic approach to developing services and supporting the wider health and wellbeing of our population.

During the past year the organisation has undergone changes to the operating model, with the development of clinical care groups. Our new structure has been developed to enable our teams collaboratively deliver whole system improvements to improve outcomes at increased pace.

Our staff are at the heart of our organisation and fundamental to our future ambitions. We are continuing our work to develop and support staff, who have worked with sustained commitment during times of unprecedented challenge during the COVID-19 pandemic and **this recovery period**, to enable us to collectively deliver on our organisational plans. Our People priorities recognise the need for a longer-term vision for the workforce required to meet future healthcare needs. We continue to work to embed our “Be at our best” values and behaviours through both direct activity within the organisation and a values-based approach to recruitment.

Digital transformation continues to be a pivotal enabler across the breadth of the organisation’s services to enable us to deliver new models of care for patients alongside improving processes and we are committed to local, regional and national developments.

Collaborative working regionally and nationally is key to making progress in entrenched areas of challenge that are prevalent across NHS Wales and we continue to strengthen these strategic alliances with partner organisations. Alongside this, we will be strengthening our commissioning infrastructure to ensure that all services deliver value for our resident population.

OUR CONTEXT AND DRIVERS

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

THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 449,836 (StatsWales Welsh Government, June 2021). The region has high levels of deprivation, with 59.3% of the population of the Health Board area estimated to be amongst the most deprived areas in Wales. The highest levels of deprivation are in valleys to the north of the Health Board.

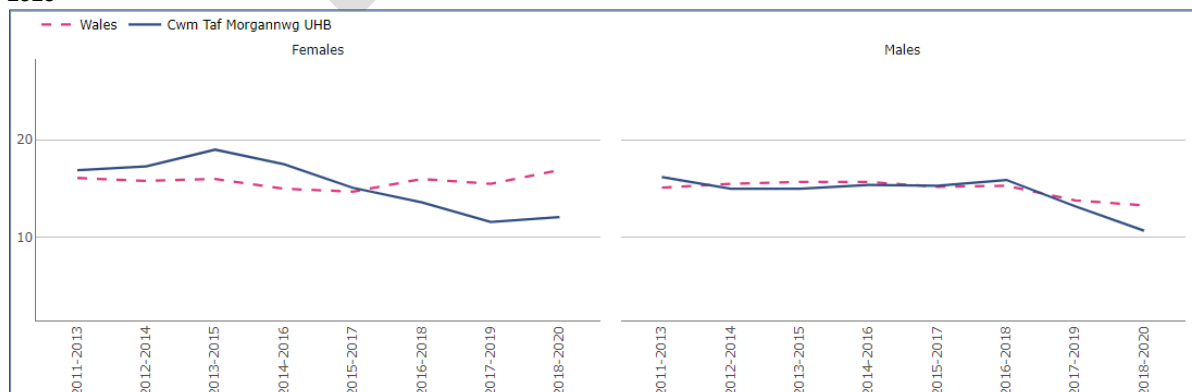
The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable, both compared to Wales and due to inequalities within the Health Board area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy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

Life expectancy at birth, Total, males and females, 2011-2013 to 2018-2020



Source ©2022 PHW using APS, 2011 Census, PHM, MYE (ONS)

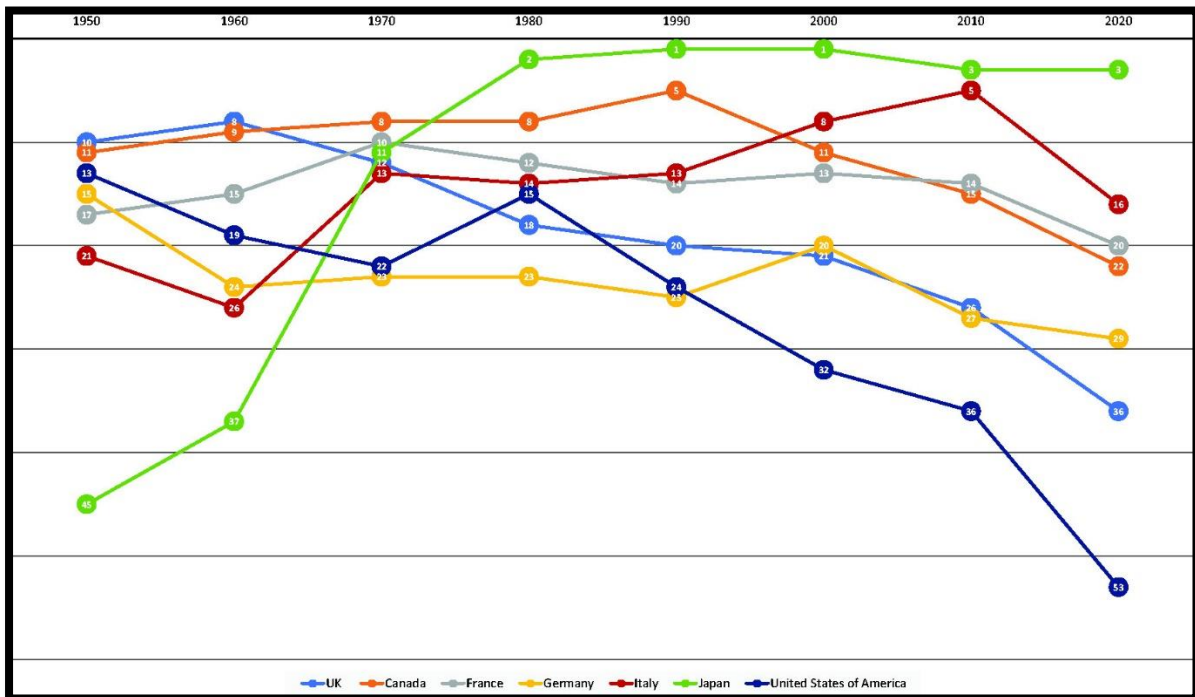
The gap in Healthy life expectancy at birth between the most and least deprived, males and females, 2011-2013 to 2018-2020



Source ©2022 PHW using APS, 2011 Census, PHM, MYE (ONS)

Seen within the wider UK context, in 1950, Britain had the 7th highest life expectancy in the world, the highest of all G7 countries (UK, Canada, USA, Germany and Italy, France and Japan). By 2020, life expectancy in the Britain had fallen to 36th place internationally and 6th amongst the G7. Only the United States has fared worseⁱ.

Countries of the G7's international life expectancy rankings, 1950–2020.



Source: UN data, 2022.¹ Note: The data shown are the annual data for the corresponding year – not an average for the decade.

Whilst this can be explained in part by other countries, particularly in Asia, “catching up”, social and economic policies lie at the heart of this decline. Income inequality has continued to rise since the 1980s. In financial year ending (FYE) 2020, the income of the richest 20% of people in the UK was over six times higher than the poorest 20%, while the richest 10% received 50% more income than the poorest 40%ⁱⁱ. This has led to an increase in the variation in life expectancy between different social groups. One reason why the overall increase in life expectancy has been so sluggish in the UK is that, in recent years, it has fallen for those living in deprivation. Within Wales, whilst female life expectancy in the richest (least deprived) fifth of the population continues to rise, it is falling for women in the most deprived fifthⁱⁱⁱ.

CTMUHB experienced the worst Covid19 outcomes in Wales^{iv}; however, the decline in life expectancy predates the pandemic. Austerity measures since 2008 have affected not only the wider determinants of health, but also as the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in poorer people spending more of their shorter lives in ill health^v. The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a “significant humanitarian crisis”^{vi}.

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

- High smoking prevalence, with Wales at 13 % of the population aged 16 years or older who smoke (or use e-cigarettes), Bridgend at 13.3%, Rhondda Cynon Taf at 15.7% and Merthyr Tydfil at 19.8%. (2021-22 National Survey for Wales).
- 66.9% of adults in CTM are overweight or obese, and this figure has increased from the previous reported figures. This compares with an all-Wales average of 62.1%. The Wales Average for eating five portions of fruit or vegetables a day for the population aged 16 or over is 29.8%. All areas in the region had lower reported levels (Bridgend at 28.2%, Merthyr Tydfil at 23.4% and Rhondda Cynon Taff lowest at 23%) Similarly, adults meeting the physical activity guidelines aged 16 or above in Wales is 56.3% of the population, with all CTM areas reporting lower figures (Rhondda Cynon Taf at 52.1%, Bridgend 50.7%, and Merthyr Tydfil lowest at 45.6% (2021-22 National Survey for Wales)
- Highest levels of childhood obesity in Wales; here: <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2018-19/child-measurement-programme-for-wales-report-2018-19/>
- High levels of teenage pregnancy and low levels of breastfeeding;
- Higher percentage of babies in CTM born with low birth weight (7.8%) compared to Wales (7.2%).

These factors, coupled with the impact of COVID-19 on health and social care services which is still being felt by our population with people experiencing longer waiting times for diagnostics tests and treatment means that the focus of our three year plan must be to address inequalities, at the same time as delivering healthcare service development and recovery. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population alongside activity to improve access to services. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps and delivering value-based healthcare (VBHC) pathways and avoiding the delivery of interventions of limited value.

THE EXTERNAL ENVIRONMENT

The post-pandemic environment presents health and social care organisations with sustained and new challenges. The impacts of operational pressures and workforce constraints (across health and social care systems) alongside ongoing impacts of COVID-19 and the significant financial pressures present a complex challenge to planning and recovery of services. The Health Board's over-riding imperative is to deliver our statutory functions to provide safe and high-quality healthcare services to our population balanced with the financial duties.

Given the complexity of the environment, and scale of challenge facing our organisation, we are presenting this plan in a three year context, with a focus on the actions required for the first year, in recognition of the dynamic approach to planning required to drive sustainable change in this context.

IMPROVEMENT THROUGH TRANSFORMATION

Delivering recovery of health services and improvement to meet the current and future needs of our population necessitates a transformative approach. Traditional models of service are not sufficiently flexible to respond to the levels of demand and backlogs of patients that are waiting for health services following the impact of the pandemic. The Health Board has an established transformation programme and an embedded culture of improvement, which is described later in this plan.

Major projects – 2023-2026

Regional Diagnostic and Treatment Centre for South East Wales

A key strategic development for the South East Wales region during 2022 was the purchase of an estate adjacent to the Royal Glamorgan Hospital, supported by Welsh Government capital funds, which is intended to allow for the development of a Regional Diagnostic and Treatment Centre. This presents significant opportunity to transform services on a regional footprint to deliver improved access to elective diagnostic assessment and treatment for the patients in the South East region. This is further described in the regional planning section.

Redevelopment of Maesteg Community Hospital - Integrated Health and Wellbeing Hub

Through joint working with Bridgend County Borough Council (BCBC), third sector colleagues (and commercial partners, as appropriate), the aim is to develop an Integrated Health and Care Hub within the Llynfi Valley that addresses the significant health inequalities that exist within the community by improving health outcomes, experience and access to services (whether delivered by CTM UHB, BCBC or third sector) through:

- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

In addition, the project will help enhance productivity and value for money to make the best use of limited resources, whilst helping support broader social and economic development in the area.

Work to determine the full scope of the project will continue as part of the development of the Strategic Outline Case (SOC). Health service options under consideration for the redeveloped site are expected to be provided across the life course and close to home wherever possible.

Acute site utilisation:

It is increasingly important that we make best use of our hospital estate. The drivers for this include safety and quality as well as efficiency and finance. During the spring of 2023 a process is being initiated to review our baseline and begin conversations with key stakeholders, establishing a road map for change as appropriate. We are conscious that whilst this process is underway there are some high risk services, including critical care, where whilst patient outcomes remain good, staffing resilience is low and we are therefore considering urgent remedial action, whilst conscious of the effects of making changes to one service on those that are dependent on it. Our approach will seek to mitigate real concerns.

CTM2030: CLINICAL SERVICES STRATEGY



CTM 2030 Our Health Our Future

COVID-19 has shone a light on inequality in our communities and it is now more than important than ever that we have an organisational strategy and a plan for our clinical services which delivers on our mission of “building healthier communities together”.

We are continuing to develop and implement our organisational strategy, including the future of our clinical services through Our Health, Our Future, CTM 2030. CTM 2030 has engaged with staff, our population and partners to identify our four strategic goals which will be met through implementing a public health ‘life course’ approach across five strategic areas:



CTM 2030 will cover all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services. Strategy groups provide the infrastructure and population health approach to drive and support the achievement of long term population outcomes and goals.

Each strategy group will maintain engagement with partners from across local authorities, third sector and from care groups, to develop and deliver priorities across CTMUHB and regionally where appropriate. The ethos for taking forward the priorities is in keeping with the vision of the UHB of being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement using Value Based Health Care (VBHC) principles and methodology wherever applicable.



STARTING WELL

The Starting Well Strategy Group brings together expertise from across a range of disciplines providing care from pre-conception through the first 1000 days.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The care given to a child in the first 1000 days plays a significant role in their health and development. It is the period within which we see the most rapid phase of brain growth which sets the foundation for physical, social and emotional health.

Together, with public health colleagues, the local authorities, and the third sector, we work to ensure that those first few key steps in life's journey, are steps towards a healthy and happy future.

Key Principles within the delivery of the CTM2030 priorities for Starting Well are:

- Focus on enabling healthy lifestyle behaviours during pregnancy; and
- That infants and children reach their full health and wellbeing potential.
- Families are resilient, knowledgeable and are able to access the advice and support they need in the right place at the right time.

The key priority areas to be addressed within Starting Well Strategy Group are documented below:

Infant Feeding

It is recognised that breastfeeding has many benefits for mother and baby and is one of the most effective ways to ensure child health. There is substantial evidence demonstrating short and long term health benefits of breastfeeding to mothers and infants. Only 1% of babies in the United Kingdom are breastfed exclusively at 6 months. Wales has the lowest initiation and continuation rates in the United Kingdom, and this is reflected locally.

During 2023/2024 the Starting Well Strategy Group will support the Children and Families Care Group to develop an Infant Feeding Strategy to increase the number of babies who are exclusively breastfed at 10 days old, and ensure that access to support is equitable across the regions.

Healthy Weight

CTMUHB has some of the highest rates of obesity in Wales. More than 100,000 of our residents are living with obesity. Overweight, obesity, and severe obesity in children (aged 4/5) are all significantly above the Wales average. Working with colleagues in Public health, we will drive delivery of Healthy Weight, Healthy Wales Strategy, and a localised action plan, in partnership with the local authorities.

Oral Health

Oral health is closely associated with deprivation. Hence, people living in the most deprived communities in Wales have multiple chronic diseases as well as the worst oral health. Tooth decay, although preventable, is the most prevalent chronic disease. We will continue to support the local Oral Health Advisory Group, and Implementation of the National Strategic Plan for Oral Health.

Specialised Paediatric Services

In line with A Healthier Wales (2018) and children's rights, we will work with WHSSC to ensure high quality, sustainable and equitable specialised paediatric services, as close to home as possible.



GROWING WELL

The Growing Well Strategy Group builds on the foundations we are helping to cement for early years, and helps our children to learn and develop along the way.

Key principles within the delivery of the CTM2030 priorities for Growing Well are:

- Working with young people to identify and address the needs that are important to them. Finding new ways for them to engage in our services and make the most of them.
- Promoting healthy behaviours in young people that support their development and prevent avoidable harm both now and later in life.
- Making our services more accessible and youth friendly. Taking a more holistic and collaborative approach to issues like obesity.

The key priority areas to be addressed within the Growing Well Strategy Group are set out below:

Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement setting out the rights of children. The rationale for the UNCRC is that children's rights need specific consideration due to the special care and protection often needed by children and young people.

The CTM Children's Rights Charter was launched in 2022. This sets out the actions we will take to ensure these rights are respected, across the healthcare systems. We will continue to work with colleagues across CTM to ensure a child's rights approach is truly embedded.

Transition and handover from children's services to adults services

The provision of appropriate healthcare for children and young people between the ages of 16 and 25, and handover of care and accountability from children's to adults services has been highlighted as a key priority for improvement by Welsh Government.

We will work with colleagues across health specialities for paediatrics and adults to establish appropriate protocols to ensure a safe and effective transition for all children and young people requiring ongoing care and support from health services.

Diabetes

Diabetes has the second highest prevalence of chronic conditions experienced by our population. Prior to the COVID-19 pandemic, the growing burden of diabetes was already a well-recognised issue for our region, but recent research is also highlighting the possibility of a post-pandemic increase in the incidence of type 1 diabetes. We will continue to support the Diabetes Clinical Planning Group, and have oversight of the seven programme components of a Values Based approach.

Neurodevelopmental Disorders

The numbers of children being assessed for a potential diagnosis of Autism, and other neurodevelopmental disorders, have been increasing since the millennium. Although the increased awareness and recognition of autism and other conditions such as attention deficit hyperactivity disorder (ADHD) is positive, demand for diagnostic assessment has outstripped the capacity of our Neurodevelopmental (ND) Service. Currently more than 1600 patients are awaiting diagnosis.

We will work with our partners including the Regional Commissioning Unit, education, Children's Services, third sector organisations, people with lived experience, their families, and carers, to develop an integrated pathway to multidisciplinary assessment and intervention. This will improve access and increase the percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment, providing equitable care and support across the region.



LIVING WELL

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

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

Some of the key priority areas to be addressed within the Living Well/Adulthood Strategy Group are documented below. It must be noted addressing some priorities will require further resources.

Chronic Conditions

The Strategy Group has worked with each of the Local Planning and Delivery Groups to agree 2023-24 priorities. This has been done by undertaking a robust prioritisation process and assurance of alignment to the appropriate National Quality Statements, which are being developed by Welsh Government and are at various stages of publication.

Heart Conditions

Cardiovascular disease remains a leading cause of ill health and premature death in Wales. Whilst death rates from acute events like heart attacks have decreased over recent decades, the number of people living with heart conditions and associated risk factors have increased. This trend is likely to continue in the decades ahead due to our ageing population. It is vital that cardiovascular disease is effectively prevented where possible, that high-risk conditions are detected as early as possible and optimally managed with people supported and able to co-produce their care.



We have been implementing a whole system pathway approach, using Value Based Health Care (VBHC) methodology, with projects established within each of the areas highlighted above. Work will continue during 2023/2024 to implement these projects which are:

- Ensuring early diagnosis using new blood tests across the health board
- Optimising heart failure treatment across CTM with projects being implemented on the three District General Hospital sites.
- Roll-out of the heart failure palliative care service across the three district general hospitals
- Increasing access to Heart Failure rehabilitation with a pilot project being implemented at Royal Glamorgan Hospital
- Rolling out heart failure Patient reported outcome measures (PROMs) experience measures (PREMs) and workforce reported experience measures (WREMs) collection

This VBHC approach, founded on monitoring and evaluation, using data/ evidence to introduce new systems and processes will deliver better care, outcomes and experiences for heart failure patients.

Respiratory Disease

The National Quality Statement for Respiratory Disease published on 30th November 2022 states that one in twelve adults in Wales reports a longstanding respiratory illness and Wales has a higher rate of asthma prevalence than the European average. Prior to the COVID-19 pandemic, around 15 – 16% of all deaths were due to respiratory disease and in 2019 Wales had the highest avoidable mortality rate in Great Britain for diseases of the respiratory system. Respiratory medicine costs the NHS in Wales more than £400 million per year.

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

- Increase the percentage of adult smokers in CTM who make a quit attempt via NHS smoking cessation services, in line with NHS Performance Framework 2022-2023 requirements.
- Implement the Help Me Quit in Hospital / Ottawa model by developing a seamless pathway of smoking cessation support from admission to discharge and community follow up, starting initially with respiratory patients.
- Optimise provision of and referrals to NHS smoking cessation services in the community delivered via Help Me Quit and Community Pharmacy
- Develop and implement an evidence based, equitable, pulmonary rehabilitation service across the whole UHB; developing robust pathways from diagnosis to end of life
- Enhance existing model for training and education of healthcare professionals working in GP practices, community services and community hospitals and secondary care.
- Sub-actions
 - Roll out the new asthma and COPD prescribing guidance across CTM
 - Promote use of the national patient self-management apps
 - Sign post clinicians to National ICST respiratory education platform.
 - Encourage use and issue of an asthma management plan
 - Through effective prescribing of dry powder inhalers, reduce the environmental impact of pressurised inhalers in line with the decarbonisation 2030 strategy
- Ensure access to timely spirometry and other investigations within Respiratory Care.
- Roll out Making Every Contact Count (MECC) across key respiratory health pathways e.g. smoking cessation.

Liver Disease

Welsh Government's National Quality Statement for liver disease states that deaths in Wales from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the

commonest cause of death in those aged 39 – 45 in the UK. As with many health conditions the way in which people lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest cause of liver disease in Wales. The majority of people with chronic liver disease have cirrhosis.

Priority areas have been agreed by the Planning and Delivery Group for Liver Disease and work streams have been/are being established to take each priority area forwards. Examples of top priority areas include:

- Increase specialist nursing workforce to deliver liver disease pathways and to ensure on-going effectiveness.
- Formalise and strengthen partnerships tertiary transplant centre to:
 - Improve data, scope possibility of joint clinics.
 - Develop local pathways, reducing carbon footprint and improving patient care/experience.
- Improve service provision and reduction for patients with blood borne viruses across CTM, set within the national context and working with partners locally
- Develop and expand Alcohol Care services in line with nationally approved Value Based Health Care business case.
- Roll out of MECC across key pathways, in particular Hepatology.



Ageing Well

The Ageing Well priority areas for development are:

Frailty

Not all older people are frail and frailty is not a certainty in respect of the ageing process. It is recognised that around 10% of people over 65 years have frailty, increasing to between 25% and 50% of those greater than 85. They are at risk of adverse outcomes such as dramatic alterations in their physical and mental wellbeing after minor events (a loss of an individual's resilience). Without the recognition of frailty there is significant risk of harm in both planned and unplanned healthcare. All those working in healthcare should be aware of, and assess for, frailty.

Priorities to be taken forward in 2023/24:

- Continued support for the development of a CTM Frailty Model and its constituent community and acute elements.
- Supporting the development of an acute frailty assessment service within the acute hospital setting through the 6 Goals for Urgent and Emergency Care Programme.
- Providing key input and support to the development of an integrated community service model through the CTM Regional Adult Services Programme Board.

Stroke

Stroke remains the 4th leading cause of death in Wales and can have significant long-term effects on survivors. The prevalence of people living with stroke is increasing due to a decrease in mortality from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole system approach is

taken, which maximises the prevention, including early detection and treatment of clinical risk factors in addition to the early intervention and management of stroke.

CTMUHB has established a Stroke Strategy Group with the remit to review the current service provision across CTM UHB and implement the recommendations of the Welsh Government Quality Statement for Stroke and the CTM Stroke Equity Audit. The Strategy Group will have 2 key workstreams feeding into it with a number of priorities:

- **Stroke Prevention / Early Intervention**
 - Implementation of the Value Based Health Care Atrial Fibrillation and Hypertension programme to put in place a value-based approach to the prevention of ill health and promotion of good health, on a population wide basis in primary care, in relation to stroke and Cardiovascular Disease.
 - Review reasons for delay in accessing stroke services and potential options for revisiting FAST campaign with PHW and Stroke Association.
- **Acute Stroke / Stroke Rehabilitation Care Pathway**
 - Continue to support the development of a robust and resilient stroke pathway within the acute hospital setting through the 6 Goals for Urgent and Emergency Care Programme.
 - Support the continued development of the rehabilitation element of the stroke pathway through the 6 Goals for Urgent and Emergency Care Programme.

South Central Wales Stroke Network Programme Board

The Programme Board will provide assurance and direction to the South Central Wales Stroke Network Programme. This programme has been initiated with the aim of developing sustainable stroke services across Cardiff and Vale University Health Board (CAVUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB), with a focus on delivering improved outcomes and reduced inequalities for patients.

The Programme Board will oversee the following outputs:

- Development of the demand and capacity modelling across both organisations
- Development of the programme blueprint, which describes a model of the capability that must be in place to support the development of sustainable services which improve health outcomes
- Development and oversight of key success factors and performance measures as well as key deliverables in line with national specification
- Development of an inclusive communication and engagement strategy that focuses on colleagues and patient involvement at all stages of the programme
- Development of robust business cases by the Project Teams, which are compliant with the WG Infrastructure Investment Guidance, providing an internal scrutiny and assurance role, challenging the information on which the service proposals are based.

The Ageing Well Strategy Group will provide CTM planning support and a link into the CTM Stroke Strategy Group.

Dementia

In 2020 there were an estimated 6,271 people aged 65 and over in the CTM UHB area with Dementia, with a projection that this will rise to 8,111 by 2030 (Social Care Wales Populations Projection Platform). In March 2021 Welsh Government issued the All Wales Dementia Care Pathway of Standards. The standards have been developed using the Improvement Cymru Delivery Framework there are 20 standards that sit within 4 themes: accessible, responsive, journey and partnerships and relationships.

The key message is one of promoting partnership between agencies and stakeholders to drive the standards forward. At local level the CTM Regional Partnership Board (RPB) and Dementia Steering group will oversee implementation. The Dementia Steering Group is a strategic multi-agency group which has been established to drive forward the dementia agenda across the CTM region. The steering group has six work streams which map across to the pathway of standards:

- Community Engagement
- Memory Assessment Services
- The Role of a Dementia Connector
- Hospital Charter
- Learning and Development of the Workforce
- Measurements.

The Dementia Steering Group has developed an outline three year plan drawing on information from the CTM regional population needs assessment, with the aim of delivering against the standards over the coming years. In support of this aim the steering group intends to:

- Develop growth/delivery plans with our communities to target our dementia services more proactively in these areas.
- Co-produce and implement an optimum model of diagnosis, care and support for Memory Assessment services ensuring a consistent offer across the region as a whole ensuring that we are working with the Delivery Unit to implement improvements from their planned review of MAS.
- Introduce the role of the Dementia Connector ensuring that we are utilising and reconfiguring our existing resources in support of this model to eliminate duplication wherever possible.
- Roll out the care fit for Values, Individuals, Perspectives Social (VIPS) platform across our settings.
- Develop specialist dementia support to include dementia care mapping across our settings.
- Develop a workforce learning and development plan outlining improvements and changes needed to dementia services across the region including the need to implement the Good Work framework.
- Work with Improvement Cymru on data collection to ensure compliance with requirements.

Neurological Conditions

The Welsh Government published *The Quality Statement for Neurological Conditions* in November 2022. The quality statement stated that there are more than 577 recognised neurological conditions, disorders and syndromes which affect the brain, spinal cord, nerves and muscles. The quality statement outlined the quality attributes of neurological conditions services in Wales as:

- Equitable
- Safe
- Effective
- Efficient
- Person Centred
- Timely.

The quality statement states that Health Boards and Trusts will be supported to deliver improved neurological condition services by the NHS Executive function which will be discharged through the Neurological Conditions Implementation Group (NCIG) who will set out a rolling three year

implementation plan to identify and prioritise service developments based on the quality attributes described above.

CTM UHB has a well developed Neurological Conditions Delivery Group which has been working to implement the Welsh Government “Neurological Conditions Delivery Plan” (2017) in the CTM Health Board area. The delivery group will look to coordinate local implementation of the quality statement in the CTM UHB area, linking closely with NCIG and the development of a national plan. The delivery group will look to review services for neurological conditions in the CTM UHB area against the quality attributes in the quality statement with key priorities to:

- Map the neurology pathway across CTM UHB
- Complete demand and capacity analysis for secondary care
- Develop service proposals for key areas arising from the mapping and demand and capacity exercises.



Dying Well

In October 2022 Welsh Government published the *Quality Statement for palliative and end of life care for Wales*. The quality statement describes what good quality palliative and end of life care services should look like. The quality statement sets out high-level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care to ensure care is: safe, timely, effective, person-centred, efficient and equitable.

The quality statement states that it will be supported by the NHS Executive and implemented through a series of health board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, diabetes and cancer) and the work programme of the National Programme Board for palliative and end of life care.

The health board has a well developed Palliative and End of Life Care Delivery Group which has identified four key priorities to take forward in 2023/24 through its region-wide action plan:

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

The delivery group will look to coordinate local implementation of the quality statement in the CTM UHB area, linking closely with the Palliative and End of Life Care National Programme Board. The delivery group is also well placed to make links and collaborate across a number of service areas in the CTM UHB area, mirroring the collaborative networks outlined above in the quality statement. The delivery group has well established action plans covering adults, as well as children and young people, having made progress in a number of key areas and it will continue to monitor and review the action plans, identifying any further priorities as they arise.

DRIVING IMPROVEMENT THROUGH GOVERNANCE

The health board's corporate governance function operates in accordance with the standing orders, which form the basis of the Health Board's governance and accountability framework. The Health and Care Standard specific to this function is Governance, Leadership and Accountability. The function includes:

- Independent advice to the Board
- The operation of all board, committee and sub-committee meetings
- Independent member and executive director induction and training
- Board and Committee Effectiveness
- Organisational lead for Audit Programmes and Performance Audits (internal & external)
- Governance related activity to include:
 - Standards of Behaviour (Management of Declarations of Interests, Gifts, Hospitality, Sponsorship & Honoraria)
 - Development and implementation of policies
 - Compliance – Regulatory and Legislation (e.g. Covid-19 Inquiry)
 - Training (Corporate Governance & Risk)
 - Organisational Risk Register
 - Board Assurance Framework
 - Welsh Health Circulars and Ministerial Directions

External sources of intelligence and assurance for the performance indicators, measures and outcomes for the corporate governance function include:

- Welsh Government assessment of the escalation status improvement
- Health Inspectorate Wales / Audit Wales Joint Review – Quality, Governance and Risk recommendations
- Audit Wales - Structured Assessment (Annually)
- Audit reports (e.g. Internal Audit on Risk Management, Board Assurance Framework)

TARGETED INTERVENTION

The Health Board, in conjunction with WG, has refreshed its approach to escalation management and operates under a revised framework and terms of reference. The associated programmes aimed at delivering sustainable improvements continue to be monitored by relevant Committees, the Board, and bi-monthly WG escalation meetings. The Health Board's escalation status has changed to now include performance (associated with long waiting times) in Targeted Intervention (TI). In summary, this means that the Health Board is in TI across five areas (Maternity and Neonatal Services, Quality and Governance, Leadership and Culture, Trust and Confidence, and Performance), and also under Enhanced Monitoring (EM) for Planning and Finance.

The Quality Governance function remains in Targeted Intervention although progress in relation to governance and risk over the last 2.5 years has been significant and has progressed from "basic" in March 2020 with it scoring within the "maturity" level of assessment in 2022.

QUALITY



Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are, and wherever they live.

We want to improve health and wellbeing, deliver better care, and better value across the diverse communities that we serve. We want to be considered an outstanding organisation by everyone: people who use our services, their families and carers, our colleagues, our communities and our partners. This is what drives our commitment to place quality at the heart of everything that we do.

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021), and the Quality and Safety Framework (2021). Collectively, these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. The duty of quality comes into effect in April 2023 and supports us to actively consider whether our decisions improve quality and outcomes for our population.

How we will deliver high-quality care

Our Quality Strategy was developed in 2022 to cover the period 2022-2025. Its purpose is to enable the Health Board to deliver on the NHS Wales core value of **putting quality and safety above all else and providing high-value, evidence-based care for our patients at all times.**

When considering quality in CTM, our focus will be on **people, patients, and place**. We want to make sure that we are meeting the health and care needs of all our communities. We will achieve this by:

- Working with our communities and partners to reduce inequality, promote well-being, and prevent ill-health
- Provide high quality, evidence-based, data-driven, and accessible care
- Ensure sustainability in all that we do: economically, environmentally, and socially
- Co-create a learning and growing culture

The Quality strategy outlines a framework for quality assurance and improvement across all our services that will underpin the Health Board's approach to quality as we build towards **CTM 2030: Our Health Our Future.**

Our quality ambitions and strategic quality goals

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance Document 2022-23.

Each of these quality ambitions has clear strategic goals, which are aligned to ministerial requirements and the requirements of the NHS Wales Performance Framework and is intrinsically aligned to our three year plan and our performance framework, to ensure that quality is embedded in our work.

OUR QUALITY AMBITIONS	OUR STRATEGIC QUALITY GOALS	CTM 2030 GOAL
<p>SAFE CARE: everyone can be confident that our care will cause no harm</p>	<p>Develop and empower our colleagues to deliver outstanding care.</p> <p>Develop a Just Culture that promotes safety through supporting people to speak up, with an effective Listening and Learning Framework.</p>	<ul style="list-style-type: none"> • Inspiring People • Improving Care
<p>TIMELY CARE: people have timely access to care when they need it</p>	<p>Improve access to urgent and emergency care.</p> <p>Support people whilst they are waiting, optimising their health and wellbeing in order to achieve the best possible outcomes.</p>	<ul style="list-style-type: none"> • Creating Health • Improving Care • Inspiring People
<p>EFFECTIVE CARE: people receive care that is appropriate and based on evidence</p>	<p>Develop evidence-based models of care with our partners, making the most effective use of skills and resources. Contribute to research in practice.</p> <p>Measure the impact and effectiveness of what we do, building on what works well and making brave decisions about what doesn't</p>	<ul style="list-style-type: none"> • Improving Care • Inspiring People • Sustaining Our Future
<p>EQUITABLE CARE: there are no avoidable, unfair or remediable differences in the care we give to people who have similar health needs</p>	<p>New models of care are designed using population health data and reflect local need.</p> <p>We regularly and effectively engage with our patients, communities and stakeholders to understand barriers to seeking early help for health needs.</p>	<ul style="list-style-type: none"> • Improving Care • Creating Health • Inspiring People
<p>EFFICIENT CARE: we will focus on outcomes that matter to people and maximise those outcomes for every pound we spend on providing care</p>	<p>Enable our colleagues to do tasks/roles that they are best suited to do, thus cutting out waste.</p> <p>Support our colleagues to stay well and reduce agency use across CTM.</p>	<ul style="list-style-type: none"> • Inspiring People • Improving Care • Sustaining our Future
<p>PERSON-CENTERED CARE: people will be supported to be actively involved in their care as equal partners</p>	<p>Increase co-production across CTM, delivering care that is responsive to people's needs and wishes.</p> <p>Reduce variability in how well we engage and support patients, carers and families.</p>	<ul style="list-style-type: none"> • Inspiring People • Improving Care • Sustaining our Future

The alignment to the strategic quality goals is set out in our operational delivery plans, which are constructed by care group (our six operational divisions) and the full quality strategy can be accessed via our [website](#).

QUALITY IMPROVEMENT – INDEPENDENT MATERNITY SERVICES OVERSIGHT PANEL (IMSOP)

A key area of our Quality Improvement work continues to be focussed on our response to the concerns raised in 2018 regarding failings in maternity services with the former Cwm Taf Health Board. The service and Maternity Improvement Team has continued to deliver improvements during 2022 and will continue to progress this work into 2023/24. The Independent Maternity Services Oversight Panel carried out a site visit over two days (3rd and 5th September). A national maternity and neonatal safety summit was held on 6th September where both the IMSOP Panel and CTM shared their improvement journey and learning. The Panel were able to assure the Minister that services are being delivered to a standard which the women and families are entitled to expect. The Panel concluded that:-

- The Royal College's 70 recommendations have been addressed in full and the handful which remain work in progress.
- 15 of the 19 immediate areas for improvement from the neonatal deep-dive review have now been addressed and the remaining four are work in progress nearing completion.
- All conditions for sustainability have been met.
- Panel is able to provide assurance to the Minister that the Health Board's maternity and neonatal improvement journey is now sustainable.
- Performance is improving across a range of indicators with evidence that services are not a significant outlier overall.

The Improvement Programme Team is being stood down at the end of March 2023. Leadership of the Improvement Programme will transition into operational management to ensure improvements are embedded as business as usual. Quality positions (Quality Improvement Manager for Maternity, Quality Improvement Manager for Neonates (and Children & Young People), Senior Nurse for neonatal services, Risk and Governance Manager, Clinical Psychologist) are being recruited to ensure sustainability of services.

There is a clearly defined 'Ward to Board' Maternity and Neonatal Escalation Framework in place to provide oversight, scrutiny, challenge and monitoring arrangements through five lines of defence (V6 March 2023 attached).

QUALITY IMPROVEMENT – NEONATAL SERVICES

Neonatal services came under the more formal review of IMSOP in July 2020 following agreement that they would oversee a Neonatal response in relation to 16 of their original recommendations. In March 2021 IMSOP undertook a deep dive review into Neonatal services which in May 2021 saw a series of concerns escalated to WG which equated with 15 areas for improvement, of which five required immediate improvements. A Neonatal Improvement plan incorporates each area with a dedicated lead. All 19 immediate escalations are now completed, with 69% of remaining medium to longer term actions being completed or on track. Outstanding recommendations are monitored as per the Maternity and Neonatal Escalation Framework (attached).

The Maternity and Neonatal Safety Support Programme in place is gathering pace with the national and local discovery reports due imminently. CTM has a Matneo safety support champion in place. Digital Maternity Cymru, Perinatal Optimisation (PeriPREm) and Workforce modernisation plans are underway. Our service is aligned and involved with the national Programme

CARERS

The Health Board continues to work with staff, third sector organisations and local councils to ensure the voice of the carer is heard in conversations about the person they care for when they are admitted into an acute hospital setting. Carer's co-ordinator role has enabled a presence to be maintained across all acute sites to work with staff and identify carers. This enabled the Health Board to create an information leaflet to support carers 'A carer's guide – when someone you care for is in hospital' and has been distributed across all the sites.

A staff carers' network has been established alongside the reinvigoration of the carer's champion role crossing primary and secondary care, of which there are currently 60 representatives. Both these forums enable the Health Board to gain an insight into the barriers carer's maybe experiencing but also allow best practise/service improvement opportunities to be shared with signposting to third sector for support in the community as a whole.

CTM Carers Steering group takes place on a quarterly basis, again with representatives from local councils, third sector and partners from Regional Integrated Fund (RIF). Funding is being directed through this forum for 2023-2024 and meetings are ongoing to align the strategic aims of the forum from the Carer's Hackathon which took place last year driving this forward.

VOLUNTEERS

Our volunteers have played a pivotal role in supporting a number of services during COVID 19 pandemic through digital means and the vaccination program to name a few. However, as these come to an end there has been the opportunity to revisit how we can take forward the service to support patients, families and carers across the Health Board.

The service is now considering how we can bring our volunteers back onto our acute sites to support patients, families and carers with different opportunities that have presented themselves due to changes in services, post pandemic. A number of services have been introduced in 2022-23:

- End of Life companion (YCC & POW)
- Wellness Improvement Service (WISE)
- Pets as Therapy
- Breast Feeding
- Patient Feedback (POW Pilot)

To enable us to expand the service we offer the Volunteer Team are planning to look at a recruitment drive to and to expand on the roles/services we are looking to support throughout 2023-2024:

- Emergency Department Volunteer
- Patient Feedback (across all of CTMU HB)
- Ward befriender/Dementia Volunteers (Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon)

VETERANS

The Health Board has maintained a presence within the Cwm Taf Armed Forces Covenant and a new group has been established that covers the Bridgend area this year. We continue to work with colleagues across the sectors to look at the support available within the community and acute settings to look at how we can promote the Armed Forces Covenant in Health. An all Wales review of patient administration systems is underway, to consider how veterans can be identified in the systems in accordance with the covenant.

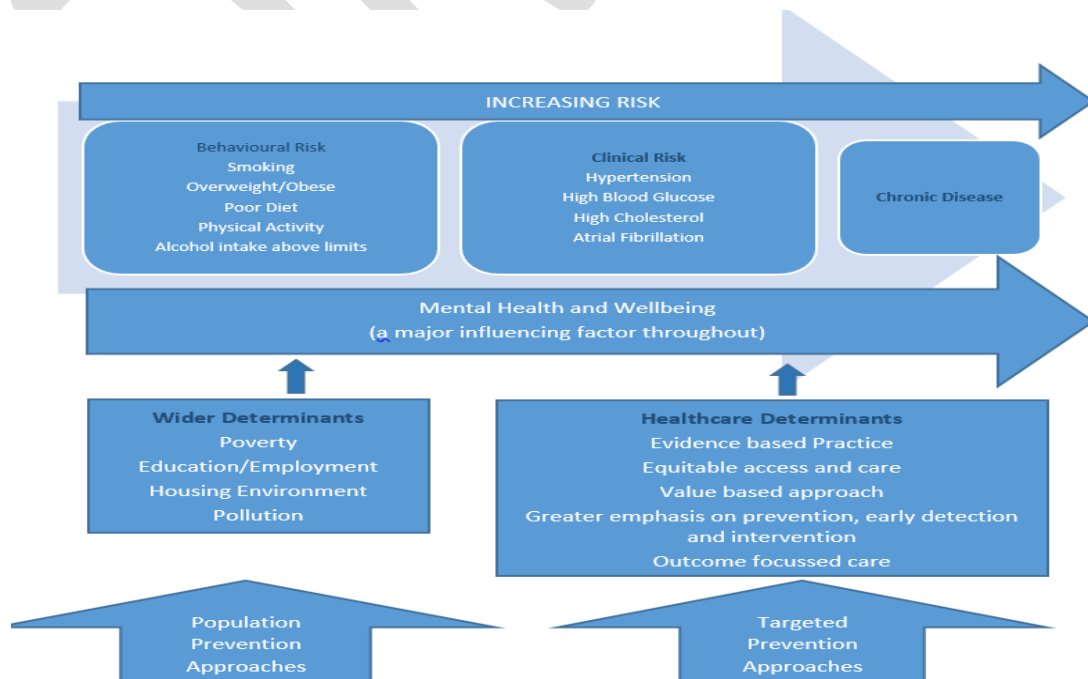
POPULATION HEALTH AND PREVENTION



We will continue our efforts to drive a population health management approach, aimed at improving the health and wellbeing of an entire population, while reducing health inequalities. Population health outcomes are not performance measures of service delivery but the health outcomes of the population as a whole. They include factors such as mortality, healthy life expectancy and prevalence of chronic disease, certain lifestyle behaviours and levels of clinical risk. Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted interventions taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection and intervention in all its pathways and striving to improve the equity of care it delivers.

The Health Board will collaborate with wider partners via the Public Service Board and Regional Partnership Board. The UHB will deliver its contribution via the CTM Strategy Groups and clinical Care Groups, working to prevent ill-health, reducing levels of clinical risk arising from unhealthy behaviours with a focus on reducing inequalities in population health outcomes and inequities in our service delivery. This will be supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural insights and change to influence practice;
- Enabling people to have the knowledge, skills and confidence to look after their health;
- Continued partnership work to achieve a whole system approach and maximise community assets.



As a Health Board we aim to be leaders in Population Health Management (PHM); aligning services to best support the people who need it the most. To identify those people the Public Health Team has led the PHM programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources. In CTM one PHM tool has been developed and implemented – the PSRS tool - which can help Primary Care Clusters, GPs, Care Groups, Strategy Groups and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Linked datasets are used to segment, stratify and model the local ‘at risk’ and ‘rising risk’ cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities. This included the development of data-driven CTM segments based on health care utilisation and comorbidities. Following signup for all but one GP practice in CTM, the practices as well as the LPHT are now receiving data on a quarterly basis for all GP practices in the programme.

Two PHM feasibility projects have been initiated in primary care. The first is a winter pressures project in Taff Ely Cluster that aims to improve outcomes for patients at highest risk of adverse effects of fuel poverty. It uses a combination of clinical records data and PSRS data and identifies those who live in areas of high deprivation in the cluster, in combination with relevant long term conditions, age and frailty. Following a proactive ‘what matters most’ conversation, individuals are referred into appropriate services, either the Frailty Service or social prescribing. The second project is in the Bridgend East Cluster and seeks to proactively identify and support vulnerable individuals who may be at risk of exacerbation of their chronic condition that may result in an emergency admission. The work is funded by and supports the aims of Goal 1 of the Welsh Government ‘Six Goals for Urgent and Emergency Care’ 2021-2026 strategy. Evaluation of both the projects and the contribution of PSRS data will be undertaken through summer 2023.

A collaboration for PHM was started in September 2022 between ABUHB and CTMUHB Local Public Health Teams. This partnership aims to share knowledge and learning of PHM approaches, present definitions of population health and PHM that can be built on for a shared understanding across Wales and describe how we can build PHM programmes in Wales to support improvements to population health.

We are also developing a healthy housing programme and social prescribing, enhancing employment opportunities including through apprenticeships and positive use of estate. Services will be increasingly personalised to meet individuals’ needs and the impact further understood through the increasing use of PREMS and PROMS under the auspices of the Value Based Health Care approach.

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

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

- Continued development of a system wide approach to smoking cessation delivery which include the ‘Help me Quit’ service, community pharmacy, antenatal cessation (Models of Access for Maternal Smoking Cessation Services - MAMSS) and the continued implementation of a hospital cessation model, working to embed referral routes into all care pathways;
- Embedding the “Making Every Contact Count” (MECC) approach into clinical practice to encourage uptake of the key five positive lifestyle behaviours as part of normal care;
- Promotion of social prescribing; and

- Reducing clinical risk e.g. detection and optimum management of pre-diabetes and hypertension.
- Implementation of the primary care prevention of stroke programme, including enhanced management of patient with known hypertension ensuring medication compliance and optimisation, patient hypertension case finding, and active case finding and improved management of patients with atrial fibrillation.

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

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

Priorities for 2023/24

- Continue to implement the Healthy Wales Healthy Weight strategy, including:
 - Development of a “Healthy Weight Alliance”, with active involvement of key partners, across organisations and communities in CTM.
 - Continued roll out of Level 2 and Level 3 of the adult obesity pathway
 - Continuing the Whole System Approach to Childhood Obesity, including development of a business case for a children/ families weight management service, a social marketing campaign to promote physical activity, nutrition and healthier lifestyle for families, as well as the HENRY healthy families programme, alongside provision of the PIPYN service in Merthyr Tydfil (delivered via dietetics).
 - Work with Local Authority and Leisure Trust partners to deliver digital programmes, ensuring our population is aware of, and has access to, our incredible environment.
- Extend the provision of smoking cessation support in hospitals
- Continue to refine the PSRS model and its utility to the UHB as a PHM tool
- Further development of a health and education partnership with scale-up of a Bowel Cancer Awareness project in schools and application of healthy weight approach and health literacy.
- Implementation of the Welsh Government National Immunisation Framework and Vaccine Equity Strategy across CTM.
- Develop with partners an agile multiagency health protection response

CTM REGIONAL PARTNERSHIP BOARD



In line with legislative and policy responsibilities including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales', Cwm Taf Morgannwg University Health Board will continue to play an active role within the CTM Regional Partnership Board (RPB) over the next three years. This will include continued delivery against the six models of care utilising the Regional Integration Fund:

1. Community based care – prevention and community coordination
2. Community based care – complex care closer to home
3. Promoting good emotional health and well-being
4. Supporting families to stay together safely, and therapeutic support for care experienced children
5. Home from hospital services
6. Accommodation based solutions

A strong governance structure was established to support delivery of these models of care in 2022/23 and they will continue to support a focused development in 2023/24. Over the next three years, the RPB will focus on the delivery of the Area Plan. In 2023/24 there will be a focus on:

- Implementing “Further, Faster” as part of our focus on a CTM integrated community health and care system, as described in the Urgent and Emergency Care and Primary and Community Care sections of this plan.
- Delivery of actions following the series of hack-a-thons in 2022/23 (children and young people; Learning Disabilities; Older people and Dementia);
- Establishing, testing out and developing new regional integrated programmes and models of care for children and young people primarily through Regional Integration Fund (RIF) investment
- Production of a 10 year capital investment Strategy, development of capital investment plan in line with organisational priorities and national guidance.
- Cross sector partnership working to encourage a focus on the wellbeing needs of our population.

GREEN 2030



Sustaining our Future as one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

During 2022-2023 we developed our Decarbonisation Strategy 2022-2030, which sets out our progress, ongoing actions and our future plans.

Key priorities for the period 2023-2026 are to:

- Establish a clear learning and development support offer for staff focused on embedding climate change action into continuous service improvement
- Develop tools and support mechanisms to help individuals and teams set and achieve localised decarbonisation goals setting for group work
- Continue to expand our apprenticeship scheme in order to grow our workforce locally, reducing commuting and establishing CTMUHB as an anchor stone to the local economy

Throughout 2023/24 we will continue to deliver our Decarbonisation Action Plan (DAP) and our Biodiversity and Ecosystem Resilience Plan, reporting as appropriate to WG. This work for 2023/24 includes a focus on:

- The reduction of plastic waste within healthcare;
- Reduced use of inhalers with a high environmental impact;
- Introduction, with system partners, of a healthy travel charter;
- A review of Site Travel Plans and shift from single occupancy car travel to sustainable modes;
- Procurement options for future fleet;
- Maximising biodiversity value of untenanted land by reducing cutting regime of hedgerows to once every three years;
- Reobtain the Green Flag Award at Glanrhyd Hospital;
- Identifying trees at risk from ash dieback and treat in accordance with guidelines; and
- Reducing the use of pesticides across all CTMUHB sites.

We will pause, reflect and learn from the progress made in 2025/26 in order to fully scope actions for 2026-2030. Between now and 2025 we will continue to

- Use our Smart metering data and validation software to monitor and verify our energy consumption and carbon emissions, setting annual and longer-term targets.

- Work with Dwr Cymru/ Welsh Water to install smart meters on all sites to support monitoring and targeted interventions to reduce our water consumption.
- Work with Re:fit, the Carbon Trust and NWSSP (NHS Wales Shared Services Partnership) to commission an external review of our estates in order to develop a costed carbon neutral plan that is deliverable by 2030 that meets the needs of our varied sites
 - Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources
 - Continue with LED light replacement schemes and insulation work across our sites
 - Solar Farm Connections are being explored with our three LA partners and WG Energy Service that would connect renewable energy to our hospitals. This includes exploring opportunities for solar farm and wind turbine connections to Ysbyty Cwm Cynon and Glanrhyd hospitals and to decarbonise gas fed heating and steam systems at POWH.
- Work to reduce medical gases, in particular targeting the use of Nitrous Oxide anaesthetic gas across the Health Board estate.
- Work with NWSSP to review our suppliers and look to develop local partnerships to promote the Welsh economy and reduce transportation related carbon emissions
- Continue to develop Green Space and CTM Green as a means of engaging, communicating and inspiring our workforce to learn about and tackle climate change.
- Work with staff to raise awareness and understanding of the importance of waste segregation is ongoing to ensure we can continue to meet our recycling targets

FOUNDATIONAL ECONOMY



Reducing health inequalities is at the heart of our plans. We understand the important role that health plays in the wider economy through its contribution to cross cutting policies such as the Wellbeing of Future Generations Act (2015) as described in the Population Health and Green sections, including the NHS Wales Decarbonisation Strategic Delivery Plan.

The Health Board recognises its important role as an anchor institution. Approximately 77% of our workforce live locally, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve. Examples of how we are looking to strengthen this include local business partnerships to reduce our carbon footprint, apprenticeships, and development of the Parc Tri Sant Innovation Cluster, as described in the innovation section of this plan.

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

COVID-19 RESPONSE: MOVING TOWARDS AN ENDEMIC SITUATION

2023/24 will see the Health Board continue to respond to the long-term COVID-19 transition from pandemic to endemic, with a continued focus on protecting the most vulnerable people in our community. In line with Welsh Government requirement, 2023/24 is seen as a transition year to a more sustainable health protection service response which will include COVID-19 vaccination, test and trace, as well as other communicable disease hazards. .

The focus for vaccinations in 2023-24, will be to respond to the 2023-24 planning assumptions issued by Welsh Government, including:

- Providing a continued COVID-19 vaccination programme, aimed at priority groups and a timetable informed by the JCVI (Joint Committee on Vaccination and Immunisation).
- To provide for the Spring Booster between 1st April and 30 June 2023 to those eligible:
 - Immunosuppressed aged 5+
 - Care Home residents
 - Age 75+ (before 30/6/23)
- To plan to deliver the Autumn Booster commencing Sept 2023, on the same basis as the 2022-23 Autumn Booster, the full scope of the program to be determined later in 2023 by the JCVI.
- To have a surge plan in place should there be a need to expand the vaccine program due to a new variant of concern.
- Be prepared to deliver the COVID 19 vaccination program to a wider group of the population as required by the JCVI
- Continue to provide Primary Doses to only those who are at higher risk, that is, those over 50 and those under 50 with an underlying health condition. This recognises for some groups their access to the COVID 19 vaccination will end on 30 June 2023.
- To work with Welsh Government on the implementation plan for the National Immunisation Framework (NIF) that was published at the end of October 2022 and develop a centralised approach to all vaccinations building on the experience and learning from the COVID 19 vaccination program.
- To develop a future model for vaccinations.

New WG guidance is expected for Testing and Tracing during 2023-24, and a further fall in demand for testing expected across spring and summer. Until guidance changes, the HB will be expected to continue to provide multiplex sampling for symptomatic health and social care staff and any clinically vulnerable patients attending as inpatients for any planned procedure.

Once new guidance is in place it is anticipated that Lateral Flow Testing will be the first option for testing Health and Social care staff; all multiplex/PCR testing will be clinically driven, however will include testing care home residents due to their vulnerable status. There is also a requirement to demonstrate the ability to step up testing in the autumn /winter and in the event of an outbreak or Variant of concern requiring an increase in testing and tracing.

In line with Welsh Government requirements, the Health Board is looking at how it will provide a wider health protection function in partnership with Local Authority.

The plan is required to take an “all-hazards” approach to health protection, supported by all partner agencies, recognising that there will be peaks of activity through the year according to national and regional demand, and will have provision to:

- respond to COVID waves within a COVID Stable environment and deliver on our national approach for respiratory viruses for winter - in spring / summer we expect testing to be centred around those who are clinically vulnerable / in the treatment cohort. Once we reach the autumn, we would expect to see an increase in testing, for example multiplex testing deployed for diagnosis.
- have plans in place to scale up in the event of a COVID Urgent / future pandemic scenario, within the context of a national framework
- respond to outbreaks and wider threats using the agreed process outlined in the Communicable Disease Outbreak Control Plan for Wales
- undertake wider health protection work delivering a local approach under national frameworks and guidance. For example, to support those seeking refuge in Wales, support messaging in schools, provide support to care homes, work on TB and Hepatitis elimination etc. PHW are considering development of a SOP for working with care homes
- work together locally and nationally to support and deliver work to address equity of access and opportunity

DRAFT

PRIMARY AND COMMUNITY CARE



Our aim is to deliver a high quality, sustainable and integrated primary and community care service for current and future generations. Previous investment in primary care developments, cluster projects and strategic primary care funding, regional integrated fund and 6 goals for emergency and urgent care have proved a welcome catalyst for transformation.

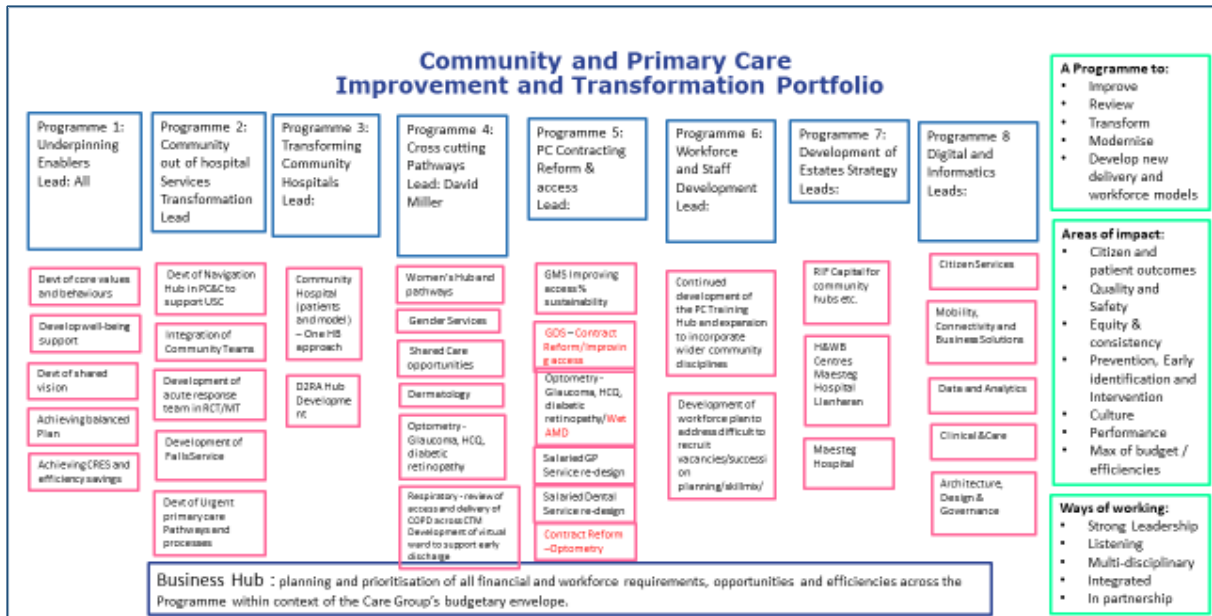
The Primary and Community Services Care Group's goals are to:

- Improve patient outcomes and quality of care through robust governance
- Increase resilience of, and improve access to primary care services
- Develop integrated services through partnership working
- Give our teams the tools, training and support needed to deliver our vision
- Ensure financial sustainability through efficient use of resources

In line with policy and strategic drivers, including the Strategic Programme for Primary Care, community infrastructure model, the Six goals for Urgent and Emergency Care (notably goals 1,2, and 3), nursing workforce plan and Allied Health Professionals (AHP) Framework, the Care Group belief is that our focus should be on integrated care, tailored to individual and community needs. The potential to pool all our resources (people, skills, estate and finances) across the patient pathway opens new opportunities to recalibrate the system – delivering more care at home and in the community and reducing dependency on hospital admission.

Community dental and optometry have an important contribution in delivering urgent and planned care and good oral and eye care health contributes towards a person's health and well-being. Our aim is the integration of dental and oral health services within the wider primary care systems working in clusters and urgent and emergency care systems. The development of collaboratives for the professional groups will facilitate clinical leadership and also the identification of local priorities. Both professions are undergoing significant contractual reform and this will take a while to steady and embed.

Our plan for the next three years will be delivered through a transformation programme for primary and community services. The programme plan sets our ambitious priorities to innovate and redesign community and primary care services, both planned and urgent care, including access to the services offered by our independent contractors, and is supported by enabling work streams for digital, estates and workforce redesign, as set out in the image below.



Specific priorities for Primary Care in 2023 - 2024 and beyond include:

- **Development of locality integrated teams comprising:**
 - Cluster/ locality teams supported through locality planning groups;
 - Community network: a place based approach to effective multi-disciplinary team (MDT) support and collaboration with community assets at a hyper local level;
 - Urgent community care – responding to need within specified timeframes based on effective triaging with a wrap-around intermediate care MDT;
 - Navigation hub to direct patients to the right care in the right place at the right time.
- We will develop a new integrated **urgent and emergency** care model that will join up urgent, community and primary care services and will utilise the development of the Navigation Hub to do this. We wish to further integrate urgent and emergency care with other contractors such as dental and eye care. Pathway improvements for patients who have accessed hospital services on an unplanned basis will be developed through the community services and community hospitals programme and will include further development of discharge to recover then assess pathways, and will be reported, in line with requirements.
- **Population health:** our goal is to work towards encouraging people who have a health condition to take an increasing role in looking after their own health. Services such as care navigators in general practice and the WISE service will support patients to do this and patients will be guided by coaches and encouraged to make behavioural change.
- **Tackling Health Inequalities** utilising the Accelerated Cluster Development programme and Locality Planning Groups to identify priorities and apply proportionate universalism. Alongside this will be focused programmes such the North Bridgend Locality Planning Group, to include development of plans for the redevelopment of Maesteg Hospital.
- **Improving and enabling equitable access to all the Primary Care Contractor Services** is a priority going forward and the Care Group and will endeavour to support contractors to do this. Improvement in access will be supported by
 - Increased usage of online consultations and self-care digital options
 - Continuous learning from patient experience via the national patient survey

- Achievement through the national access standards and more joint working between contractor professions
- **Mental health** - The development of locality cluster planning groups and the transformation of community services will seek to ensure services are better developed and more co-ordinated for patients with mental health needs. Local Authority and third sector will be pivotal in the development of pathways and will incorporate long term conditions, dementia, and learning disabilities.
- **Dental services** - opportunities to use recurrent funds more flexibly and this is being addressed through the re-tendering of contracts to ensure it is in the right place and sustainable.
- **Eye care services** – Through a number of actions we are seeking to improve access and extend the use of our eye care services for patient benefit. This includes:
 - Additional Optometry Advisors recruited to support eye care pathways
 - Further schemes to support the shift of delivery of services from secondary care to primary care including: wet age related macular degeneration (AMD) urgent referral refinement scheme developed due to start March 2023. 8 optometrists will assess patients and refer to hospital eye Services if Wet AMD detected/monitor in practice/refer to different specialty/refer back to practice
- **Redevelopment of Maesteg Community Hospital**, as previously described.

The time-bound plans for primary and community care services development are set out in the care group delivery plans. The ministerial templates for primary care (Appendix 1) pathways of care (Appendix 2) and urgent care (Appendix 3) provide further detail.

MENTAL HEALTH AND LEARNING DISABILITIES



Our Mental Health and Learning Disabilities Care Group is developing a whole system integrated vision governed by the following objectives:

- Working with communities to prevent ill-health and create health
- Improving care for all and being innovative and ambitious
- Inspiring people staff, partners and communities to build upon strong local relationships and solid foundations of the past.
- Sustaining our future by ensuring best value services, working with public staff, people with lived experience and other partners to provide better value for our residents and their carers in environments that reduce the carbon footprint whilst delivering sustainable and safe care as locally as possible;

OUR SERVICES

A wide range of Inpatient and Community Mental Health services are delivered for the whole life course (child and adolescent mental health (CAMH), adult and older adults' services) across the Health Board with significant partnership working with our LA and third sector partners. We provide provides 15 inpatient services across 5 hospital sites and 2 community sites comprising; adult acute wards – 76 beds, 38 beds in rehabilitation units – 38 beds and 76 beds for older adults. The Health Board is also the provider of a regional CAMH inpatient service.

There are 42 community services for adults and older adults provided across the breadth of the health board's geography mainly from a number large integrated buildings but with some still a run from smaller standalone sites. We also provide three day units for older adults. In addition to directly provided services, the Health Board has partnerships and service level agreements (SLAs) with a number of third sector organisations, which provide vital services to patients.

OUR PRIORITIES

Drawing on national and local drivers and needs the Care Group's strategy will focus on population wide mental health and wellbeing and will be structured around prevention interventions focusing on reducing risk factors and enhancing protective factors at 3 key levels:

- Primary prevention prevent the onset or development of a problem or condition – aimed at groups at higher risk
- Secondary prevention lower the severity and duration of a condition through early detection and referral to appropriate interventions
- Tertiary prevention reduce the impact of a condition and restore previous health and functioning

A sample of the areas scoped for priority action is set out below; all are aligned to our strategic aims.

<h3>Primary Prevention</h3>	<ul style="list-style-type: none"> • Whole Schools Approach Creating Health • MH in Primary Care– an Integrated Approach and Part 1 services Creating Health • Early Intervention in Psychoses Creating Health • Perinatal Mental Health Creating Health • Suicide and self-harm Creating Health & Improving Care • Dementia Standards - Community Engagement & Dementia Creating Health
<h3>Secondary Prevention</h3>	<ul style="list-style-type: none"> • 111#2 urgent and routine single point of access Improving Care • Wellbeing Retreats and alternatives to admission - All Age Improving Care • Psychiatric Liaison Model Improving Care • A Psychologically Informed Workforce Inspiring People & Improving Care • Dementia Standards - Hospital Charter & Learning & Development Improving Care
<h3>Tertiary Prevention</h3>	<ul style="list-style-type: none"> • Inpatient care models and accommodation Improving Care & Sustaining our Future • Substance Misuse Detox Models & Pathways Creating Health & Improving Care • Annual Health Checks – WISE Programme Creating Health • Learning Disability in Primary Care and secondary acute care Creating Health • High Intensity Rehabilitation – Inpatient Improving Care & Sustaining our Future • Community Rehab bed & community models Improving Care & Sustaining our Future • Dementia Standards - Memory Assessment & Metrics Improving Care

During 2023-24, we will focus on a number of improvement areas:

- Inpatient services improvement programmes (adult and older adult)
- Linked to the Six Goals for Urgent and Emergency Care, improving unscheduled mental health care and strengthening crisis options by:
 - Implementing 111 press two on a 24/7 basis for urgent mental health issues. (Appendix 10)
 - Strengthening our Crisis and Home treatment teams to avoid admission and allowing for more care to take place in the home environment.
 - Building our Mental Health liaison service into a more resilient team, thus reducing the risk of Mental Health patients being admitted to or remaining in acute medical wards.
 - Ensuring our new Functional Model for hospital admission is appropriately resourced and pathways clarified to ensure a smoother inpatient flow with reduced inpatient flow.
 - Providing alternatives to crisis hospital admissions by creating a well-being retreat and potentially non hospital beds longer term.
- Supporting people with dementia to live well in the care home sector and reduce conveyancing where accessing secondary care services adds little value and assessing planned services for patients with dementia to develop an effective model to inform plans for 2023-26.
- Developing a strong and effective rehabilitation service by:
 - Working towards a single site rehabilitation hub to combine resources within a single setting to provide value to patients and create more efficient use of staff resources
 - Strengthening our community outreach services to avoid admission particularly within Bridgend
 - Creating an inpatient rehabilitation/complex female trauma service to avoid the need for these patients to access independent sector placements, enabling services to be provided closer to home and in a more efficient way.
- Developing a future model for substance misuse services incorporating non-bed based services.
- Developing an effective planned care model which will addresses the significant outpatient list across mental health primary and secondary care that has developed since the COVID pandemic and achieve all Tier 1 targets (Appendix 11). Key actions include:
 - Developing a specific pathway for ADHD patients will allow this patient group to be seen in a more efficient and streamlined manner and enable secondary care clinics to be freed up, thus reducing waiting lists in both areas.

- Through the Regional Dementia Action Plan developing an optimal model. This will include work to develop a memory assessment clinic model utilising a wider group of allied healthcare professionals to assist with assessment and diagnosis to reduce waiting lists and allow consultants to focus on providing treatment interventions.
- To deliver sustainable services in the wake of a high demand for lower intensity mental health advice and intervention by 'shifting left' to a mental health in primary care model aligned to clusters / locality planning groups. Funding was made available in 22-23 to address this and once the model is fully implemented, it will impact on the referrals to Part 1 Local Primary Mental Health Support Services.

Enablers that will be key to our success include:

- A more detailed workforce plan aligned to key areas of the Health Education and Improvement Wales 10-year mental health and social services workforce strategy.
- A digital strategy – the pandemic has given greater confidence that digital and remote interventions work well, so alongside more traditional offers each area of strategic work as set out in this plan, digital offers will be considered. This enabler will also include the improvements required to clinical record keeping, both a clinical record system and the business processes that underpin effective clinical services.
- An estate strategy that will involve joint working with Primary Care and Community Care and Child and Family Care Groups as well as Local Authorities to ensure the alignment with capital funding under the Regional Partnership Board. A major capital need will be an improved inpatient mental health facility, there is recognition that this would be some years off so short and medium term options for improvements in these areas of estates will also be considered.

LEARNING DISABILITIES

Specialist learning disability services for residents of the health board area are provided through a commissioned arrangement with Swansea Bay University Health Board, with non-specialist services provided by the health board.

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

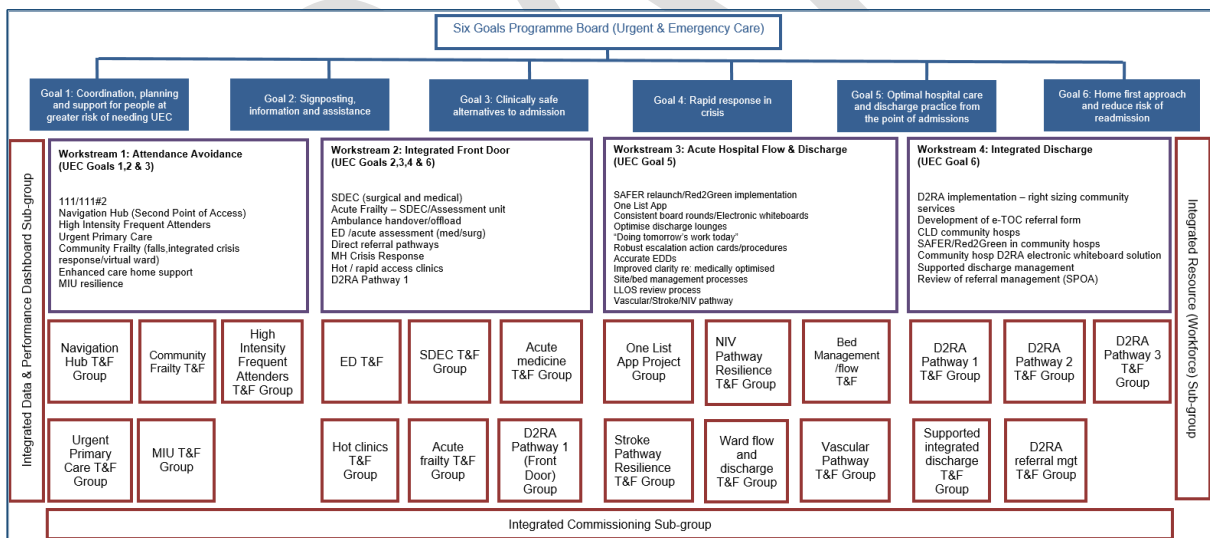
During 2023-26, we will continue to implement the requirements for the Improving Lives Programme. Within the health board this will continue to drive our actions in primary care to reduce avoidable and premature deaths through early intervention, prevention and accessible services. This is to be achieved by continuing to improve the take up and quality of annual health checks to monitor and identify health needs early and work towards one GP register that captures population health needs. There is currently a Directed Enhanced Service (DES) in place for the provision of general medical services for adults with severe learning disabilities. This DES is intended to assist local partnerships to use enhanced services to deliver better healthcare to patients with a learning disability.

URGENT AND EMERGENCY CARE



Urgent and emergency care services have experienced continued high levels of demand throughout 2022-23. Progress towards improving the Health Board’s performance against key measures has consequently been slower than planned. A range of interventions have been put in place throughout the year, to support urgent care performance. These include the Navigation Hub, launched in December 2022-23 and has been demonstrating positive results in terms of reduced conveyances following a Welsh Ambulance Services Trust (WAST) contact, in addition we have implemented new discharge to recover then asses (D2RA) pathways to support patients to return home quicker and opened a new ward at the Princess of Wales Hospital We remain committed to improving access to urgent and emergency care services and our plans for 2023-2026 seek to increase the pace of improvement through consolidating the work of the previous year.

The Health Board’s partnership Six Goals Programme Board comprises four work streams aligned to the Six Goals for Urgent and Emergency Care with the goal of delivering improved population health and wellbeing outcomes, safe and quality-centred services in the right setting and the wellbeing of our workforce. The Six Goals plan structure is set out below.



Building on the developments of 2022-23, the key priorities for 2023-2026 are set out below, aligned to the Six Goals for Urgent and Emergency Care.

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

Through our population health approach, supported by the WISE programme, we aim to develop an MDT response to population segmentation, to embed a preventative ethos across all levels of care at practice and cluster level and to support activities for admission avoidance.

We will develop an unscheduled, primary and community response through a wrap-around MDT which is time limited and promotes care at home. This development incorporates:

- A falls service, including consultant led community falls clinic for complex cases
- Intermediate Care Services – supported by virtual ward, telehealth and digital solutions
- Model to be facilitated through Locality Planning Groups.

Goal 2: Signposting to the right place first time

The further development of the Navigation Hub is fundamental to our aim to robustly respond to unscheduled needs of our patients, ensuring patients are able to access the right services, at the right time and right place. Key features of the hub are that it will:

- Taking referrals from health and social care professionals, e.g. care homes, GPs, 111 etc.
- Be fully integrated with the community team
- Have effective links and pathways with emergency departments and Local Authorities.
- Be supported by a directory of services (DOS.)

Goal 3: Access to clinically safe alternatives to hospital admission

Fundamental to achieving the goal of delivering alternative services to enable our residents to access urgent and emergency care without needing to be admitted to a hospital will be:

- Following the development of **medical same day emergency care services (SDEC)** supported by the Navigation Hub, the next step is standardisation of delivery across the Health Board localities. Key milestones are set out in a time-bound plan in Appendix 4 and include: developing a seven-day appointment system for SDEC (Q2), and WAST direct access (Q3).
- Implementing the outcomes of the Acute Frailty ask and finish group to develop the acute frailty offering at the front door and flow into and out of hospital.
- Review and revision of escalation procedures and processes.

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

The Health Board's Flow Centre directly supports patients, but also supports clinicians including Ambulance Crews to access alternatives to emergency departments (ED) making those who have to attend ED can access assessment and treatment more quickly, and people who can be assessed and treated elsewhere can access less crowded facilities. The directory of service will also enable people to access the right services at the right time.

Our commitment to improving ambulance handover times for our patients will be supported by a new, Health Board wide "Safe 2 Start" template, which is nearing completion and will be launched across the three acute sites and will ensure early moves out of the emergency department. Further details are in Appendix 5.

Goal 5: Optimal hospital care following admission

The delivery of e-Whiteboards for our hospital settings during 2022 was a key milestone in our plan to ensure effective patient flow and support our D2RA implementation. These support effective discharge planning supported by improvements to board rounds.

Next steps for our patient flow programme include the embedding a standardised process with expected outcomes for safety huddles, supported by the Safe 2 Start process and implementation of Red to Green days across our sites.

Work to right-size our community services continues, informed by our previous work with the NHS Wales Delivery Unit, Rightsizing Community Services. We continue to work in partnership with our Local Authority partners to develop our out of hospital capacity, aligned to demand so people can access care in a timely way. Key constraints to this work include the collective workforce challenges and financial constraints experienced across health and social care in Wales.

GOAL 6: Home First and Reduced Risk of Admission

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

During 2022-23 we launched our D2RA hub and, in collaboration with our Bridgend Local Authority partners, we opened our first D2RA pathway 3 beds. We are seeking to extend the provision of pathway three beds across the health board footprint.

During 2023-24 our Integrated Discharge Board (developed from our work stream 4 group) will oversee and review the process for D2RA implementation, full operationalising of the D2RA hub, including targeted interventions for community hospitals and community wards, and commencement of full data reporting for D2RA to the board and Six Goals Programme Board.

The wider Urgent and Emergency Care Group key priority areas are to:

- **Major trauma** – to ensure compliance with regional standards for major trauma care.
- Implement the recommendations of the **Critical Care** re-configuration programme.
- Continue to support the development of a robust **stroke pathway** from acute hospital setting through to rehabilitation elements, supported by a multi-professional team.

Following the successful implementation of the Prince Charles Hospital improvement programme, further work will be incorporated into business as usual arrangements and the Six Goals Programme. The remaining two original HIW improvement actions for the emergency department would require significant capital investment to fully re-design the footprint. However given the introduction of new ways of working and delivery models being progressed under the Six Goals Programme, the capital re-design requirements identified by the team in 2021 would need to be re-evaluated once the changes have been embedded. The focus for the clinical services teams is to maintain the improvements made and to continue to embrace the culture of continuous improvement.

The assumptions for unscheduled care, reflected in the MDS, are that during 2023-24, we will:

- Ensure more of our patients are treated within 4 hours
- Aim to eradicate all over 4 hour ambulance handovers
- Reduce the length of time patients are waiting for a bed on a ward
- Ensure more patients are assessed at home for their ongoing care needs
- Reduce the length of stay of our patients.

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CHILDREN AND FAMILIES



The Children and Families Care Group incorporates services to children and young people, maternity and women's health plus sexual health and comprises directly provided and commissioned services.

PRIORITIES

The Children and Families Care Group key priorities for 2023-24 are:

Prevention and safeguarding

The Care Group delivers a number of services that are targeted to improve outcomes in terms of healthy lifestyle, injury prevention, and disease management; for example Health Visiting, Flying Start, Community Midwifery services and elements of the Families First / Resilient families' contracts. Supporting this work remains a high priority as we develop a Health Board wide Children and Families Safeguarding service and explore develop and deliver sustainable models and delivery of health visiting, community paediatric and school nursing services. In Obstetrics, we will continue to deliver prevention improvements with a focus on improving maternal and child health. We are committed developing infant feeding support, which supports wider work on childhood obesity prevention.

Planned care

In line with ministerial expectations for service access, the Care Group will continue to strive to deliver a planned care system where demand and capacity are in balance, where waste, harm and variation are reduced and where we sustainably make the best use of the resources available. Constraints, linked to theatre capacity for Gynaecology Services will continued to be addressed and mitigated by efficiencies and collaborative working supported by the GIRFT programme. The Care Group will also be developing and co-locating some gynaecology services in a Women's hub to increase capacity and provide timely access to rapid access services, including hysteroscopy and colposcopy procedures. We will also review our health board wide integrated Sexual Health Services and full integration of a targeted programme for vulnerable women (CHOICE).

In children and young people's services we will work to develop a sustainable neurodevelopment service incorporating integrated pathways, in collaboration with schools and Local Authority partners.

Unplanned (emergency) care

The Care Group will aim to have an unplanned care system that provides the right care, in the right place first time. We recognise that a proportion of patients are admitted who, with better systems, pathways, access to specialist advice and diagnostics in primary care could be more appropriately treated without requiring admission. Plans are being developed for a range of both community, mental health and secondary care based service improvements within the 6 Goals programme.

Transformation

The Care Group continue delivery of transformation programmes of work to improve maternity and neonatal services. This will be delivered through a planned comprehensive programme of quality improvement work and staff support and development. Other services that we will be working to transform include the gynaecology cancer services, paediatric bladder and bowel service, paediatric diabetes services and health board wide rare diseases activity. Where possible we will be looking to incorporate digital solutions as people's approaches to health care develop. Transformation needs to be underpinned by high quality information to identify issues and measure improvement. We will work with Information and public health colleagues to achieve this.

Quality, Safety and Patient Experience

The Care Group will continue to develop patient-centred services. There will be particular focus on women's choices for childbirth and the development and use of PROMS and PREMS to inform monitoring for assurance and improvement. We will also focus on effective management of risk, optimising use of quality assurance processes and sharing learning across the Care group and beyond.

Workforce

The Care Group is committed to strengthening, supporting and developing staff. The Care Group leaders will work alongside staff as we innovate, engage, motivate and develop new ways of working across all services. We will also work with HEIW and education providers to secure and provide a range of education and training opportunities. We recognise that staffing resources need to be carefully aligned to need and the roles of highly specialist midwives, nurses and medics can be complimented by a range of staff roles thus delivering activity prudently. The Care group will manage and mitigate the difficulties identified in the medical staffing requirements and will work to ensure that staffing is aligned and compliant with the requirements of the Safer Staffing Act (2016) and BAPM for paediatric nursing and neonatal nursing respectively and Birth-rate Plus compliance for Maternity Services.

Environments

The Care Group will seek to provide suitable equipment and environments for service delivery in community and hospital venues. Spaces will meet regulatory requirements and meet the needs of the children, families and staff that use them.

Value and financial balance

The Care group will focus on developing the skills of budget holders to effectively manage budgets and reduce waste. A vacancy scrutiny panel will be established and there will be a review of workforce establishment. There will also be a focus on non-pay costs with procurement colleagues. All transformation work will be delivered with a focus on value-based pathway development and minimising waste, harm and variation.

PLANNED CARE INCLUDING CANCER



During the 2023-2026 period, the Planned Care Group's aim is to further progress towards the recovery of elective care and to move towards sustainable services. Our plans are founded on the national recovery principles for Wales:

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

The Planned Care Recovery (PCR) Programme is focused on prioritising developments in areas of high-risk and of high impact, to ensure value driven improvements. Given the size of post-pandemic backlogs and length of waits, it is essential for the plan to ensure that there is short-term capacity to maintain waiting times and access while medium- to long-term developments are progressed. A full PCR programme review has been undertaken to inform priorities for investment in 2023-24.

PRINCIPLES

The recovery programme principles we set out have been reviewed and refreshed.

- We will continue our outpatient transformation work to ensure we operate efficient pathways through maximising the contribution of technology and patient education/support, and alliance pathways for robust referral management. (Detailed outpatient plans are included in Appendix 6)
- Continuous validation will ensure that demand and capacity plans are robust and accurate.
- We will reconfigure services to maximise elective capacity and work to maximise productivity and minimise growth in demand wherever possible.
- We will pool waiting lists and equalise waiting times across the HB and specialties although clinical prioritisation will remain the over-riding factor.
- We will work to the new policy for interventions not normally undertaken (INNUs), with the value programme being directed to support the more challenging planned care pathways.
- We will work with both insourcing and outsourcing providers to deliver additional capacity.
- We will work to deliver sustainable service development through pathway redesign.
- We will work in partnership with other health boards in the region to improve access and timeliness of care

DEMAND AND CAPACITY

We continue to refine our approach to demand and capacity assessment following investment in assessment for five specialties by Grant Thornton during 2022-22 and further work undertaken by the Health Board's Information service for all specialties in order to identify the gaps and solutions required to meet them on a short and long term basis. The outcomes of this work are included in the accompanying minimum dataset (MDS).

MINISTERIAL MEASURES

The HB is working towards the following ministerial measures for delivery in 2023-24:

Measure/ deliverable	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Delivery of the 104 week target for stage 4	Most specialities	Gynaecology Improvement trajectory other specialities	ENT Urology (Improvement trajectory other specialities)	Neurodevelopmental Delivery for all specialities with minimal breach numbers in 3 areas.
Delivery of the 52 week target for stage 1	All but 5 specialities	Dermatology	ENT Ophthalmology Urology	Orthodontics/ Restorative Dentistry
Move towards 36 weeks RTT standards by March 2024	Improvement trajectory	Improvement trajectory	Improvement trajectory	We will work towards 78 weeks for most specialities.
Improvement trajectory towards 75% of patients starting their first definitive cancer treatment within 62 days	48%	56%	62%	70%
Reducing follow up by 25% against 2019/20 levels by October 2023	Improvement trajectory	Improvement trajectory	Improvement trajectory	Improvement trajectory
Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024	Finalise model and specifications for CDCs	Operational mapping and procurement to commence	Implementation activities – site	Implementation of first CDC

While delivery of referral to treatment pathways within 36 weeks will not be possible by March 2024 the Health Board has set an intermediate target of 78 weeks moving towards the 36-week target during the remainder of the three year plan period. Further details of our plans are in Appendix 7.

PLANNED CARE PRIORITIES

While not an exhaustive list, some of our priority areas for action during 2023-24 are set out below.

Outpatient transformation

Our outpatient transformation work will continue during 2023-24, supported by the Programme Office and delivered in accordance with an established model. The work programme has been developed by priority area, for example specialities with the highest waiting list volumes and includes the following projects:

- See On Symptom/ Patient Initiated Follow Up Project
- Attend Anywhere/ VGC Project
- WPRS Project
- Validation Project
- Advice & Guidance Project
- Outpatient Utilisation Project

Service redesign and transformation

Service redesign is a key component of our plan and this includes plans to develop integrated primary and secondary care pathways. During 2023-24, we will develop an intermediate dermatology service and develop community-based ENT services.

During 2023-24, we will be continuing the implementation of our Trauma and Orthopaedic sustainability plan which comprises reconfiguring trauma services releasing an additional theatre for inpatient elective operating at the Royal Glamorgan, implementing new pathways providing a minimal stay in hospital.

Opening additional day surgery capacity at the Princess of Wales Hospital to support improved access for gynaecology, ENT and urology operating.

Embedding of the new one stop gynaecology assessment unit at the Royal Glamorgan Hospital

Development of the Royal Glamorgan as the Head and Neck inpatient hub for the Health Board

Working in partnership with Cardiff and Vale and Aneurin Bevan Health Board we will provide a regional cataract service.

Following the opening of the Snowdrop Unit (February 2023), which provides a one-stop-shop to access first assessment and diagnostics, we will complete the implementation of our breast surgery pathway transformation with repatriation of services for Bridgend residents from Swansea Bay UHB.

Cancer services

We will continue to work towards all national optimum clinical pathways to be fully embedded into local service delivery, and include both pre-habilitation and rehabilitation facilitated through action plans with each tumour site and supported by further development of business intelligence. We will also participate in regional collaborative developments including acute oncology, AOS, prostate self-management, C the Signs and the Transforming Cancer Services Programme.

Service developments to support cancer service improvement include:

- **Breast:** A radiology locum has been sought and during 2023-24 additional breast surgery capacity is planned.
- **Lower gastro-intestinal:** The FIT screening programme for colon cancer is underway for planned implementation in April 2023.
- **Urology:** Appointment of a new surgeon and investment in additional LAPB lists.

Lung Health Check Pilot Project - Following a scoping report that was undertaken by the Wales Cancer Implementation Group in 2019, demonstrating the evidence in favour of targeted lung cancer screening, it was proposed that a pilot should be undertaken in Wales. This would be used to test the service within the context of the Welsh NHS and it was agreed that this would be delivered within Cwm Taf Morgannwg UHB.

The Health Board is therefore working in partnership with the Wales Cancer Network's Lung Health Check Programme Team to deliver this pilot, with support provided by a range of industry and third sector partners, incorporating funding support provided as part of a grant by Tenovus Cancer Care,

Moondance Cancer Initiative, Roche, BMS (Bristol Myers Squibb), MSD (Merck Sharp and Dohme (UK) Limited) and funding support provided as sponsorship by Novartis.

Detailed planning for the delivery of this service is under way, with an aim to invite those aged 60 to 74 that are current or ex-smokers within specific GP Practices in the Rhondda area, with an aim to commence activity in summer 2023. The learning from this pilot will be used inform the potential future roll out of the service across Wales, as supported by the UK National Screening Recommendation that was published in September 2022. Further details are in Appendix 8.

USE OF PLANNED CARE RECOVERY ALLOCATION

The recurrent funding of allocation for 2023-24 to support sustainable and transformational change has been focused on whole pathway improvement from diagnostics (with the intention to develop a community diagnostics centre) to treatment, with additionality focused on high-risk and high-volume specialities.

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DIAGNOSTICS THERAPIES AND SPECIALITIES



With a remit covering the whole system, the Diagnostics, Therapies and Specialities Care Group's vision is to work effectively with all care groups to deliver benefits for patients across the life course and in particular to support our preventive agenda and improve access to key services to improve care and consequently, patient outcomes. The Care Group comprises Radiology, Pathology, Therapies and Pharmacy and Medicines Management services.

MINISTERIAL MEASURES

The Care Group has an important contribution to a number of key programmes and ministerial objectives including: primary care access, urgent and emergency care, pathways of care and planned care and cancer improvement and constituent diagnostic requirements

PRIORITIES

Our priorities for 2023-24 are set out below:

Radiology

Our short term objective is to improve waiting times for our patients to deliver access within 10 days for suspected cancer referrals, under 4 weeks for urgent referrals, and return to achieving the under 8 weeks target for routine referrals to assist recovery plans. We will achieve this through:

- Demand and capacity assessment and process mapping to drive efficiencies with developments including continued rollout of electronic requesting and implementing electronic vetting to deliver faster receipt of referrals, clearer information and improve overall patient waits.
- Development of the out of hours radiology services.
- Redevelopment of radiology services in Prince Charles Hospital is expected to deliver improvements in patient flow and much improved environments for staff and patients.
- Diagnostics is a priority area for development within the planned care recovery programme and the health board is working with partners to develop regional capacity. This is described in the regional planning section and Appendix 9.

Pathology

The Pathology service comprises four sub specialities that are fundamental to diagnostic pathways, and the flow of patients through our health services across primary, secondary and tertiary care. These are Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology. During 2023-24 we will:

- Provide a FIT (colorectal cancer screening) service in conjunction with Gastroenterology and primary care teams to ensure access to further diagnostics for symptomatic patients.
- Deliver INR self-testing for patients using anti-coagulants, in collaboration with primary care.
- Develop the pathology estate to ensure it is able to deliver an efficient and effective service.
- Work with Swansea Bay University Health Board to confirm the future of pathology services for the Bridgend population.
- Implement digital pathology approaches including the use of artificial intelligence across all areas of Pathology. This includes the national laboratory information management system.
- Develop and implement our three year workforce plan, in liaison with regional and national partners and developments, to ensure we are able to provide a sustainable workforce and reduce reliance on locum staff.
- Work with Health Board partners to develop regional pathology services, with an initial focus on cellular pathology, as set out in the regional planning section and Appendix 9.

Pharmacy and Medicines Management

The Pharmacy and Medicines Management service comprises direct services in acute and community hospitals, a broad and developing service in General Practice which includes delivery of clinical pharmacy, prescription management and medicines safety and efficiency work, close working with community pharmacy colleagues to deliver public health initiatives including vaccination, specialist services, including support for patients who are treated within services for interstitial lung disease, rheumatology, heart failure, pain, mental health, addictions and Your Medicines @ Home. During 2023-24 work will include

- Effective use of specialist prescribing pharmacists to support waiting list initiatives.
- Supporting accelerated cluster development to redesign primary care services.
- Continue collaboration with GP surgeries to improve prescribing quality and reduce unnecessary costs.
- Preparing for the implementation of electronic prescribing and medicines administration.

Therapies

Therapies is comprised of Nutrition & Dietetics, Occupational Therapy, Physiotherapy, Podiatry and Orthotics and Speech and Language Therapy Services and the teams deliver direct clinical services across all age ranges within our population. Services are provided in acute hospital settings, in outpatient clinics, the community, schools, primary care and patients' homes (including care homes).

We have reviewed the demand and capacity for each service, alongside job planning activity. There have been a number of changes in practice through the last few years due primarily to COVID 19 and there is ongoing re-establishment of services to ensure modalities are working to capacity.

Our priorities for 2023-24 are:

- Development of therapies support for stroke services.
- Development of a rehabilitation model and long term conditions programme including pulmonary rehabilitation, cardiovascular rehabilitation, Long COVID, weight management/diabetes and cancer.
- Development of an integrated weight management service for children and young people and adults.
- Review of service level and long term agreements for services provided by other health boards.

REGIONAL PLANNING AND COMMISSIONING

The Health Board remains committed to both national and regional collaboration for the benefit of the wider population and has progressed regional plans during 2022-23. During 2023-2026, the Health Board is committed to the realisation of plans to deliver new service models on a regional basis.

SOUTH WALES REGIONAL PORTFOLIO

Background and Principles

In August 2022 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg (CTMUHB) reviewed and renewed their commitment to regional working where clinically appropriate and committed to four programmes of work, with each Health Board taking responsibility to 'host' a programme of work. These programmes operate under the umbrella of a single portfolio to ensure consistency of approach and direct executive level line of sight to delivery.

The programmes of work within the scope of this regional portfolio include **Ophthalmology**, hosted by ABUHB, **Orthopaedics**, hosted by CAVUHB, **Diagnostics**, hosted by CTMUHB and **Stroke**, hosted by CAVUHB. The stroke programme is currently a partnership between CTMUHB and CAVUHB only.

Each of the region's programmes are summarised below. A programme definition document has been developed for each programme that clearly articulates and baselines the programmes objectives, scope, intended outcomes, approach to delivery and timescales / critical path for delivery. These documents provide an additional layer of information and are available upon request.

Ophthalmology

The Ophthalmology programme will continue to progress in 2023/24 in the context of the South East Wales Ophthalmology strategy which has recently been endorsed by the three organisations. The link to which can be found here - [Regional Ophthalmology Strategy 2022-2025 \(office.com\)](#)

Focused work will continue to progress in order to complete the first phase of this strategy- *to implement an interim regional cataract solution* (during Q1 of 23/24). This solution will subsequently pave the way for a sustainable long-term solution to be implemented from 2024-25 (Year 2 of this IMTP). A principle of adopting a regional patient treatment list remains a cornerstone of this work. 2024-25 will also see a focus on developing a Regional Vitreo Retinal Hub and Regional Out of Hours arrangements.

Diagnostics

I. Community Diagnostic Centres

In September 2022 the Chief Executives across CAVUHB, CTMUHB and ABUHB collectively supported the principle of progressing regional diagnostic solutions through the implementation of Community Diagnostic Centres (CDC) across South East Wales. There is clinical consensus any service development undertaken regionally must meet the following key criteria:

- Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region
- Developments deliver an increase in capacity
- Developments will be founded on seeking sustainable solutions to demand backlogs.

This project will source NHS-based options where feasible and alongside this, a service specification is under development is for the procurement of a number of CDCs to be situated throughout the region to ensure accessibility, with the strategic ambition to have the first CDC 'live' during Quarter 4 2023-24. Feasibility studies will be undertaken for site selection and this includes feasibility assessment of the Llantrisant Health Park to consider if this site is a suitable for location for a Community Diagnostic Centre.

II. Endoscopy

This is a long standing project that has established a good common understanding of the causes of the challenges faced in service delivery including variation in practice, workforce policies, capacity, training and IM&T systems. This is led by the National Endoscopy Programme. There is commitment to a form of regional working within the context of the NEPs work that includes:

- A single service model across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support BSW screening optimisation
- JAG accreditation across all facilities (actual or equivalent)
- Single team – with common roles, responsibilities, SOPs, skill mix and staff rewards (banding etc.)
- Single waiting list – recognising work needing to be undertaken to get there (validation etc.)
- Shared approach to effective training, working in collaboration with HEIW via an Academy model
- 'Good enough' IM&T systems to share data including e referral, reporting and onward referral. Right interface with FIT testing results.

Immediate next steps through 23/24 include:

- The need to review membership of existing regional endoscopy planning groups
- Articulate the required service model
- Agree an implementation work plan – building on NEP work plan
- Prioritise work towards universal JAG accreditation and completion of agreed baseline waiting list validation
- Plan a further endoscopy specific event with wider clinicians
- Undertake feasibility studies regarding potential options including the Llantrisant site.

III. Pathology

A Regional Pathology Steering Group has been established recognising the fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis.

The project has been created to oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service. All pathology disciplines will be included in this work however it was recognised and reinforced at the planning conference that in the first instance the focus will be on Cellular Pathology.

It is accepted that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service collaboration and integration, and this should therefore be the key work stream for progress in 2023/24. In support and anticipation of this, Health Boards will review workforce plans and areas of potential advance collaboration e.g. training and accreditation to ensure that services are in a position to progress on a timely basis later in the year. Essential continuity and recovery plans will also be progressed at each local level.

Orthopaedics

The strategic focus of this programme is three pronged;

- To systematically adopt best practice across the region
- To optimise underutilised capacity, and identify options to provide HVLC capacity to address existing backlog and unmet demand.
- Identifying what can be achieved in the short term with the current workforce and infrastructures across the region.

In delivering these areas the programme will work closely with the Wales Orthopaedic Network exploring the National Clinical Strategy and the Getting it Right First Time (GIRFT) recommendations. Through the early part of 23/24 there will be *proof of concept* test regarding the proposition for an interim HVLC hand and wrist solution at the County Hospital in Pontypool given there is the *potential* opportunistic availability of estate at the site.

Regional Diagnostic and Treatment Centre for South East Wales

As noted in the transformation section, the development of the Llantrisant Health Park presents new opportunities for the South East Wales region. A sixth programme within the regional planning mechanisms is currently being stood up- the Llantrisant Health Park Infrastructure programme. Whilst this is a CTMUHB owned programme (as the legal owners of the site) it is being embedded within existing regional planning mechanisms in recognition that it will be a regional facility. The Regional Diagnostic and Orthopaedic programmes will be central to the necessary service planning required to realise the Health Park.

For the remainder of 2022-23 and the first part of quarter one 2023-24 the region will agree regional planning arrangements in relation to this opportunity. This will also be undertaken in partnership with the Welsh Governments Associate Director of Regional Planning and other key stakeholders including relevant Clinical networks.

SWANSEA BAY AND CWM TAF MORGANNWG SERVICES

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

During 2022-23 work progressed towards disaggregation in orthopaedics and breast surgery, both of which will be completed during 2023-24. A work programme has been developed for 2023-24 which will facilitate developing robust arrangements to maintain cross-boundary services where this provides benefit to both health boards' patients alongside further disaggregation where most appropriate.

TRANSFORMING CANCER SERVICES

In 2023-24 we will continue to work with Velindre and South East Wales Health Boards on the delivery of the Acute Oncology Services model. During 2022-23 the Health Board support business cases for the integrated radiotherapy solution (to provide linear accelerators to meet demand requirements and re-provision of obsolete machinery), a satellite radiotherapy unit which is under development at Nevill Hall Hospital and the full business case for the new Velindre Cancer Centre.

SPECIALISED SERVICES

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

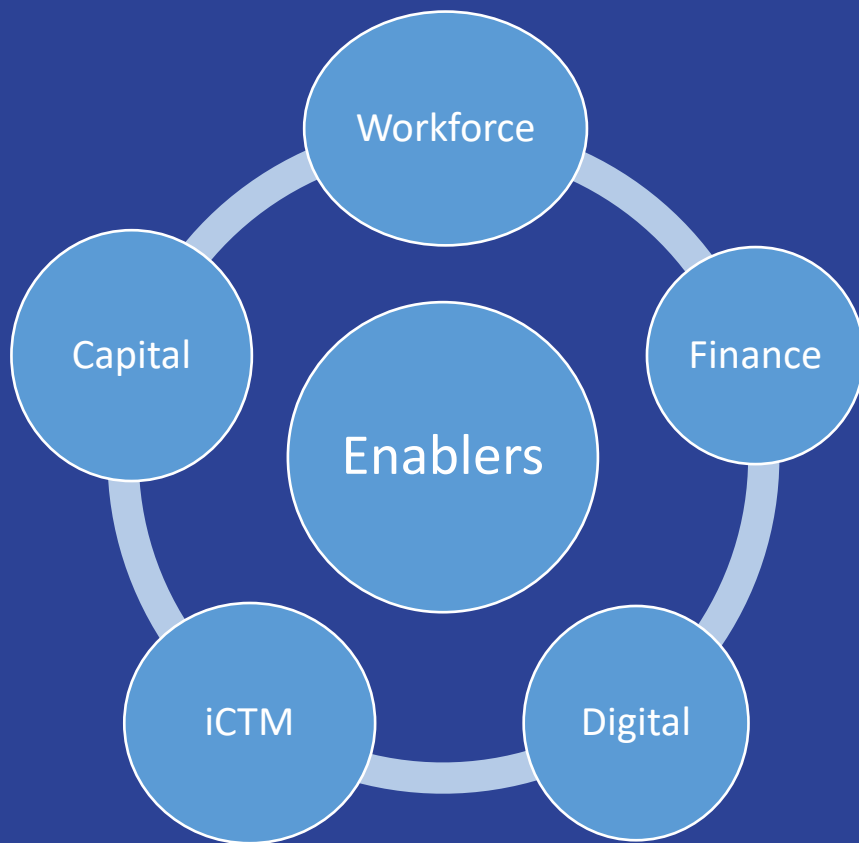
During 2022-23, WHSSC initiated work on a ten-year specialised services strategy, and undertook a 12 week engagement process between 20 September and 22 December 2022. Thematic analysis has resulted in the development of five strategic aims which are due for presentation to the Management Group during March 2023.

Through the established Management Group mechanism, the Health Board has been fully engaged in the processes and decisions that have led to the development of the Specialist Services Integrated Commissioning Plan (ICP) which is due for approval by the WHSSC Joint Committee (made up of the 7 HB Chief Executives). The plan outlines the commissioning priorities for the period 2023-2026 with associated financial requirements.

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

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

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



PEOPLE



As a Health Board we continue to recognise and value our people as our most important asset. Their ongoing commitment, in the face of unprecedented challenges within recent years, continues to be immense. In the past 12 months we have responded to the health needs of our population whilst experiencing a wide range organisational pressures that have included ever increasing demand on our services, system-wide workforce shortages, industrial action, and economic/ financial challenge on both an organisational and a social level. Throughout this the CTM workforce has continued to adapt to new working models and service changes, all the while ensuring that patients and their families receive the best high-quality care. As we move into 2023-24, we will continue to develop our people plan, centred on our ten people priorities. Service and cultural change and transformation are to be at the heart of this.

The organisation faces both an immediate and long-term challenge of ensuring appropriately resourced clinical services with the right workforce, skills, values, and behaviours. The workforce, both now and the future, must be deployed to best effect to enable the delivery ambitious plans across our services within a challenging financial envelope, whilst always providing high quality care.

Our approach to this will be transformational; encompassing multidisciplinary team working, role redesign, new role development, expansion of advanced practice models and a focus on enabling people to develop their careers and work at the top of their license. There is significant opportunity to consider longer term future workforce planning solutions through partnerships and multi-agency across Health and Social Care with Local Authorities and Third Sector and regional working across health to support regional clinical services. The Health Board will engage closely with HEIW (Health Education and Improvement Wales) to support the delivery of *A Healthier Wales* and benefit from national research and workforce planning approaches for the future workforce. It will also ensure that any plans reflect the *National Workforce Implementation Plan Addressing NHS Wales Workforce Challenges* led by Welsh Government.

CURRENT WORKFORCE DEMOGRAPHIC

The Health Board currently employs 11,148.04 whole-time equivalent (WTE) staff, with a headcount of 12,793. 77% of our workforce live within the health board's footprint. The gender split of the workforce is 80:20 female: male. 40% of the workforce is part time and out of the total female workforce 46% work part time and out of the male workforce 16% work part time. Workforce demographics are used to inform our workforce planning and workforce demand and have informed the key supply risks identified below.

WORKFORCE AVAILABILITY RISKS AND MITIGATIONS

Workforce risks	Mitigations
<p>Turnover is at 13.22% and 1,663 staff left over the past 12 months</p> <p>Increased number of leavers from our UHB, and indeed the NHS, particularly citing work life balance reasons (20%)</p>	<p>Employee Engagement, OD, wellbeing and retention work programmes will progress. These will include a focus on work life balance, employment package for older workforce and flexibility for staff (especially within the context of societal pressures around caring responsibilities and childcare).</p>
<p>35% of workforce is aged over 51 with 947.2 FTE aged over the average retirement age (60.1). - Increased retirements resulting in a loss of specialist clinical skills and leadership skills that are hard to recruit or replace</p>	<p>Talent and succession planning and Leadership Development programmes.</p>
<p>National shortages and hard to recruit to posts in key professions</p>	<p>Detailed strategic workforce planning, including:</p> <ul style="list-style-type: none"> - education commissioning of advance skills and the expansion of roles such as ANPs to support alternative workforce models - grow our own initiatives - promotion of flexible routes to becoming registrants
<p>Shrinking recruitment pool to fill HCSW (35% of workforce aged over 51)</p>	<p>Organisation wide recruitment and attraction plans; development of apprenticeship pathways to grow our own workforce; work with Local Authority partners to explore employment pathways across Health and Social Care</p>
<p>Inability to fill critical clinical posts</p>	<p>Workforce plans that engage in multidisciplinary workforce planning, consideration of advanced practice opportunities and role redesign</p>
<p>Significant recruitment and retention issues in areas of the UHB including acute services, community service and Primary Care</p>	<p>Early identification of areas of risk, development of workforce plans, linked to recruitment & retention strategies – to include targeted interventions for high-risk groups.</p>

Continued expenditure on temporary Nursing, Medical and AHP workforce	Improved rostering, recruitment to vacancies, reduced turnover and multidisciplinary workforce planning.
Challenging labour market for Domiciliary Care posts to support health and social care packages attributed to the local labour market and local shortages which directly impacts on hospital discharge capacity	Work progressing to explore recruitment pathways and roles that span Health and Social Care.
Workforce availability associated with new clinical models e.g. Llantrisant Health Park	Workforce planning engagement to support emerging models of care and link to education commissioning requirements
Continued high sickness rates (7.48%)	Ongoing support to managers and continued development of wellbeing offering to support and promote a health and wellbeing focus.

WORKFORCE PLANNING ASSUMPTIONS

- We will continue to strengthen our supply through improved attraction and recruitment. This will include the continuation of overseas nurse recruitment, as part of a wider programme of work to minimise our nursing vacancies through strengthening our pipelines and improving retention.
- Education commissioning and student streamlining processes for Nursing, Midwifery and AHPs will support the recruitment pipeline.
- Focused work through the Value & Effectiveness programme's Medical Productivity and Nurse Efficiency work-streams will reduce temporary workforce spend and seek to maximise efficiency.
- The future clinical & service ambitions of CTM will require a transformation of our workforce. Plans for change will be developed in an integrated way via an equal partnership with specialist input from Service, Workforce and Finance.
- All Workforce planning approaches will be for a diverse and inclusive workforce that reflects all aspects of the community it serves and recognises its place as a major employer in Wales.
- The UHB will continue to influence and engage with national programmes of work, e.g. to operationalise the strategic Mental Health Workforce plan.
- That spend to save opportunities may be required to enable workforce change

WORKFORCE SUPPLY

Our response to the challenge we face and the impact of these as potential constraints to delivery will be informed through the conclusion of the Strategic Workforce Planning project that is currently underway. Outputs from this will include an assessment of our workforce maturity against the following nine themes (see left), along with recommendations and examples of good practice we could look to implement. It will also provide us with the tools we need to refine our approach to workforce modelling, building on the progress we have already made in this area.

We recognise the impact of the changing workforce demographic and profession specific challenges – and as such the following areas will form the basis of our workforce planning:

- Workforce planning across professional boundaries to address skills shortages and build sustainable workforce models. This will encompass further diversification of our workforce to ensure we are fully utilising different models & roles (e.g. Physicians Associates) to enable, allowing higher bands of staff to specialise and work at the top of their licence.
- The development of new workforce models, linked to programmes of change & aligned to strategic priorities e.g. Six Goals and SDEC, Stroke, Critical Care, the Community Hospital Programme, Cluster Development, transformation of Health Visiting Services and the review of School Nursing Services
- Development of roles within our working including:
 - advanced practice skills across acute/community pathways and to address skills gaps across professions
 - alternative clinical practitioner roles including opportunities across community and Primary Care to enable care closer to home
 - the Support Worker workforce through a multi-faceted approach, including engagement with ongoing national work
- Baseline establishments to be reviewed and agreed e.g. in the context of new service models or RCN recommendations. This will enable establishment control and ensure correct complements of staff, taking account of funding models including fixed term tenure and short notice funding opportunities.
- A focus on our brand and attraction strategy
- Requirement for robust succession and talent planning to ensure adequate pipeline of staff and specialist skills to replace staff leavers and retirees.
- A focus on our retention strategy, including an improved understanding of why staff are leaving
- Identification of long-term vacancies with clear plans to address either via attraction/ recruit strategies, alternative pathways or alternative roles
- A review of retirement planning across services including consideration of the employment offering to our older workforce.
- Provide a clear range of pathways to employment facilitated by a developed apprenticeship offering and provision of opportunities through Jobs Growth Wales +, Future Generations Leadership Academy, and Project Search.

- Develop closer links and opportunities to work in partnership with Further Education Colleges and Universities to generate different employment opportunities e.g. Project Search, degree apprenticeships and work placements.
- Ongoing development of staff across all areas
- Close partnership working with local authority & social care organisations, including the development of integrated workforce models
- Development of a multi-disciplinary workforce composition within Urgent Primary Care OOH including an exploration of the employment model for GPs to work OOHs.
- Productivity and efficiency agendas to be progressed through Value & Effectiveness work streams e.g. robust job planning and rota management
- Develop our digital offering with consideration of the key role of technology as an enabler e.g. the Patient Centered Contact project

Our People Priorities

The people agenda is significant for CTM UHB as the organisation sets out its strategic ambitions and direction in CTM2030: Our Health Our Future, the Health Board's clinical strategy. As major employer in the area, CTM can make a real difference through its people being at their best; the best behaviours, skills, talent and opportunities. Our people priorities will be refined into a new People Plan for CTM, articulating the vision and supporting actions necessary to achieve our People and organisational ambitions. Robust and fully integrated service, finance and workforce plans will be essential. Change and ambition are key themes across our people priorities, as we look to build upon the progress we have made as an organisation and our aspirations to be "best in class".

CTM will not be able to deliver its ambitions alone and the continued effective partnership working with stakeholders will be key. Strong partnership working with Trade Unions is as important now as it has ever been. Our ongoing commitment to partnership working with Trade Union colleagues remains important moving forward. We believe the continued strengthening of these relationships is critical to our future success and look forward to further developing our ways of working together, to achieve our shared ambitions for our workforce and the Health Board and moving forward.

Key areas of focus within our 10 People Priorities in 2023/24 are set out below:

CTM is committed to supporting **staff well-being** and ensuring that their experience in the workplace is positive. The CTM well-being offering is ambitious and far reaching as it looks after the psychological and physical health of the workforce and emphasises a preventative, as well as interventive approach. It comprises a combination of services provided in-house by the Well-being Service, alongside public (Canopi) and private sector (Vivup Employee Assistance Programme, Rescape Innovation Ltd) services. The Well-being service also signposts to voluntary sector providers on a need specific basis. The service provides emotional wellbeing initiatives that support self-care, peer support and upskill managers to support their staff. Its physical wellbeing services include Healthy Lifestyles, Barriers to Exercise and Sleeping Well courses. Given the economic challenges experienced by our workforce and their families, the service provides a financial well-being offering, including referral to Food Banks, to ensure staff feel supported in all elements of their lives.

A positive **employee experience** will be achieved by listening to our people through regular surveys roadshows, induction talks, website information, social media, and day to day conversations to understand what works well, what does not and what actions will make CTM a great place to work. A key listening initiative has been the development of the Reverse Mentorship Programme with members from the Race Equality group who are mentoring members from our Senior Leadership team to share their experiences of working at CTMUHB. Following this pilot, we will review in order to listen, learn and improve and based on this feedback the programme will be broadened to other areas as it grows.

A particular focus will be on the Health and Wellbeing of our staff who, from the Wellbeing Survey, do not undertake the government recommended exercise or eat the recommended fruit and vegetables in their diet. To counteract this, we have started a physical wellbeing campaign and are starting a Big Team Challenge to encourage staff to take part in exercise. Alongside this we are introducing independent fruit and veg stalls across the DGH sites selling healthy food to our staff, patients, and visitors, to support the wider population health agenda. In addition, we will carry out a further audit across all DGH ward areas to assess the impact of the initial hydration work carried out in 2022 to ensure that all staff have access to drinking water during the working day.

Whilst these priority areas have been identified, the lens of employee experience will drive the improvement agenda across CTM. This will ensure that the organisation understands the barriers and obstacles to great work experience and, by design, make the working experience better, individuals feel valued and so support the retention of key skills and expertise. Our current **Equality, Diversity and Inclusion** objectives are set out in the Strategic Equality Plan published in 2020. After reviewing the progress made over the last three years, we have now developed a revised suite of equality objectives which we believe should underpin our work for the period 2023 to 2027.

The proposed Equality Objectives are aligned with our overarching CTM 2030 Our Health, Our Future Strategic Goals, the requirements of emerging key national strategic drivers (e.g., Anti-racist Wales; Race Equality Action Plan, the LGBTQ+ Action Plan, the Code of Practice for Delivery of Autism Services, and the developing Disability Action Plan), in addition to the recommendations made in our Annual Equality and Gender Pay Gap Reports. Following a period of consultation, an associated Action Plan will be developed to support the delivery of the proposed equality objectives and will provide clear timeframes and metrics to support in the evaluation of progress and impact. Key areas of work include a review and revision of our EQIA process and introduction of a digitised screening tool to support this work. We are also committed to developing and growing our Staff Diversity Networks and the development of robust Terms of Reference, annual Action Plans, and the appointment of Executive Sponsors for each Network will support them in accessing the resources and support they need to ensure sustainability and impact.

The adoption of new equality objectives will form part of a wider piece of work being undertaken by the Health Board to improve its Equality, Diversity, and Inclusion (ED&I) practices and understanding. Our ambition is to cultivate a truly inclusive culture across CTM UHB where difference is welcomed and embraced, where everyone can bring their authentic self to work and feel that they belong and ensure that every patient has equity of access to the services that they need.

The Health Board is committed to the delivery of the **Welsh Language** Standards and has made significant improvements with the use of Welsh across clinical services. The focus moving forward is to continue with ward auditing to ensure wards are compliant with the Welsh Language Standards and the principles of More Than Just Words; this will include celebrating good practice and focussing

on the real impact of this on patients through gathering patient stories. In addition, further work to embed bilingual practice in their work will be enabled through the development of a Welsh language communications guide specific to CTM and re-establishing a Welsh-speaking staff network to provide support to our Welsh speakers and aspiring Welsh speakers, which will build confidence and the use of Welsh across the Health Board. It will also underpin operational workforce plans to increase the ability of clinical services to be delivered in Welsh.

The development of a supportive, inclusive, and positive **culture** has been progressed through the engagement, launch and use of an enabling set of values and behaviours. While considerable progress at embedding CTM's values and behaviours has been made, there is more to do to see them lived and visible through a clear set of understood and recognisable behaviours; this will be further enabled through Team Behaviour Health Check workshops. This is also supported through a values-based PDR (Personal Development Review), aligned to the Pay Progression process, that enables positive, well-being focused conversations between a manager and staff member underpinned by the values and behaviours. It will also be supported by values-based recruitment processes to ensure we employ people with CTM values driving the right behaviours from the start of their employment journey.

Cultural transformation is integral to service transformation and particular focus will continue to be provided to the clinical services that have been under the spotlight of Targeted Intervention and HIW (Healthcare Inspectorate Wales) reports and where improvement is required. Culture and Leadership plans have been developed and are being delivered across Maternity Services, Prince Charles Hospital, CAMHS (Child and Adolescent Mental Health Services), and Pathology to deliver safe and improved patient care. Building on these cultural interventions the Health Board will implement the Speaking up Safely Framework, to create a culture whereby our staff feel safe and have the confidence to voice their concerns, know they will be listened to and received a timely and relevant response. This work will align to our value and provide value opportunities to listen, learn and improve. The Health Board is learning from work undertaken by Mersey Care NHS Trust to introduce Just and Restorative Culture principles in the management of employee relations, complaints and concern cases, to ensure we fully explore all opportunities to learn from adverse incidents, in an open and trusting way.

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

We are creating the conditions through our **leadership community** to ensure our leaders can be at their best. An ambitious programme of leadership and management development has been developed to ensure all leaders are equipped with core skills to be a great manager; to lead a team with impact and influence, and; to empower senior leaders to create the culture at CTM through their actions and behaviours. Given the plans for transformational service change across the HB (Health Board) the availability of skilled leaders who embrace change and can achieve it with their teams is crucial if CTM is to grow and deliver differently for its population. Our role as an **anchor institution** is a driver to implementing care and services in a way that supports individuals and communities. With a workforce of 12,793 we are one of the largest employers in the area and around 77% live within these communities. As such we have a real opportunity to make a difference to the lives of its population by opening improved opportunities and **employment pathways** that

enable people to gain experience of work and understand the full range of opportunities at CTM. This will include development of the apprenticeship offering; careers discussions with local schools; kick-start programmes; and partnerships with local Universities and Colleges that make a difference to the communities we serve. As a real living wage employer, we will also continue to support our staff in responding to the cost-of-living crisis and build on our successful introduction of Wagestream to expand opportunities for more colleagues to benefit to early access to addition payments earned.

Ensuring that we have the right people, in the right place, doing the right work, with the right skills and at the right cost has never been as important as now given the demands on the health and social care system together with societal and demographic changes impacting on the availability of a skilled workforce; all of which have been exacerbated by the disruption caused by the pandemic and subsequent recovery period. We have now embarked on an ambitious transformation journey, commencing with the current **Strategic Workforce Planning** project being undertaken alongside KPMG. The development of a model for workforce planning is a key priority for CTM to ensure the development of local, operational workforce resourcing plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. Our refreshed approach to workforce planning will encompass all elements from establishment control and improved workforce analytics to ensure we understand who CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. In an increasingly challenging labour market, we will need to be creative and forward thinking, with a defined and powerful brand. Improving retention is a further key pillar to this work, with an initial focus on our Band 5 Registered Nurses.

While a focus on the here and now is important, learning from the pandemic shows us that change is inevitable and as such a longer-term perspective is required to ensure the supply chain of the right people and skills in the future. Strategic workforce planning will enable plans to be developed that take account of workforce trends and horizon scanning to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population. This strategic lens to workforce planning will enable CTM to explore and understand the workforce complexities and opportunities of **system wide planning** with local authorities and other partners. In considering the future workforce required to deliver CTM2030 multidisciplinary workforce models are key. Transformational change will encompass introducing new roles and ways of working, as well as redesigning and reshaping current roles to be fit for the future with an emphasis on enabling all staff to work at the top of their license. Less focused on the workforce numbers required and silo thinking, our refreshed strategic approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. Technology and digital innovation are both enablers in unlocking the potential and capacity of our current and future workforce.

The need to balance the ambition of our service plans with the need for affordable financial plans means an ongoing focus on **workforce efficiency and productivity**. This will ensure we have optimal processes in place to drive the quantity and quality of the workforce contribution. Key elements within the Nursing and Medical Productivity agendas include improving roster management; reviewing the use of bank and agency; expanding overseas recruitment, implementing the planned All Wales rate card and; reviewing medical job planning. Learning from this work will inform reviews of other staff groups including opportunities for different workforce models enabled by advances in

technology. A review looking at transforming clinical administrative pathways is underway which will explore such opportunities within administrative and clerical staff groups.

Delivery of our strategic aims is dependent on our ability to have **high quality, accessible data** to inform decision making for both now and the future. There is a recognised and urgent need to improve the quality of our workforce data and the analytics skills within the organisation. Recent advances mean that we have developed key workforce data sets. This data, and by maximising the full potential of our systems, will be crucial to driving quality and efficiency improvements through our Medical and Nursing Productivity work programmes. Key next steps are to refine and embed the use of these new data sets across the organisation and the introduction of establishment control.

DRAFT

FINANCE

1. FINANCE - 2023/24

The financial plan for 2023/24 builds on the current financial plan and is based on the funding confirmed in the 2023/24 Allocation letter.

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has a statutory duty to achieve break even over a period of 3 financial years. This applies to revenue and capital expenditure. Performance against the 3-year rolling duty for revenue is summarised below:

Revenue:	Actual 2019/20	Actual 2020/21	Actual 2021/22	Forecast 2022/23
	£k	£k	£k	£k
Surplus /(deficit)	883	88	172	(24,500)
Rolling 3 years	883	971	1,143	(24,240)

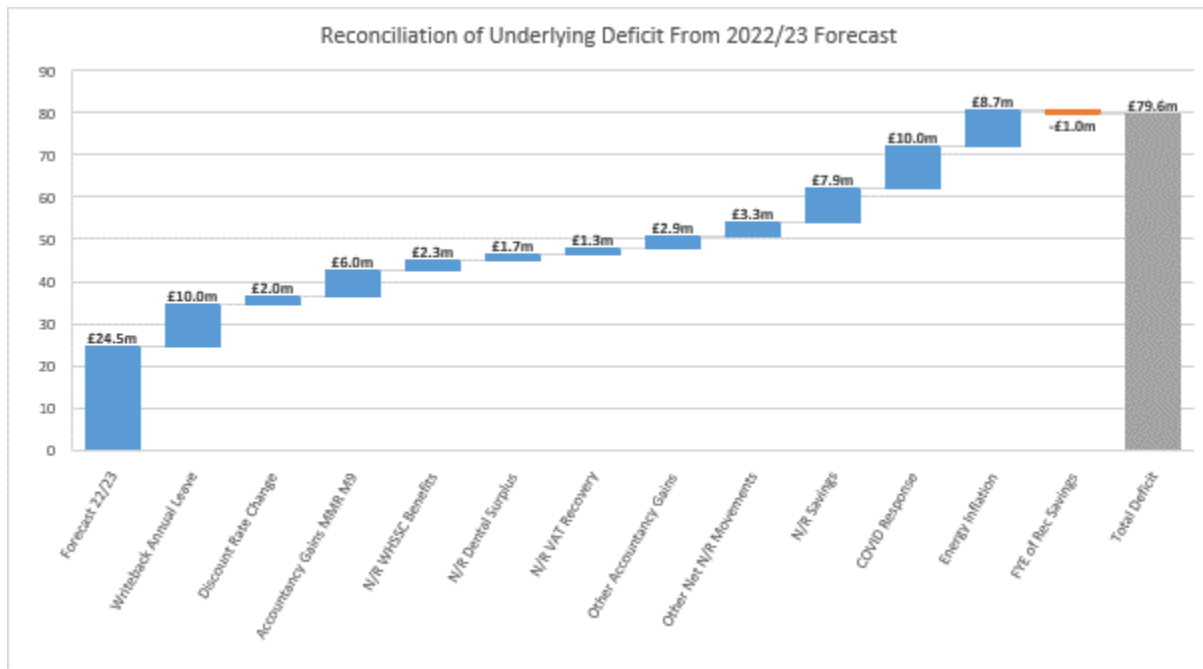
The Health Board is unable to submit a balanced financial plan for 2023/24 and an Accountable Officer letter was submitted to Welsh Government (WG) on the 28th February.

1.2 UPDATE ON FINANCIAL PERFORMANCE IN 2022/23

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast deficit for 2022/23 of £24.5m and a forecast carry forward financial challenge at the end of 2022/23 of £84.7m. This has now reduced to £79.6m and includes:

- Forecast Core plan recurrent deficit = £60.9m
- Forecast ongoing COVID response costs at the end of 22/23 = £10.0m
- Forecast ongoing exceptional energy costs =£8.7m

The movement between the £24.5m forecast deficit and the £79.6m carry forward financial challenge is illustrated below:



The breakdown of the forecast carry forward challenge at the end of 2022/23 is summarised below:

C'fwd Challenge at the end of 22/23	Total £m
Recurrent deficit at 31 March 2020	17.6
Recurrent savings shortfalls 20/21	16.2
Recurrent savings shortfalls 21/22	11.1
Other recurrent underspends	-0.4
Recurrent Core plan deficit at start of 22/23	44.5
Forecast recurrent savings shortfalls 22/23	7.1
Other recurrent overspends	9.3
Ongoing local Covid response costs	10.0
Ongoing Exceptional energy costs	8.7
Forecast c'fwd financial challenge at the end of 22/23	79.6

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year, and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

However, current circumstances necessitate some particular areas of focus during 2023/24, as follows:-

- The requirement for planned care recovery makes our previous investments in population health management and in value based healthcare more important than ever in order to focus the resources we have on the interventions which will make the most difference to patient outcomes. Productivity and efficiency in planned care remains a key priority in order to maximise the benefits from our existing planned care resources plus the new recurrent investment (i.e. the £26.1m recurrent funding received in 22/23 less the £7.7m Regional top slice in 23/24).
- We need to respond to the ongoing requirements of COVID in a way that is safe and effective, but also increasingly factors in value for money and sustainability considerations as pressures reduce.

The key actions within the finance function, to support and deliver the strategy, remain as before, with a particular focus on developing an analysis of potential opportunities for improvement in efficiency, value and savings delivery.

1.4 FINANCIAL PLAN FOR 2023/24

The financial plan for 2023/24 builds on the current financial plan and is based on the funding confirmed in the 2023/24 Allocation letter. The key assumptions driving the financial plan for 2023/24 are summarised below:

- A brought forward financial challenge from 22/23 of £79.6m, which is the starting point for the 2023/24 plan. This includes ongoing local COVID costs of £10.0m and estimated ongoing energy cost pressures of £8.7m. This includes the latest estimates from NWSSP for Gas and Power plus a separate arrangement for Prince Charles Hospital which is covered by a Combined Heat & Power PFI scheme.
- Additional recurring allocations from WG for 2023/24 is £9.7m. This includes £15.2m of un-earmarked growth funding (excluding funding for pay awards and contractor professions) plus a £7.7m allocation reduction for Planned Care recovery regional schemes. The plan also assumes £2.4m of recurrent funding for the estimated impact of the Real living Wage (RLW) in 2023/24 (unconfirmed).
- Additional non-recurring allocations from WG for 2023/24 is £9.9m. This includes £9.1m for Testing, Tracing and vaccination, an assumed £2.0m for an abatement to the dental contract income target in 2023/24 (unconfirmed) plus invest to save repayments of £1.2m.
- Provision for recurring inflation, cost and service pressures of £34.1m. This includes £21.8m for inflationary costs (excluding pay awards and contractor professions) plus £12.3m for other service and demand pressures.
- The plan includes a £7.0m provision for local service improvement schemes relating to Planned Care Recovery, Digital priorities and stroke services.
- Provision for non- recurring investments and cost pressures of £12.8m. This mainly relates to the non-recurring allocations noted above for Testing, Tracing, vaccinations and dental.
- Recurring savings of £27.3m are planned in 2023/24. This is circa 3.2% of an estimated controllable budget for CTM of circa £850m.

- Full delivery of the financial plan for 2023/24 would deliver an In year breakeven position but still leave a total deficit for 23/24 of £79.6m and a financial challenge going into 2024/25 of £65.3m (excluding energy).
- The plan includes a number of risks and uncertainties (**see Section 1.10**). These risks and cost estimates will continue to be refined and updated during 2023/24.

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

DRAFT

R = recurring NR = non recurring	Financial Plan 2023/24		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	60.9	0.0	60.9
B'Fwd Ongoing local Covid costs	10.0	0.0	10.0
B'Fwd Ongoing Exceptional energy costs	0.0	8.7	8.7
Brought forward financial challenge at 1 April 2023	71	8.7	79.6
Income changes			
Share of core un-earmarked £90m funding	-13.7	0.0	-13.7
Share of core un-earmarked £10.4m MH funding	-1.5	0.0	-1.5
Additional funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 23/24	tbc	0.0	tbc
Earmarked funding- Planned care recovery reduction	7.7	0.0	7.7
Earmarked funding- VBHC reduction	0.2	0.0	0.2
Earmarked funding- Testing & Tracing	0.0	-2.7	-2.7
Earmarked funding- Vaccination	0.0	-6.4	-6.4
Invest to Save repayments	0.0	1.2	1.2
Assumed funding - RLW 23/24	-2.4	0.0	-2.4
Assumed funding - abatement of dental income target	0.0	-2.0	-2.0
Sub total income changes	-9.7	-9.9	-19.6
Cost pressures and investments			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 23/24	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	21.8	0.0	21.8
Service and demand pressures	12.3	0.0	12.3
Service improvement - locally determined	4.3	2.8	7.0
Earmarked funding- Planned care recovery reduction	-7.7	0.0	-7.7
Earmarked funding- VBHC reduction	-0.2	0.0	-0.2
Earmarked funding- Testing & Tracing	0.0	2.7	2.7
Earmarked funding- Vaccination	0.0	6.4	6.4
Earmarked funding - Dental contract income shortfalls	0.0	2.0	2.0
Other Non-recurring costs	0.0	4.7	4.7
Other Non-recurring benefits	0.0	-3.0	-3.0
Contingency	1.0	0.0	1.0
Sub total cost pressures and investments	31.4	15.6	46.9
Savings and overspend reduction targets	-27.3	0.0	-27.3
Sub total	-27.3	0.0	-27.3
Total change on previous year	-5.6	5.7	0.0
Revised surplus/deficit	65.3	14.4	79.6

CAPITAL AND ESTATES

Capital

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

The restrictions on the availability of WG strategic capital funding to support the capital costs of the key changes included in the Plan continue to pose a significant risk. In 23/24 WG have returned 50% of the cut to discretionary funding imposed in 22/23, a reinstatement of £1.22M to bring the opening funding position up to £9.06M, however funding still remains below 21/22 funding levels. Whilst the partial funding reinstatement improve the positions from last financial year, this reduced funding remains a challenge in addressing ongoing statutory compliance and equipment replacement in addition to support service change in the light of the pandemic and elective care recovery. The 5 year capital plan included in the submission represents an updated version of the 10 year infrastructure plan which was submitted to Welsh Government on 31st March 2022.

Approved Welsh Government Capital Programme

The table below illustrates the expected capital funding for 23/24 on approved WG projects with the Ground and First Floor scheme comprising the majority of the approved and funded programme. At this time, WG have not formally issued an opening CRL however the figures for Ground and First Floor and Bridgend Health and Wellbeing centre are based on the latest forecast costs provided to WG. These figures do not include any brought forward expected slippage from 22/23.

2023/24 Capital Resource Limit (CRL)	2023/24 £m
DISCRETIONARY CAPITAL FUNDING	9.006
CAPITAL PROJECTS WITH APPROVED FUNDING	54.455
Prince Charles Hospital Refurbishment - Phase 2	50.000
Prince Charles Hospital Refurbishment - Phase 3	1.700
Primary Care - Sunnyside	1.000
National Programmes – Infrastructure	0.245
National Programmes – Decarbonisation	0.636
National Programmes – Fire	0.874
TOTAL CRL	63.461

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

1. PCH ground and first floor refurbishment project – this refurbishment programme was developed to address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. The Programme is well underway and we are now in the key major phases since approval by WG in October 2020 of

the £220m Full Business Case for the Phase 2 works.

Works for the phase 2 programme commenced in November 2020 and come on the back of completing the earlier phase 1 elements that saw construction of the new Catering, coffee shop and restaurant facilities along with all new pharmacy department. These areas were prioritised as this remediated very dated open plan kitchen areas (high risk of fire) which was centrally located in the hospital on the ground floor

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

Mindful that it had taken a number of years to secure approval for this major capital investment time has been taken recently to review the plans developed to make adjustments to suit changes to working practices, advancements and reflect lessons learnt from the recent pandemic to make our accommodation more resilient and where possible flexible to adapt to potential future changes in flow and demands required of a DGH site within the wider CTM estate.

Phase 3 is the further and final phase to deliver the remaining accommodation improvements due to be linked to this programme. Funding to develop the business case for this phase was approved during 22/23 with plans for the business case to be delivered in 24/25. The Phase 3 works cover CSSD, R&D and other “back of house” and support functions and are programmed to overlap as much as possible with the later phase 2 elements so as to foreshorten the overall programme

2. The Bridgend Health and Wellbeing Centre is the final scheme in the first phase of the Welsh Government funded primary care pipeline. In 20/21 the HB developed the FBC in partnership with LINC Cymru with the business case for £10.7M being approved in September 2020. A formal partnership agreement was signed with LINC Cymru and site works commenced in early 2021. Unfortunately due to the original contractor going into administration works halted in July 2021 and works have been ongoing to appoint a new contractor. There has been a considerable delay with the first tender process failing to identify a suitable contractor. A second tender process is currently underway and expected to complete in the summer of 2023. The passage of time since the first contractor appointment means that the current approved funding level of £10.7M is likely to be insufficient and therefore an application for a funding uplift is likely to be required. It is anticipated that should this tender process lead to a suitable contractor then as long as WG fund any additional costs that this scheme will commence work on site in late 23/24, completing in early 25/26. With most of the phase 1 primary care pipeline schemes nearing completion, WG attention has turned to a second phase of investment.
3. In 22/23 WG announced that it would be running a 2 year programme of essential infrastructure upgrades (EFAB) following the success of the 1 year programme in 2021/22. During the year Health Boards were invited to bid for schemes under Infrastructure, decarbonisation and Fire Headings. The new scheme requires the HB to provide 30% of the funding with WG funding 70% of the forecast cost with approved schemes. The Health Board has been successful in securing over £7.7M over the 2 years across the 3 headings, with a £3.3M discretionary investment required. This enables schemes that are high risk but unaffordable with discretionary funding alone to be completed.

4. CTMUHB currently has a fire enforcement notice in place for POWH theatres which has been extended until December 2023. On submission of a high level funding case, Welsh Government released fees for the development of a business case for decant theatres on the site. However, at a mid-point costs and programme have increased and in the light of the current capital constraints there is an urgent review of the option to carry out essential works with the theatres remaining in situ. During this next one year cycle the Health Board will undertake a detailed options appraisal. It is imperative that funding is secured for a decant solution to enable works to be carried out as soon as possible. Whilst the theatres are decanted for the enforcement notice it would be a major opportunity to upgrade and provide compliant theatres at POWH. This business case will be developed alongside the decant theatre case however there will need to be demand and capacity modelling to consider the theatre model moving forward as it likely that an increase in the current number will be required especially with the expected need to repatriate sessions from Neath Port Talbot. Due to the size of this investment this case will sit outside the funding identified above for Wales wide infrastructure schemes however WG have confirmed that this will be a priority for funding within the wider All Wales Capital Programme.
5. Bridgend area anti ligature this scheme will complete in early 2022/23 having been approved in late 2020/21. It will ensure consistency in all fittings and furnishings in adult mental health Units across CTMUHB in terms of ligature proof technology.

Anticipated Welsh Government Allocations

There are a number of schemes under development where funding is required however not yet confirmed by WG and these include:

1. In 2022/23 CTM, with WG funding and support, purchased the long leasehold on the BA site in Llantrisant, adjacent to the Royal Glamorgan Hospital. The purpose of this investment to support regional pressures in diagnostic and orthopaedic elective capacity. A significant programme of works will be required to develop the buildings on site and the next steps are currently under discussion with WG but it is likely that initial finding will be released for fees to support design and development of business cases for works to commence as soon as possible. However. Alongside this there will be ongoing negotiations with the current tenant, who has a lease until March 2024. The site is proposed to provide a solution to the regional challenges in elective care, diagnostic and endoscopy capacity.
2. CTM currently has a fire enforcement notice in place for POWH theatres which has been extended until December 2023. On submission of a high level funding case, Welsh Government released fees for the development of a business case for decant theatres on the site. However, at a mid-point costs and programme have increased and in the light of the current capital constraints there is an urgent review of the option to carry out essential works with the theatres remaining in situ. A detailed options appraisal has been ongoing to determine the most suitable decant option to enable works to continue, however recent strategic developments have slightly altered this appraisal and it is currently nearing completion. It is anticipated that the options and outcomes will be discussed with WG before the next planning cycle commences and an agreed way forward will be reached to enable development of a fully tendered business case to proceed and obtain approval.
3. A business case for a centralised decontamination facility on the POWH site has been developed during 22/23 and is due to be submitted to WG during May 2023. The project will address both failing infrastructure in HSDU, JAG accreditation requirements for

endoscopy and provide standardised auditable decontamination processes within POWH. This is in line with other facilities in the UHB

4. In 2022/23 a significant community and stakeholder engagement exercise was undertaken to develop future plans for the Maesteg Community Hospital site. WG scoping meetings have also been undertaken and the scheme is expected to be jointly funded with IRCF and WG AWCP funding. An initial application will be made to the Regional Partnership Board (RPB) who are able to provide fees support to fund the design development and strategic outline business case work required. The proposal will be to create a Health Park facility on the site similar to those provided across CTM.
5. In terms of primary care 3 key pipeline schemes will include the creation of a primary care and wellbeing hub at Llanilid which is recognised as an area with a shortage of primary care facilities. As part of the planning permission the housing developer is mandated to provide a health building on a housing development in this area and the Health board could be part of an innovative partnership object to develop the hub. Whilst the financial obligation rests with the housing company there could be a need for capital investment. In addition the pressures of increased housing in the Llantrisant area and current primary care infrastructure require investment in a hub for services in this area. It is considered that this would be an ideal location for an enhanced hub providing diagnostic services within the community as well as an opportunity to bring the dental training facility to a more central location. Finally the need to further support primary care services in North Cornelly has also been recognised and approaches will be made to other public sector or housing organisations to consider opportunities for partnership working.
6. The decarbonisation Agenda needs to be accelerated within the Health Board and to this end the Board has engaged ReFit Cymru to support the development of strategy and produce a programme of work. Some of the key elements and projects will need to cover the replacement of the current gas powered CHP plants on acute sites and the gas boilers on the smaller community sites. Alongside this investigations are ongoing to take forward private wire scheme with solar farms in the Rhondda Taff Ely area and to be part of the Bridgend Council plans for the District Heat Network. Other initiatives for achieving net carbon zero are being considered and will be developed into business cases as required.
7. Significant investment will be required for the POWH site to address a number of statutory and infrastructure risks. The 4 facet survey has required further reworking and will support a prioritised programme of development. However one of the highest priority investments has had to be the addressing of the fire enforcement notice in theatres on the POWH site. The level and nature of work and investment in the theatre areas may cause significant site disruption and it would be prudent to consider upgrade to the theatres on the site whilst this disruptive work takes place.
8. A recent HIW inspection of mental health services at RGH has reported concerns within the infrastructure of the current inpatient unit affecting patient dignity and respect. As a result the UHB have had a recommendation that the unit requires investment to address the issues raised. Work is ongoing to develop the scope of the project and a scoping meeting has been arranged with WG to enable this to move forward
9. Further to the above, strategic capital scoping exercises have identified a number of acute service developments including a phased approach to refurbishment of the emergency departments at PCH and POWH in line with recent HIEW inspections. Both schemes will require a high level of planning to deliver in areas of high activity but will be critical to address capacity and flow concerns and ensure sustainable future services. In addition the fragility of rotas for clinical staff in the South of the Health Board have led to concerns over the provision of ITU services and urgent works to consider consolidation of this service which will have capital intensive implications.

10. Regional work streams are continuing to develop programmes to address a number of areas including regional ophthalmology care, developing facilities for mass fatalities and regional diagnostic facilities, over this planning cycle it is likely that these areas will progress with regional bids for capital investment required to implement the plans.
11. In 22/23 there is no National Imaging replacement programme planned for the opening funding position. This will put pressure on imaging equipment which is nearing the end of its economic life. These will be kept under close review and discussion with WG
12. The HB will continue to work with the WG digital Cell in the allocation of this funding in the development of both national and local ICT initiatives. In 2022/23 through this funding, the HB was able to invest over £1.3M in supporting a range of server, cyber security and digital enabling technology to further innovative ways of working.

With ongoing pressures on WG capital funding over the next 3 years, the UHB will continue to take advantage of any other funding opportunities or routes which become available. The capital priorities for investment are included within the detailed templates submitted.

Discretionary Capital Programme

The Health Board is seeing a 50% reinstatement to the 25% cut to the programme made in 21/22 but this still means that the programme has still not been returned to pre 22/23 levels. The current planning cycle will need to focus on a reduced capital allocation of £9.006M against the previously recurrent £10.2M. It should also be noted that the HB also will have the 30% EFAB discretionary contribution top sliced from the position. This means that the opening position (with a forecast brought forward adjusted figure) is expected to be similar to the opening 22/23 position. The benefits of the EFAB funding will be that this top slice will address high risk and high priority backlog and statutory requirements within the HB.

	21/22 Recurrent Funding £000	22/23 Opening Funding £000	23/24 Opening Funding £000
Funding Sources			
Discretionary Capital Funding	10,230	7,782	9,006
Opening Adjustments	690	- 1,600	- 1,300
Total Anticipated Funding	10,920	6,182	7,706
EFAB Top Slice			- 1,698
HB Available Discretionary Capital	10,920	6,182	6,008

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

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

DIGITAL



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

The development of our digital and data capabilities underpins our ambition to provide integrated care around the patient, improving our information and understanding as to the relative value of the interventions that we take and which in turn can identify those interventions that have the most impact on improving our health and wellbeing for the population of Cwm Taf Morgannwg.

The Health Board is focused on enabling the seamless working across hospital and community boundaries, with services integrated between health, social care, and other professionals. The flow of common and reliable information is at the heart of successfully implementing this approach. It is also a critical enabler to our ambition to improving our communities’ health and wellbeing through preventative and predictive population health measures.

The Digital and Data strategic theme are as follows:

1	 Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	 Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 Single patient view	Managing a single, digital view of a patient’s care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	 Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	 Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	 Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

Activate W

During 2022/2023 the Health Board has delivered significant Digital and Data changes while gaining a momentum with regards to the complex work required to align services and systems across the entire

Cwm Taf Morgannwg region. The year has seen the completion of the rollout for the Welsh Nursing Care Record, the implementation of a new Digital Whiteboard solution across the Health Board that includes a function for the transfer of care electronically with local authority partners and delivery of an automated Clinical Coding solution that has gained interest from Health Boards across Wales.

The Health Board has successfully supported the development of national and all Wales programmes such as the procurement of new digital solutions for Laboratories Information Management and Radiology, and the scoping work for ePrescribing has also commenced. All of these programmes of work will be taken forward in 2023/2024.

The Welsh Community Care Information System has been prioritised for Mental Health services in 2023/2024. This will require a series of resources to be allocated to it in order to deliver a safe implementation. The Health Board has also supported the planning for a new Welsh Information Critical Care System, although further assurances need to be given prior to its implementation as the organisation already has a digital solution on two of the acute sites.

The Health Board has also commenced a review of how its Digital and Data functions are organised and delivered and developed a new strategic leadership tier to support the implementation of its digital and data strategic themes. That said, it is acknowledged that this alone will not deliver this ambition, and new resources and roles will need to be recruited at all levels of the Digital and Data directorate.

During the second part of 2022/2023, an enhanced approach to the delivery of our day to day support services has been implemented, and early indications are that this is a significant improvement for our service users. The Health Board wishes to build on this in 2023/2024 and maximise the opportunities presented by the all Wales Microsoft agreement.

Digital and Data literacy for both our workforce and wider community continues to be a challenge that the Health Board faces. Work has commenced on building relationships with academia to help support the development of our workforce and organisations such as Digital Communities Wales are part of our plans to help develop digital literacy in the community.

Crucially, the Health Board has been unable to allocate and recruit the resources required to drive and deliver our digital ambition at the pace and scale we desire. While focused on the value digital and data offer, it is imperative that the Health Board secures appropriate resources in 2023/2024, particularly in the disciplines of Information Governance and Cyber Security, to protect that value and further support service transformation.

The development of a new regional health park within the Llantrisant area provides a significant opportunity to develop our services, enabled by Digital and driven by Data on a regional basis for South East Wales. Engagement has already commenced with Health Board colleagues across South East Wales, and these working arrangements will be strengthened during 2023/2024.

As the Health Board aligns its Digital and Data strategy with the wider Clinical Strategy for CTM 2030, work has begun on developing the vision and case for change to transform the way in which patients are engaged with our services. At the heart of this programme is to provide the Health Board with a platform and digital tools to enable and enhance the *Management of Clinical Administration processes and workforce* for all specialties. Simultaneously, streamlining the variation in processes and practices currently at play. This wholesale system development will form a cornerstone for digital maturity and inclusion.

IMPROVEMENT AND INNOVATION



In 2021 CTMUHB created a new department called iCTM bringing together Quality Improvement, Innovation, Value Based Healthcare and organisational change into a single function to ensure clear focus on improvement activity across all parts of the Health Board. The iCTM directorate builds capacity for change across the organisation, co-ordinate improvement and innovation activity and engage with staff, patients, communities & partners in driving the adoption and spread of the most impactful improvement and innovation options, all underpinned by the principles of Prudent and Value Based Healthcare and co-creation. Along with our Clinical Services Strategy the iCTM team help ensure quality and improvement are a bedrock of the organisation and forms part of everyone's role. Progress has been made in building capability and capacity in the organisation to deliver improvements and this continues to be evidenced through our progress of maturity as part of our Welsh Government Targeted Interventions measures.

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

IMPROVEMENT

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

In 2023/24 we will continue to build on our aims as outlined in the 2022-25 iCTM strategy of capacity building and direct support to teams in line with strategic priorities. This will involve;

- *Continuation of our organisation programme of improvement training.* A multi-level offering of training has been developed and will be delivered across the organisation. This includes;
 - Basic online QI training available to all
 - Fundamentals of improvement – a 60-90 minutes session delivered to teams on request and as part of staff induction sessions.
 - Improvement in Practice – a two day intermediate level improvement course delivered to teams involved in the delivery of improvement project.
 - Bespoke Improvement training tailored to specific needs. This will include training on Lean Methodology, Behavioural Change, Psychological Safety and support for people undertaking advanced QI training.

- *Continuation of our 'SimplyDo' staff ideation programme.* SimplyDo is a platform that allows us to capture staff improvement ideas and support them into implementation. In 2023/24 we will develop specific challenges that align to organisation safety priorities alongside encouraging the submission of ideas to improve the effectiveness and efficiency of CTM. All ideas will be supported by our multidisciplinary improvement faculty.
- *Continuation of our patient safety quality improvement programme.* We will build on our Community Acquired Pressure Ulcer collaborative to develop similar programmes for Falls and Medicines Safety. In addition, in 2022 we joined the national 'Safe Care Collaborative' – a safety programme facilitated by Improvement Cymru and the Institute of Healthcare Improvement. We will support the 6 participating teams through the programme as well as ensuring learning is spread across the organisation.
- *Launch an Improvement 'Community of Practice'.* Spring 2023 will see the launch of our Community of Practice. This will build on the success of our multidisciplinary improvement faculty and provide a forum for peer support, learning and spreading of best practice for those with an interest and expertise in quality improvement.
- *The provision of bespoke support.* The QI team have developed an approach to allow it to prioritise and provide bespoke support to teams who request it. This is based on 6 aspects and is described in the diagram below;



In addition we will continue to work with our Quality and Safety Team to deliver the Quality Strategy.

INNOVATION

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

Significant work continues with our academic partners to support our ongoing 'University' Health Board status, with a series of discussions focussed on setting future priorities in the key areas of research, innovation and training and education. Our Head of Innovation will be taking a part time role with the University of South Wales to reinforce the importance of these relationships.

In addition CTMUHB continues to host the Regional Innovation Coordination (RIC) Hub which is part of the CTM Regional Partnership Board and brings together innovative active across organisations including Health, Local Authorities, 3rd Sector and Industry. The RIC hub leads chairs formal groups around Anchor Organisations and Learning Disability coordinating and driving these agendas across CTM. For example; mapping all Life Sector Industry in CTM (including procurement activity); and driving the use of LD health checks and novel digital approaches.

Innovation activities that will continue into 2023/24 include:

Digital Innovation

The Head of Innovation has been seconded into the Life Sciences Hub as one of three All Wales Innovation Ambassadors to explore and develop the potential of the Health Board to be a digital innovation test bed.

Working with the Wales Institute of Digital Information (WIDI) to drive the digital agenda we have secured UK Community Renewal Funding to; support the use of virtual and augmented reality for education purposes and developing novel digital All Wales approaches such as the ORIEL.Net 3D database and the ARIA-TRE for voice and speech research.

Housing and Health Innovation

With colleagues in our planning team and co-funded with local registered social landlords we have appointed a Health and Housing Innovation Manger. This will build on novel work already undertaken with RCTCBC and Hafod Housing to link and combine existing datasets to understand the needs of our local population and allow us to prioritise how we deliver services.

The RIC hub have lead a successful bid to Innovate UK to build on this work link housing quality data to the health record so that under the OFGEM run ECO4 scheme, poorly insulated and 'unhealthy' houses can receive fully funded insulation and heating improvements. Phase 1 is due to start in April 2023 and if successful Phase 2 will being in Autumn 23, funding dependent.

Rapid Manufacturing and Prototyping

We have linked with local education providers and the Digital Intensive Learning Academy at USW to expand CAD training opportunities for CTMUHB staff expanding the reach of the Advanced Digital and Physical Engineering hub to provide rapid design and prototyping facilities.

We have recently engaged with AGOR-IP so that we will soon have our first patent of a product developed by the ADPE from a need identified by CTMUHB Staff and will be working with R&D colleagues to formally evaluate it use.

Parc Tri Sant Innovation Cluster

We continue to develop the business case and stakeholder engagement for the proposed Parc Tri Sant Innovation Cluster next to RGH, Llantrisant. This has further been strengthened by the recent purchase of the former BA site adjacent to RGH to create a regional surgery hub.

Commercialisation

We continue to work with All Wales Innovation Leads to develop a consistent approach to IP management and commercialisation across NHS Wales.

Driven by the clear expectation and missions outlined in the recent WG Innovation Strategy we will strive to take entrepreneurial approaches to expand the amount of revenue from commercial activity led by the innovation team with an expectation to create a sustainable and independent innovation function for CTMUHB.

VALUE BASED HEALTH CARE – HEALTH BOARD

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

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

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

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

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

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

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

VALUE BASED HEALTH CARE – NATIONAL

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

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

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

Many Health Boards and Trusts in Wales have already set up dedicated teams to focus on VBHC. Under the stewardship of the Welsh Value in Health Centre's National Leads for Planning and Delivery Group, these teams will be delivering initiatives throughout the healthcare pathway that improve the outcomes that matter most for patients, staff and the wider population.

CHANGE HUB

Structured sustainable Change across the organisation is central in ensuring the achievement of the CTMUHB's long term Strategic Objectives as set out in CTM 2030. We will continue to work in partnership across CTMUHB and with other regional and national organisations to provide a structured, patient focussed and collaborative approach to Change in the prioritisation, development and delivery of organisational critical programmes and projects, which underpin the delivery of our strategic objectives.

We will continue to support the development and delivery of the CTM Transformation Portfolio as the main vehicle for the major change across CTMUHB as well as continuing to support the organisation's key change priorities including :-

- The five strategic pillar development – Creating Health, improving care, inspiring people, financial sustainability, value and effectiveness and environmental sustainability.
- Six Goals For Urgent and Emergency Care
- Planned care programme and outpatients transformation programme

Supporting the development of the organisation to enable, deliver and embed change in a sustainable way will be critical in ensuring that Change can successfully be driven forward at pace across CTMUHB. We will continue, working in partnership with Organisational Development colleagues and the 2022 in partnership with University of South Wales Commercial Services Ltd (USWCS), to roll out the Change Community of Practice which aims to provide a network of colleagues across involved in change across CTMUHB and partner organisations. The Change Community of Practice aims to significantly increase the capability and capacity for change across the organisation by providing a space to network, workshops, training, guidance and resources covering all aspects of change from business case development, project and programme management, change management through to transition management and benefits realisation.

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- ⁱ Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:[10.1177/01410768231155637](https://doi.org/10.1177/01410768231155637)
- ⁱⁱ [Household income inequality, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- ⁱⁱⁱ [Life Expectancy and Mortality in Wales \(2020\) - Public Health Wales \(nhs.wales\)](https://nhs.uk)
- ^{iv} CTM DPH report, 2022
- ^v [the-marmot-review-10-years-on-executive-summary.pdf \(instituteoftheequity.org\)](https://instituteoftheequity.org)
- ^{vi} Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* [LINK](#)

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