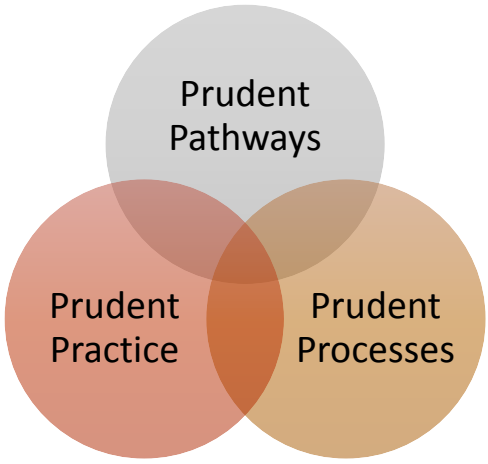
1 PRUDENT AND VALUE BASED HEALTHCARE

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

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

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

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



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

A number of the key changes identified within this Plan are firmly based on the prudent healthcare principles and are already delivering visible improvements in patient care and improving the value we are getting from every pound we spend. These changes flow right

through this integrated Plan – the service plans, workforce plans and financial plans both in terms of the prioritisation of investment and the savings plans. Prudency is embedded within the underpinning directorate IMTPs, which provide further detail on priorities, and their associated milestones, by clinical and corporate service area. Examples of some of these changes are described in **Appendix 1.**

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

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

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

Further prudent healthcare priorities over the next three years include:

- Digitising patient records: Digitising patient records "on demand", i.e. in advance when a patient is scheduled to attend. As each record is digitised, it will become available to clinicians 24 hours a day, 365 days a year. It can also be viewed simultaneously by users on different sites.
- Developing electronic record content: Developing the electronic content of records in future. This will allow electronic input to the patient's record and be visible via the Welsh Care Records and Welsh Clinical Portal.
- NHS Wales Informatics Services (NWIS): In discussion with the relevant specialties, we are closely monitoring all cases of Interventions not Normally Undertaken (INNU) in the NHS.
- Medical Locum spend: In response to Welsh Government's directive, ensuring the hourly rate for agency and internal medical locums at the correct level.

The workforce challenge presents the greatest risk to the sustainability of services, but at the same time creates the opportunity for Wales to develop innovative solutions that also align with economic development priorities. This is not something that Cwm Taf can achieve alone but requires Welsh Government, NHS Wales, Trade Unions and the Higher and Further Education Sector to consider the potential to redefine the workforce based on the clear premise of "only do what only you can do".

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

MAKING PRUDENT HEALTHCARE HAPPEN

PRUDENT PATHWAYS

Prudent pathway examples include:

Service Change	Key Objectives	Outcome data
Mental Health pathway redesign	**Older People's Mental Health Services** Greater emphasis on the support available in the community • Increase community team capacity to support care at home • Reduce number of IP beds • Focused work on community hospitals, including award winning Cambrian Ward at YGT • Single site assessment to focus resources on specialist assessment and support for complex needs	• Implementation of the Valley LIFE programme has continued, with the closure of Cambrian Ward enabling the transfer of all remaining older people's mental health inpatient services at Ysbyty George Thomas into the community during 2018. • With WG ICF investment a new purpose designed Health & Well Being Centre (Dementia) was opened at Ysbyty George Thomas in May 2018 offering early assessment, diagnosis and support for people living with dementia and their families. Plans are also being progressed by the local authority for the development of an Extra Care Housing facility on the site. • In 2019/20 there are plans to close the current older people's mental health wards at Prince Charles Hospital and Ysbyty Cwm Cynon, with associated shift of services into the community. • Other associated developments include the development of shared care arrangements within our community hospitals, extension of the Psychiatric Liaison Service, and work to stimulate the local care home sector.
Heart Disease pathway improvement	• The programme seeks to reduce health inequalities arising from lifestyles and risk factors for cardiovascular disease (which also are risk factors for cancer). CVD accounts for 27% and cancer 36% of premature mortality in the Cwm Taf Population. • Rolled out in all General Practices of cardiovascular disease risk assessment	• System established to identify patients registered with the practice aged 40 – 74 years who are not already known to have established cardiovascular disease, but are at high risk of developing CVD over the next 10 years (in particular with a risk score ≥ 20%). • Healthcare support staff trained to perform CVD risk assessment to include knowledge of the disease, motivational interviewing and health coaching techniques to support patients make lifestyle changes. • Face-to-face risk assessments (Health Checks) conducted using menu driven software, which interfaces with the Practice Clinical System.

Service Change	Key Objectives	Outcome data
	• Performed by trained health care support workers • Advice given about lifestyle with sign-posting support	• Patients provided with results of tests and their CVD risk in a meaningful way to enable them to track their progress and allow them to determine the health and lifestyle goals they wish to set. • Patient activation (increase patient skills, knowledge and confidence in managing their own health) increased by applying a tailored and evidence based approach to the patient's care. • Uptake of evidence based lifestyle interventions increased to help support the patient to reduce their risk. • Culture of co-production promoted across all sectors and the Community to ensure joined-up, integrated and co-ordinated care for the patient.
Low Birth Weight Baby Programme	**Bump Start Programme** • To help obese pregnant women limit weight gain during pregnancy • Reduce health risks to mother and baby **MAMSS Programme** • To reduce maternal smoking	2017 data from the Maternity Information Technology System shows: • 21.7% of women were identified as smokers at booking across the UHB • 31.0% of women were identified as having a BMI of ≥30 at initial assessment across the UHB Since programme commencement (MAMSS June 2013; Bump Start January 2015) until March 2018, each service has received the following number of referrals from midwives: • MAMSS – 3,219 • BumpStart – 1,221 (clinic suspended from1st April -30th Sept 2018 due to PH midwife on sick leave) Midwife referral into both programmes for eligible participants who consent is extremely high at over 80%.
Community Cardiology Clinics	The Direct Access One Stop Cardiology Community Clinics comprise of the following: • Atrial Fibrillation and Palpitations clinics • Open Access diagnostics • The concept of the Community Cardiology Clinic is that the majority of patients see a GPwSI/specialist nurse,	The development of the Community Cardiology Model demonstrates Prudent Health Care as evidence below: • Caring for those with greatest need first by focussing on those areas with the highest rates of CVD mortality, morbidity and associated health and social care demand. • Reducing the diagnostic waiting time. As a result patients with cardiac disease will be identified much sooner and appropriate treatment initiated. • Developing the role of the GPwSI and specialist nurses which will allow Consultant specialists to focus on those patients with more complex conditions.

Service Change	Key Objectives	Outcome data
	have appropriate tests on the day and then have their management plan and diagnosis explained. Patients requiring ambulatory investigations are given monitoring equipment the same day. When the results of these investigations are available the GPwSI/specialist nurse writes to the patient and their GP with advice and only arranges follow-up appointments if essential. The underlying principle of the clinic is rapid assessment, diagnosis, treatment plan and discharge. Advice and signposting in relation to wellbeing and lifestyle change and support services are also provided.	
Rapid Diagnostic Clinic (vague symptom pathway)	The Rapid Diagnostic Clinic is one of the key components of the Detecting Cancer Earlier programme. The service provides an accelerated diagnostic pathway for patients who present in primary care with vague, but concerning, symptoms.	The Rapid Diagnostic Clinic commenced in July 2017 and has significantly impacted upon patient experience and outcomes. This development reflects the principles of prudent healthcare as follows: • The design of the new pathway involved patient representatives, members of the public and third sector organisations in collaboration with the Health Boards. Patient feedback is collected from every patient to ensure we are learning from their experience to continually refine the pathway if required. • The introduction of this pathway is seeking to address the current gap in services. The high conversion rates suggest we are providing access to a service for those with greatest need. • Significant time was spent in researching the evidence base in support of an alternative to USC pathways using learning from the U.K (ACE) and further afield (Denmark). • Patients are directed to the most appropriate diagnostic test at their first appointment reducing unnecessary investigations and appointments, increasing efficiency and reducing waste.

Service Change	Key Objectives	Outcome data
		Further benefits of the service include: • The Rapid Diagnostic Clinic provides a higher cancer conversion rate than existing USC pathways for alarm symptoms (10% and 7.4% respectively). • A rapid diagnostic pathway for complex patients with non-specific but concerning symptoms, with benefits for both cancer and non-cancer diagnoses. • Excellent patient feedback. 96% of patients rated the service as good or excellent. • Patients seen within 10 days of GP referral • Very low DNA rate – 2 DNAs over 12 months

PRUDENT PROCESSES

Prudent process examples include:

Service Change	Key Objectives	Outcome data
Self-service check-in	• Introduction of electronic outcome forms to validate RTT and reduce follow-up patients not booked (FUNBs).	• The introduction and roll out of electronic-outcome form to replace handwritten outcome forms has commenced and is now in place for a number of specialties. A technical review is being undertaken to establish the strategic way forward for further roll-out of e-outcome forms to enable outpatient improvement.
	• Determine feasibility of roll-out of self-service check-in kiosks in further locations across the Health Board.	• Other Outpatients areas are at present under review for the potential further roll-out of the self-service check-in system.
Text & Remind service	• Increase coverage of the text and remind system to remind patients about their outpatient appointments.	• Appointment reminders have been live since June 2015 across all New and Follow Up Outpatients appointments managed by Medical Records at RGH, PCH, YCC, YCR and KHHP. • Work is ongoing to increase coverage of text reminders for patient appointments and to roll out to further specialties / services.
Partial Booking	• Roll out of partial booking for all follow-up appointments managed by Medical records	• Partial booking is already in place for all new appointments and for follow-up appointments in some specialties. • The refurbishment of the former storage area in YCR was completed and the Appointment Centre team were relocated so that they are based in Medical Records within the Health Board. The team has successfully recruited to two additional posts in order to increase the teams' capacity. • The roll-out of partial booking has commenced and a schedule is in place to roll-out on an incremental basis.

Service Change	Key Objectives	Outcome data
		• Partial booking will enable patients to choose a date and time convenient for them to attend. • Identified benefits will also support productivity and efficiency improvement to reduce DNA rates, reduce appointment re-booking rates and support the validation process.
E-Job planning and e-rostering for medical and dental staff	• To increase the usage of the e-Job planning system across the Health Board to include Consultant, SAS doctors and lead nursing roles where appropriate (ENP, ANPs, CNS). • To increase the usage and roll-out of e-Rostering to, maximising rota efficiency and automate bank, agency and locum supply across the Health Board. • Maximise Managed Service contract to ensure all locums are sources through Framework agencies and via Direct Engagement. • Maximise the use of E-Systems interfaces between e-Rostering software and Managed Service Locum Booking software to streamline and automate the locum booking process • Explore the implementation of an Internal Medical Locum Bank, to include an agreed internal rate card for all locum shifts and a strengthened authorisation process for the payment of additional duty hours. • Introduce a centralised resource team within the University Health Board for	• Clear, visible job plans that have been signed of in line with Consultant and SAS doctor contracts, resulting in efficient demand and capacity planning of patient services, with improved out-patient and theatre utilisation as a result. • Reduction in administration time to undertake each job plan. • Reduced overpayments relating to incorrect job plans • Managed service has eradicated the use of off-contract agencies, improve governance and pre-employment check compliance. • Efficient staff rotas to support patient care, with a reduction in medical and management staff time in administrating rotas and staff absence • Elimination of paper transactional processes including delivery of automatic feed to payroll • Better staff management (improved deployment and leave management) resulting in a reliance on temporary staffing and associated costs as a result. • Delivery of junior doctor monitoring cycle eliminating the risk of non-compliant rotas and the need for separate monitoring requests • Improved monitoring ensures compliance with statutory requirements and to ensure that increased banding payments are avoided through effective management of on call rotas.

Service Change	Key Objectives	Outcome data
	managing staff rosters and the deployment of temporary and permanent staff. • Ensure all e-system processes are rolled out to Princess of Wales Hospital as part of the Bridgend boundary transition agenda.	
E-rostering for Nursing staff – including automated booking of bank and agency shifts	• To increase the usage and roll-out of e-Rostering to non-nursing areas including AHP, Facilities and Ancillary staff, thus maximising rota efficiency better management of staff absence. • Widen the current Bank module to include Medical, AHP, Facilities and Ancillary staff to enable temporary backfill shifts to be requested and filled electronically	• Anticipated benefits include efficient rotas to support patient care and saving staff time in managing rotas and staff absence • Allows electronic requests for annual leave, shift requests etc. that remove paper transactional processes and provide timely responses reducing inefficiency • The controls, audit trail and management information from the system will also enable better management and is expected to reduce agency costs as a result. • Improved filling of shifts (including out of hours), as shifts are easily visible via in the technology, reducing the need for telephone calls and reducing staff handling time.
Use of ESR and E-Expenses	• To increase usage of both ESR and E-Expenses across the Health Board. • Roll out of ESR self-service to 100% of the workforce. • All e-learning courses to be hosted once for all NHS Wales organisations and access through self-service within ESR. • As part of the national work around the Hire to Retire project stream line all our current administrative processes on-line to reduce bureaucracy and shorten lead times.	• Reduced duplication of data entry • Availability of performance dashboards • Single point of access for employees and employers • Employee self-service for all employees to be able to access ESR remotely. Current position 94.74%. • E-expenses usage has led to more timely reimbursement for staff and improved ability to audit payments made. • Improved management of HR process e.g. sickness absence, PDR, mandatory and statutory training. • Remove paper transactional process and replace with e-enabled solutions; pay cards, payslips (92.21%), e-enrolment and staff change forms.

Service Change	Key Objectives	Outcome data
	• Maximise use of e-system interfaces to ESR.	• Prove access to E learning for all employees and provide immediate compliance visibility through ESR Business Intelligence. • Full implementation of the new ESR Portal across the UHB. • Implementation of 'My ESR' to facilitate the booking of annual leave, view online payslips and play e-learning modules for Statutory & Mandatory Training.
Welsh Clinical Portal	WCP is the main clinical system used across Cwm Taf and includes access to Pathology and Radiology test results, clinical letters, theatre notes, pre-assessment notes EDALs (i.e. electronic discharge), e-referrals, patient demographics, and access to a summary of patients' GP records. The Welsh Results Service (WRRS) went live in Cwm Taf's Welsh Clinical Portal (WCP) 2016. This is an all-Wales database, developed by NWIS, which provides the clinical staff with the ability to view reports for their patients regardless of where in Wales they were produced. Key developments. In 2017/18 rolled out: • Cardiology results in WRRS went live • EDAL was completed • WCP live in Out of hours • WPRS list for cardiology • Planned for 2019:	• Clinical staff can now see pathology and radiology results for patients irrespective of where the test was performed. Particularly important with cross border patients. • Patients that move between hospital for care i.e. cardiology patients between UHW and Cwm Taf will now have a more compete clinical picture. • Reduces the need to chase results from other Health Boards in order to treat the patient. • Cuts down on unnecessary repeat testing. • WCP becomes the electronic record for the patient. • Provides evidence-based, holistic patient centered not Health Board centered view Thus enabling appropriate care and equality of care.

Service Change	Key Objectives	Outcome data

	• Improve functionality of existing services/WCP upgrades
	• WCP mobile app
	• Watch lists
	• Radiology test requesting
	• Phlebotomy module
	• WISDM
	• WIAS
	• WEDs/ED service redevelopment
	• Clinic letters in WCP
	• WPRS:
	  ○ Longer term: Switch off of GP paper referrals.
	  ○ Short term priorities: Respiratory, @home service, endoscopy, community cardiology GPWSI.	

Shared Care Record	The Shared Care Record, currently delivered through Vision Anywhere, provides the benefits below • Duplication of processes and record keeping decreased • Support for integrated and shared care plans increased • Increased team and individual capacity • Support for effective information sharing and MDT working increased • Control of access to sensitive data increased • Decrease unnecessary hospital admissions	Primarily, it facilitates a multi-disciplinary approach to the development of integrated care plans for patients. Paired with the ability to access that data at the point of care via mobile devices, it gives health, social care and third sector professionals the ability to make and action more timely, patient-centred decisions within their homes or elsewhere in the community. This support allows patients to continue to live and function safely and reduces unnecessary admissions to hospital. Reducing the volume and duplication of data entry (both on paper and electronically), increases the capacity of individual professionals and their team to provide more care to the patients with the greatest need.

Service Change	Key Objectives	Outcome data
		By developing a secure platform upon which information can be shared, service specific processes will be reduced, giving greater control to sensitive data. The rights of the patient from data protection legislative point of view are therefore upheld more robustly.
Boundary Change	The boundary change between CTUB and ABMU poses a new challenge for informatics. In previous organisational change situations the requirement has been to support the merger of 2 Health Boards into a single Board. However in this case the boundary change will not result in the merger of two health boards, but the realignment of part of one organisation into another.	The requirement is therefore to support the delivery of services for Bridgend and District from one health board to another. This is technically a more challenging proposal for operational delivery and support. In achieving this complex change, the solution must also ensure that service can continue to function effectively during the transition. To achieve this a phased implementation approach will be required.
Welsh Emergency Department System	To introduce the National ED system across Cwm Taf including POW.	This will not be seen as an ICT project but the opportunity to look at the business change process within the department to maximize the benefits of the new system
Digitising of the Health Record	To digitise the Medical record and simultaneously introduce e forms to ensure data captured by the clinical teams is electronic and the production of the paper record is decreased	• Digitising patient records: Digitising patient records "on demand", i.e. in advance when a patient is scheduled to attend. As each record is digitised, it will become available to clinicians 24 hours a day, 365 days a year. It can also be viewed simultaneously by users on different sites. • Developing electronic record content: Developing the electronic content of records in future. This will allow electronic input to the patient's record and be visible via the Welsh Care Records and Welsh Clinical Portal. • This will provide immense benefits to the Boundary change programme mitigating the need to move the records especially the ones that are also used by both CTUHB and ABMU across the 2 Health boards

PRUDENT PRACTICE

Prudent practice examples include:

Service Change	Key Objectives	Outcome data
Valleys Steps	• This new service offers an integrated comprehensive service at the Tier 0 level, which will bring together the key strands of the different service sectors that can provide an effective range of Bio-Psycho-Social interventions. • In effect, it becomes the 'one stop shop' that links the relevant services to offer prompt and simple access for the general public and GPs to refer/signpost their patients. • Aims to reduce demand on statutory services • Increases income by utilising social investment funds and inward investment to third sector • Reduces costs by saving on anti-depressant prescribing and supporting alternative interventions from traditional health services	• Valleys Steps is an independent Third Sector organisation established with the support of a £450,000 Wales Well Being Bond and a Big Lottery Grant. VS has brought together different sources of social funding with the view of: o reduce undue reliance of anti-depressant medication. o investing in schemes that are preventative in nature o will reduce demand on public services and o will generate savings that will help repay the initial investment o enabling new investment to create services that meet the needs of people • The annual cost of anti-depressants is currently £1.587m and is projected to grow over the next five years to £2.144m. The cumulative impact of this growth amounts to a direct cost of £1.6m which will borne by the Health Board, as well as indirect costs. • Valleys Steps offers an alternative to anti-depressant prescribing and referral to statutory services through its Mindfulness and Stress Management Courses. On average there have been over 700 attendees per month. • Evaluation of the Mindfulness sessions Q1 2018/19 using WEMBWB score has shown that following attendance: o The number of people self-reporting with low well-being decreased from 74% to 18% o The number of people self-reporting with medium well-being increased from 28% to 69%; and o The number of people self-reporting with high well-being increased from 1% to 14% • At the start of the Stress Control courses (Q1 2018/19) the vast majority of attendees experienced low well-being 79%, and medium 16% with only 4% high. At the end of the course this shifted to a majority medium well-being of 64% and an increase of high well-being to 15% with a reduction to those with low-wellbeing to 21%. • The impact of Valleys Steps on anti-depressant prescribing has been less significant than had originally been anticipated, however it is acknowledged that the required changes in culture and clinical practice can take some time to take

Service Change	Key Objectives	Outcome data
		effect. It has impacted however on the referral rate to local primary mental health services. • To help ensure sustainability of the Valleys Steps service, Cwm Taf UHB has now agreed to commission the service from 2019/20 via a Service Level Agreement, which entails expanding the service to cover the Bridgend area
Surgery Assessment Unit	The Surgical Assessment Unit was introduced in RGH in January 2017, following the successful introduction of the unit in PCH in January 2016.	During January to December 2017: • Total admissions to the SAU during this time period were 2,622 with 52.7% of patients discharged directly from SAU and not requiring admission. 57.8% of all emergency general surgical admissions were via SAU. During January to December 2018: • Total admissions to the SAU during this time period were 3,330 with 50.5% of patients discharged directly from SAU and not requiring admission. 68.6% of all emergency general surgical admissions were via SAU. As a result of introducing the SAU length of stay in RGH has reduced from 5.4 in 2017 to 5.2 in 2018.
Diagnostic Hub	The Diagnostic Hub opened in November 17, with the development of a second CT and MRI scanner at RGH and the successful implementation of a workforce plan. At the end of 2018 discussions turned to the second phase of the Hub with the agreement in principal the proposed scope would focus on the expansion of endoscopy services. However, due to the footprint work at RGH Phase 2 would require a 3 to 5 year programme. Therefore, due to the demand being placed on endoscopy services now, as well as a further increase in the foreseeable future, it	The development of this Hub has meant that we have enough capacity not only to absorb all of our own demand for CT and MRI, but have been resourceful to neighbouring health boards by offering out space capacity to be utilised on a regional basis. There is a plan to continue to continue this offer during 2019/2020. Demand and Capacity work has shown that an additional theatre is required to meet the current demand for endoscopy services. There is also an anticipation that endoscopy referrals are likely to increase by 20% between now and 2020 due to the expansion of screening programmes and the introduction of the new FIT testing which is more sensitive and will result in an increase in colonoscopies. The key aims of this work, associated with the interim plan, during 2019/20 will be to: • Enable CTUHB to meet current demand, improve waiting times for patients and ensure there is good governance around surveillance waits. This will ensure essential improvements are made to enable JAG accreditation.

Service Change	Key Objectives	Outcome data
	has been agreed to commence the development and of an interim plan for the expansion of endoscopy over the next 2 years.	• To improve efficiencies, processes and infrastructure within the current service. • To develop and implement a workforce plan which will include the development of new role, recruitment and training which will be a key enabler toward progressing towards Phase 2 of the Diagnostic Hub.
GIRFT Orthopaedic Service Redesign	Redesign of T&O services across Cwm Taf and Princess of Wales Hospital to improve quality & safety, clinical effectiveness and patient experience.	Current configuration has inefficiencies across Cwm Taf and Princess of Wales: • Higher than optimum length of stay due to variation in elective and trauma management • High cancellation rates for elective surgery to accommodate trauma demand. • Inflated costs for high value procurement items. • Sub optimum theatre utilisation due to mix of trauma and elective demand. • Sub optimal patient experience due to untimely access to trauma surgery and cancellations of elective surgery due to trauma. Anticipated outcomes and benefits are: • Improvement of patient experience with timely trauma surgery and reduced cancellations of elective surgery due to trauma. • Reduced pressure on emergency departments by expedited trauma pathways. • Increased efficiency in review, treatment and discharge of patients from trauma site thereby reducing length of stay for both elective and emergency patients. • Increased efficiency through review of joint prosthesis procurement. • Efficiency of elective work will be improved by consolidation on one site and variation reduced. • Improvement in volume of procedures undertaken as day case. • Improvement in elective pathway as measured by RTT performance. • Availability of critical care for planned patients. • Reduction in number of planned cancellations for non-clinical reasons.

Service Change	Key Objectives	Outcome data
		• Improvement in time to theatre for trauma patients.
ENT Service Redesign	Redesign of ENT elective and emergency services across Cwm Taf and Princess of Wales Hospital to provide patients with equitable access to a safe, effective and sustainable service that can cope with changes in the future.	Current configuration of the elective and emergency service across Cwm Taf and Princess of Wales has sustainability challenges which makes the current service model no longer sustainable. Anticipated benefits of the proposed redesign is to provide high quality, sustainable ENT service and be safer and more resilient to cater for patient's needs than is possible in the current service configuration: • Improve quality, safety and patient experience. • Ensure services provided are accessible and sustainable. • Reduce unnecessary admissions and length of stay. • Improved patient outcomes with dedicated specialist on-call service. • Effective use of skilled clinical resource.
Urology Service Redesign	Redesign of Urology service across Cwm Taf and Princess of Wales Hospital to provide high quality, safe and sustainable service.	Current service configuration across Cwm Taf and Princess of Wales has ongoing sustainability issues with it becoming increasingly difficult to staff an emergency on call service on the three hospital sites of Princess of Wales, Royal Glamorgan and Prince Charles. Anticipated benefits of the proposed redesign is to provide high quality, sustainable Urology service and be safer and more resilient to cater for patient's needs than is possible in the current service configuration: • Improve quality, safety and patient experience. • Ensure services are accessible and sustainable. • Improve patient outcomes with dedicated specialist on-call service. • Effective use of skilled clinical resource.

THE FUTURE PRUDENT WORKFORCE

Our workforce is clearly our most significant asset and it is through the commitment, professionalism and dedication of our staff that we are able to deliver high quality services to our population. We continue to focus on how best we can develop and utilise our existing workforce prudently and develop a sustainable future workforce which has the skills and competencies to meet changing service demand and need. This is challenging in the face of significant change, workforce fragilities and recruitment challenges for Doctors, Nursing, Allied Health Professional and Health Care Science Registrants.

However, these are also some of our most significant opportunities for innovation and workforce re-design. In both Primary and Secondary care there is an increasing focus on the development of the multi-disciplinary team, introducing new, changed or extended roles using a competency based lens. Maximising the opportunities of the unregistered workforce, utilising the HCSW Career and Skills Framework with expansion and introduction of new roles, maximising the opportunities of apprenticeship schemes. The following section describes the potential features of a future workforce, with examples of where the principles of prudent healthcare have been applied, and provides examples of current developments within Cwm Taf.

Area	Cwm Taf Developments
Workforce Redesign Understanding who is the most appropriate and competent worker, in the most appropriate setting, to provide efficient and quality patient care. Work with partner to eliminate duplication of tasks to provide integrated care in the most appropriate setting. Multidisciplinary teams with Advanced and Extended Practice roles that undertake tasks that traditionally would have been undertaken by medical staff. Reducing professional demarcation and boundaries across the patient pathway, to provide seamless patient care. Who is best placed to provide care within particular sections of a patient pathway, enabling skill mix changes and integration between professions?	• Development and investment in Acute Physician roles. • Non-Medical Consultant roles - Consultant Midwife, Clinical Biochemist, exploring CAMHS and Microbiology. • Physician Associate in Primary Care, Acute Medicine and Paediatrics and exploring Mental Health and Surgery. • Surgical Care Assistant (Nursing) • Advance and Extended practice within Mental Health • ANP within Care of the Elderly in Princess of Wales Hospital. • ANP within OOH service and within a new model of community care. • Acute Medicine and A&E extension of ENP and ANP roles. • Clinical Nurse Specialist for Acute Oncology, Princess of Wales Hospital. • Expanding critical care practitioners. • Specialist Nurse/ANP Surgical Assessment Unit, Breast and Colorectal Services. • Occupational Health, Nurse Case Managers

Area	Cwm Taf Developments
Improved integration requires that staff from different disciplines and services are working together more effectively in multi-disciplinary/agency teams.	• Clinical Specialist roles with Therapies within Mental Health, Dementia, MSK and Diabetes. • AHP Leadership roles to lead multi-professional working e.g. Diabetes and Primary care. • Reporting radiographers and extended practice e.g. Vetting • Advance Biomedical Scientist "specimen cut up" – replacing Consultant time. • HCS – Extended roles within Cardiac Physiology, undertaking tasks traditionally done by Medics. • Explore Advance Paramedic rotational models • ANP Primary Care – Support will continue to be given to GP practices to encourage the 'up skilling' of Practice Nurses to ANP. The Health Board also plans to continue funding Practice Nurses on the MSc in Advanced Clinical Practice course, the cost of the backfill to support GP mentorship and ANPs who wish to gain the Independent Prescribing Qualification. • Continued development of OOH/In Hours ANP – A three year training post is in development for a Primary Care Nurse with special interest in OOHs. The three year training programme will include a commitment to undertake the MSc in Advanced Clinical Practice and an attachment to a GP Training Practice. • Expansion of Cluster Pharmacists, Occupational Therapist, Physiotherapists, Speech and Language Therapists, Dieticians and Mental Health Nurse Practitioners. • Community Paramedics – This role will be part of a multi-disciplinary team to strengthen the care of patients in the community with the aim of avoiding admission to hospital. Four Community Paramedics have been recruited by WAST to work across 'in-hours' and 'out of hours'. • Expanding non-medical social prescribing. • Care Navigator roles. • Neonatal nurse practitioners –covering tier one rota

Area	Cwm Taf Developments
	• Considering a new ward skill mix for certain wards incorporating nursing HCSW level 4 to release capacity of RGNs. • Admin and clerical review • Apprentices
Education Investment in the education and development of the workforce is imperative for both initial preparation for roles and to support staff in keeping updated and abreast of latest evidence. Education programmes leading to professional registration will have curriculum and specific outcomes set by regulatory bodies, however there will remain scope for the Welsh Government and NHS Wales to identify, specific requirements that need to be included in education programmes to enhance and build on that set by the regulatory for graduates to work in Wales. The principles of prudent healthcare need to be embedded within the curriculum of the future. Exploring non-traditional education pathways.	• Co-Charing the All Wales Physician Associate Implementation group • **Level 7 Education –**currently exploring the options to provide work based level 7 education for endoscopy, which will support Phase 2 of the UHB Diagnostic Hub. We have been working with HEIW and the methodology is based on a 'minor injuries model' in AB. • **Health Care Scientist (HCS), Equivalency route –** There is need for "grow-your own" and for in-house training to extend practice for HCS. HEIW is exploring funding options to support equivalency assessment for people who have education or considerable professional experience and can demonstrate they are equivalent to the Modernising Careers Programme. • Partnership working with the University of South Wales (Us) continues to ensure we have curriculums to meet the needs of the service and we have level 4 education to allow our HCSWs to be able to access the second year of nurse education. • The 'Inequalities & Rural Health' module has been developed in close collaboration with academic partners at Cardiff University School of Medicine and is available to medical students undertaking a BSc in Clinical Epidemiology pathway. The module aim is to introduce students to the key concepts relating to health inequalities and critically appraise associated evidence in order to help them address health inequalities at local and national level. We have fully utilised WEDS funding to support advanced practice, independent prescribing and nurse CPD to ensure our workforce redesign opportunities are enabled and underpinned by appropriate education and training. • An internal 'Developing Doctors to be Educators' programme was delivered in 2017, for twelve doctors in training to be appropriately

Area	Cwm Taf Developments
	trained and qualified to provide student teaching. This increased the level of support for multidisciplinary training being offered within the Health Board releases capacity within clinical areas. • Quality Improvement Showcase Event targeted at multidisciplinary teams who submitted their innovative ideas and projects for improvements within the University Health Board. These submissions increased the innovations being developed and implemented across the Health Board. • Streamlined our training processes to ensure minimal disruption to clinical time. • Accessed HEIW Post registration funding to appoint 3 Post Development Nurses to provide local clinical skills training and education for staff. This has enable us to respond to specific training needs in a timely way for nursing and other healthcare professionals where appropriate, improving multidisciplinary working. • Investment in a Medicines Management Nurse, joint appointment between Clinical Education and Pharmacy to lead on Medicines Management training for registered healthcare staff and HCSW. • Continue to utilise education pathways e.g. HSCW foundation programme, level 4 cert HE supporting HCSW development and also flexible part-time nursing programmes widening access and ensuring all levels of the workforce are competent. • Investment in professional development training programmes in primary care to enable service redesign and address recruitment issues.
Delivery of Services Maximise opportunities for workforce modernisation and sustainability afforded by the Well-being of Future Generations Act, Social Services and Well-being Act, Prosperity for All: the National Strategy, A Healthier Wales: our plan for Health and Social Care and the Cardiff City Deal.	• Introduction of a Workforce Modernisation board co-chaired by the Director of Workforce & OD and the Deputy Medical Director. • ICF investment in Hospital based Social Workers and Health and Social Care Discharge Central Coordinator to support patient discharges from hospital. • ICF investment in Community Co-ordinators supporting local schemes such as befriending services.

Area	Cwm Taf Developments
In an areas of high depravation and economical challenges support and address sickness absence levels of staff including redeployment opportunities. Maximise ways of addressing recruitment and retention challenges to elevate workforce gaps and the effects of Brexit.	• Inverse Care investment in trained health care support workers providing cardio-vascular risk assessment and advice in GP practices • Extending Age Connect Morgannwg services following evaluation of a trial period to aid safe and timely discharges from hospital • Strong focus on reducing sickness absence and supporting wellbeing of staff e.g. January 2019 being a Health and wellbeing months with planned activities and events for staff.