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NHS Wales Health  
Collaborative

# Annual Plan 2022/23

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**Date:** 23 June 2022

**Version:** 1 (Approved)

## Purpose and Summary of Document:

The document sets out the Annual Plan for the NHS Wales Health Collaborative (the Collaborative) for 2022/23. The year will be both a pivotal and a transitional year for the Collaborative.

The overall high level priorities that have shaped this plan are the needs to support:

- the implementation of the [NHS Wales National Clinical Framework](#) and [NHS Wales Quality and Safety Framework](#), including taking a [value based approach](#) to healthcare
- the implementation of the [National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales](#) and related work to support clinically led system recovery from the impact of the Covid pandemic
- a more joined up and strategic approach to the future configuration and delivery of diagnostic services in NHS Wales
- the existing priorities already determined by our various network and programme boards and implementation groups
- the wider system in responding to the imperatives of the [NHS Wales Planning Framework](#)
- the further strengthening of the Collaborative itself, to facilitate the delivery of the above priorities

We will keep this plan under active review throughout 2022/23 and ensure that it is adapted in a controlled way (via appropriate governance processes) as priorities evolve and the impacts and demands of the new Executive, the implementation of the National Clinical Framework and of the NHS Wales recovery plan become clearer.

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# 1 Introduction

The document sets out the Annual Plan for the NHS Wales Health Collaborative (the Collaborative) for 2022/23. The year will be both a pivotal and a transitional year for the Collaborative.

At the time of writing (May 2022), an announcement had just been made by the Minister for Health and Social Services, Eluned Morgan, that an NHS Executive for Wales is to be established during 2022. The Collaborative is intended to be part of the supporting functions of this Executive. Further practical arrangements for the establishment of the Executive are awaited but it is clear that there will be significant changes in the role, governance and accountability of the Collaborative.

Whilst our work will, inevitably, be impacted by the organisational and governance changes required to establish the Executive, it is important that we have a clearly articulated 'baseline' plan for what we intend to deliver and achieve, on behalf of NHS Wales, during 2022/23, based on current knowledge of priorities and imperatives. It is also important that our plan allows us to support the staff of the Collaborative as we work through the necessary programme of change.

Throughout this year of transition, we will actively manage our programme of work and delivery of priorities in alignment with the development of a transfer of accountability and reporting under the establishment of the NHS Executive function. This will ensure that extant priorities are supported appropriately to secure delivery irrespective of wider system change. There will be active management of risk associated with this throughout 2022/23 to assure our partners and stakeholders around the delivery of key priorities.

The overall high level priorities that have shaped this plan are the needs to support:

- the implementation of the [NHS Wales National Clinical Framework](#) and [NHS Wales Quality and Safety Framework](#), including taking a [value based approach](#) to healthcare (see sections 3.2 and 3.3)
- the implementation of the [National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales](#) and related work to support clinically led system recovery from the impact of the Covid pandemic (see section 3.4)
- a more joined up and strategic approach to the future configuration and delivery of diagnostic services in NHS Wales (see section 3.5)
- the existing priorities already determined by our various network and programme boards and implementation groups (see section 3.6)
- the wider system in responding to the imperatives of the [NHS Wales Planning Framework](#) (see section 3.7)

- the further strengthening of the Collaborative itself, to facilitate the delivery of the above priorities (see section 4)

We will keep this plan under active review throughout 2022/23 and ensure that it is adapted in a controlled way (via appropriate governance processes) as priorities evolve and the impacts and demands of the new Executive, the implementation of the National Clinical Framework and of the National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales become clearer.

## 2 About us

The Collaborative is a national organisation working on behalf of the health boards, trusts and special health authorities that make up NHS Wales, as well as undertaking some defined work directly on behalf of the Welsh Government. Through facilitating collaboration, networking and engagement between our NHS partners and other stakeholders, our teams work to support the improvement of NHS services across organisational boundaries, in order to improve the quality of care and outcomes for patients. Our teams comprise:

- five [all Wales clinical networks](#) (Cancer, Cardiac, Critical Care, Maternity and Neonatal and Mental Health)
- three [all Wales diagnostic programmes](#) (Endoscopy, Imaging and Pathology)
- two [all Wales informatics programmes](#) (Laboratory Information Network Cymru and Radiology Informatics System Procurement)
- support to a range of [major conditions implementation groups](#) without existing clinical networks (Diabetes, Liver Disease, Neurological Conditions, Rare Diseases, Respiratory Health, Stroke and Women's Health)
- the [Wales End of Life Care Programme](#) (formerly an implementation group)
- the [Welsh Sexual Assault Service Programme](#)
- our internal supporting functions

Our work on each of the above areas is separately overseen by a range of individual network boards, programme boards and implementation groups. The totality of our work is, in turn, overseen by:

- the Collaborative Leadership Forum – chairs and chief executives of the NHS Wales statutory bodies meeting to oversee the work of the Collaborative, at a high level
- the Collaborative Executive Group (a sub group of the Collaborative Leadership Forum) – chief executives of the NHS Wales statutory

bodies meeting monthly to provide more direct oversight of the Collaborative

The Collaborative is hosted by Public Health Wales, on behalf of NHS Wales, under a formal hosting agreement. It is expected that we will continue to be hosted by Public Health Wales as part of the supporting functions of the NHS Executive for Wales. We have adopted the values of Public Health Wales, as our host body and have committed to 'work together, with trust and respect, to make a difference' in all that we do.

More background information, including our [annual reports](#) can be found on our website: <https://collaborative.nhs.wales/>

### **3 Context for our plan**

#### **3.1 NHS Executive for Wales**

As stated in the introduction, we anticipate that most or all of our teams will transition to become part of the supporting functions of the new Executive. The specific actions relating to the establishment of the Executive and the resulting transition of our functions and associated changes in our governance have not been defined and are not specified in this plan. Our plan will need to be subject to formal review and amendment in light of both to add the required actions and to assess the impact on the other actions set out in our plan as the year develops.

#### **3.2 NHS Wales National Clinical Framework**

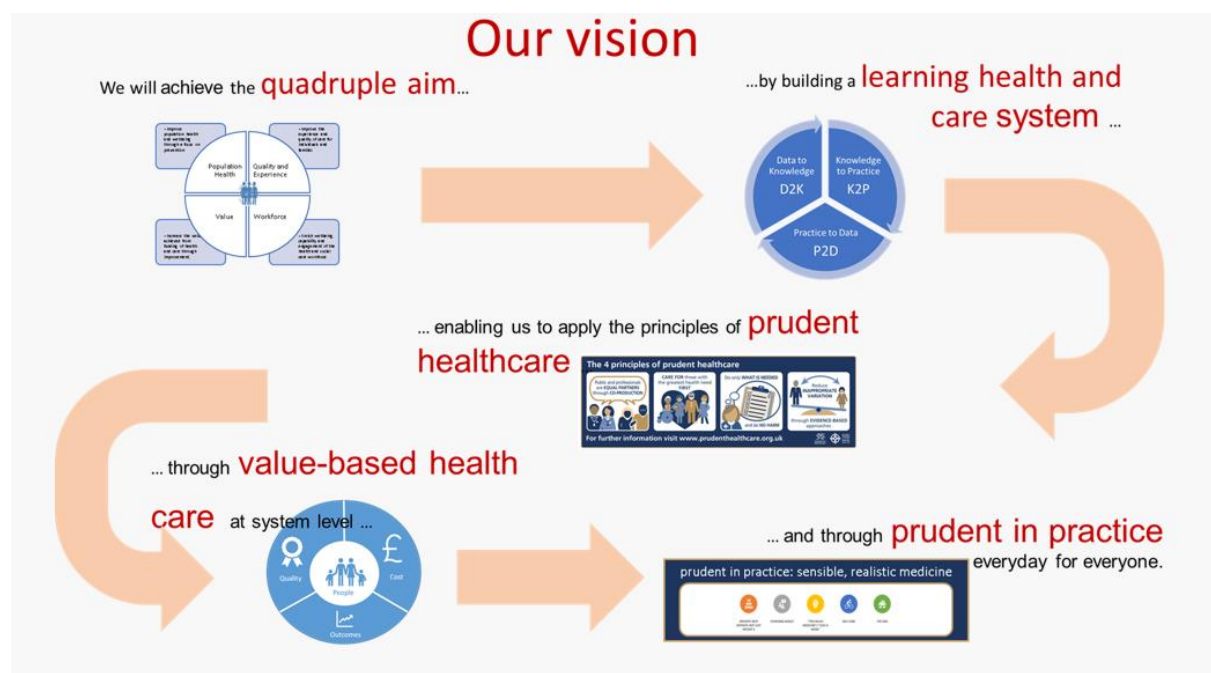
The [NHS Wales National Clinical Framework](#) (the Framework) was published in March 2021 and, in many respects, provides a guiding manifesto for the networks and programmes within our scope. Clinical networks, national programmes and the implementation of digital strategy, which are all core elements of the Collaborative, are explicitly identified in the Framework as being three of the four key enablers. The fourth is workforce, where we also make significant contributions, in partnership with other bodies, including HEIW.

The Framework sets out a health system that is co-ordinated nationally and delivered locally. One that is managed through collaborations, between health organisations and partners, by those directly responsible for their respective populations. This will ensure local ownership and a thriving innovation agenda.



The Framework describes how clinical services should be planned and developed in Wales based on an application of prudent and value-based healthcare principles, which we refer to as 'prudent in practice'. In doing so, it recognises the need to continue to shift focus from hospital-based care to person centred, community-based care. Care that can support people to stay well, self-manage their condition and, when necessary, provides seamless and appropriate specialist support. Central to this is the national-led creation and subsequent local adoption of higher value pathways that focus on the patient rather than the setting in which the service is delivered.

The vision underpinning the Framework is illustrated below:



Under the Framework, clinical networks play a pivotal role and are expected to:

- produce **Quality Statements** - describing the service standards and expected outcomes for their areas of expertise
- set out **service standards**, using the NHS Wales Quality Framework (see below) as a guide

- devise **pathways** to deliver those services and develop and monitor outcomes
- ensure a focus on '**upstream**' and '**closer to home**'
- make use of **Value Based Healthcare** tools and techniques to shape the pathways
- **support implementation** of pathways through advice to health boards and trusts.

The above roles are reflected in the actions set out in our plan.

Whilst the Framework is predicated on the existence of the Executive, work has already commenced on its implementation. The interim (pre-Executive) governance and overall structure for this work was recently formalised, through the approval of specific arrangements by the NHS Wales Leadership Board (NHSWLB (79) 04).

These arrangements include the establishment of a transitional oversight Board (to include the Collaborative Director) which will oversee the development and implementation of more detailed work programmes for each of four areas:

1. **Clinical networks**
  - Determine which clinical networks are required in future in line with the vision in the Framework
  - Minimum scope and functions for a viable network and core infrastructure agreed
2. **Population health and regional working**
  - Population segmentation and risk stratification embedded across the system
  - Regional planning arrangements strengthened
3. **Quality**
  - Quality Statements developed for clinical services/conditions outlining outcomes and standards expected in high quality, patient focussed services
4. **Pathways**
  - Clinical networks and national programmes responsible for development of national pathways

We, as the Collaborative and, subsequently, as part of the Executive, have key roles to play in leading and supporting the above work programmes. Whilst this is reflected at a high level within this plan, these elements of our plan will need to be refined and expanded as the work develops in 2022/23.

It is important to note that the application of the Framework via the above work programmes will have a significant impact not only on the work of our networks and programmes, but also on their overall configuration, structure



and scope. This will involve moving from the current configuration of five all Wales clinical networks and nine implementation groups without networks, to a new configuration of strategic all Wales networks, the scope and structure of which are yet to be determined, based on factors including:

- Burden of the disease (in population impact and healthcare terms)
- Service fragility (including in the specific post-Covid context)

### 3.3 NHS Wales National Quality and Safety Framework

Healthcare organisations in Wales are focused on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. The recent [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#), which places both an enhanced duty of quality and an organisational duty of candour, aims to strengthen the approach to high quality, safe care.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. To support this an [NHS Wales Quality and Safety Framework](#) was published in September 2021, which describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales. Action 15 confirms that:

*"A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups".*

As an early step in the establishment and implementation of the Quality and Safety Programme, a Programme Director has been recruited into the Collaborative and will be supported by a core team (as a precursor to the programme being led from within the Executive). Accountable to a newly established NHS Wales Quality and Safety Board, the Programme Director will lead, develop and oversee the implementation of the programme.

### 3.4 National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales and wider Covid recovery

The unprecedented challenge of the Covid pandemic necessitated that the Collaborative's networks, programmes and implementation groups

reprioritise their work and included enabling our staff to support the NHS pandemic response. Front line service delivery was prioritised, and this meant that a much planned activity in 2021/22 was not delivered.

[Covid-19: Looking Forward](#), published by the Welsh Government in March 2021, aims to create the sustainable services required for the future, alongside addressing the backlog of patients already in the system.

Our position at the intersection of health boards, trusts, clinicians and the Welsh Government gives us a unique perspective on the scale and complexity of the challenges to be addressed. It gives us an opportunity to be a key agent in securing long-lasting service improvements for patients, under the auspices of the National Clinical Framework.

A [National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales](#) was published in April 2022. The plan sets out priorities for action over the next four years. They focus on immediate actions to release capacity to see and treat more people and slightly longer term actions that will continue to transform the service:

1. Transformation of outpatients
2. Prioritisation of diagnostic services
3. Focus on early diagnosis and treatment of suspected cancer patients
4. Implementing a fair and equitable approach to patient prioritisation to minimise health inequalities
5. Eliminating long waiters at all stages of the pathway
6. Build sustainable planned care capacity
7. The provision of appropriate information and support to people

These priorities underpin four commitments to the people of Wales, namely to:

1. increase health service capacity
2. prioritise diagnosis and treatment
3. transform the way we provide elective care
4. provide better information and support to patients

Through our networks, programmes and implementation groups, we have much to contribute to the seven priorities and the fulfilling of the four public commitments, facilitated by the National Clinical Framework and National Quality and Safety Framework.

### 3.5 Strategic all Wales approach to diagnostics

The National Clinical Framework establishes that the diagnostic programmes serve a vital national requirement for investigating systemic service challenges, developing solutions at scale, supporting service transformation, and providing assurance of equity of service offer across Wales.

Whilst the National Endoscopy Programme has moved into an implementation phase in the specific post-Covid context, our Pathology and Imaging programmes remain primarily guided by 'statements of intent' that predate the pandemic. The altered context and the importance of diagnostics in supporting wider system recovery necessitate a more joined up and reinvigorated strategic approach, learning from recent developments in NHS England and elsewhere.

The Welsh Government has recognised that:

- diagnostic provision and services in NHS Wales were already fragile before the pandemic
- the effects of Covid have acutely exacerbated pre-existing service fragilities, and backlogs across Wales are expected to continue rising
- the diagnostic element is an essential component of nearly all patient pathways
- diagnostic services are a key rate-limiting step in the delivery of patient care and are critical to the recovery of NHS Wales.
- at present, there is no central co-ordination or principal leadership across diagnostics in NHS Wales
- to reduce the accrued backlogs, there needs to be sharp focus on diagnostic services.

As a result, a Diagnostics Board to support recovery and diagnostic transformation has been established. The formation of a new National Diagnostics Board and Programme will provide the strategic leadership required to direct and inform diagnostic transformation and maximise existing resource programme machinery to facilitate an equitable approach to recovery and transformation in NHS Wales. We will play a significant role in the development of these new arrangements and in supporting the new National Diagnostics Board. This will impact significantly, in year, on the work of our diagnostic programmes and will result in changes to our plan.

### 3.6 Existing priorities of network and programme boards and implementation groups

Notwithstanding the contextual factors listed and described above, each of our networks, programmes and supported implementation groups also has

a number of previously identified priorities that continue to be relevant and need to be progressed (whilst remaining under ongoing consideration in the light of wider strategic requirements). Our plan, therefore, continues to include actions in support of existing priorities agreed by each of the network boards, programme boards and major conditions implementation groups, as set out in our previous Medium Term Plan 2021 – 2024.

### 3.7 NHS Wales Planning Framework 2022 to 2025

The Welsh Government published the latest [NHS Wales Planning Framework](#) in November 2021. Whilst the guidance is primarily intended to guide and inform the content of health board, trust and special health authority IMTPs, its content has both direct and indirect impact on the content of the Collaborative plan.

The guidance restates the current ministerial priorities, as follows:

- A Healthier Wales - as the overarching policy context
- Population health, through the lens of pandemic experience and health inequity
- COVID response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

We have contributions to make in support of each of these priorities.

## 4 Strengthening the Collaborative

Delivering this plan will require that the organisation is optimally configured and supported internally and externally. Last year's plan sought to ensure that the Collaborative worked in a coherent and consistent manner to successfully maintain the delivery of national priorities during a pandemic.

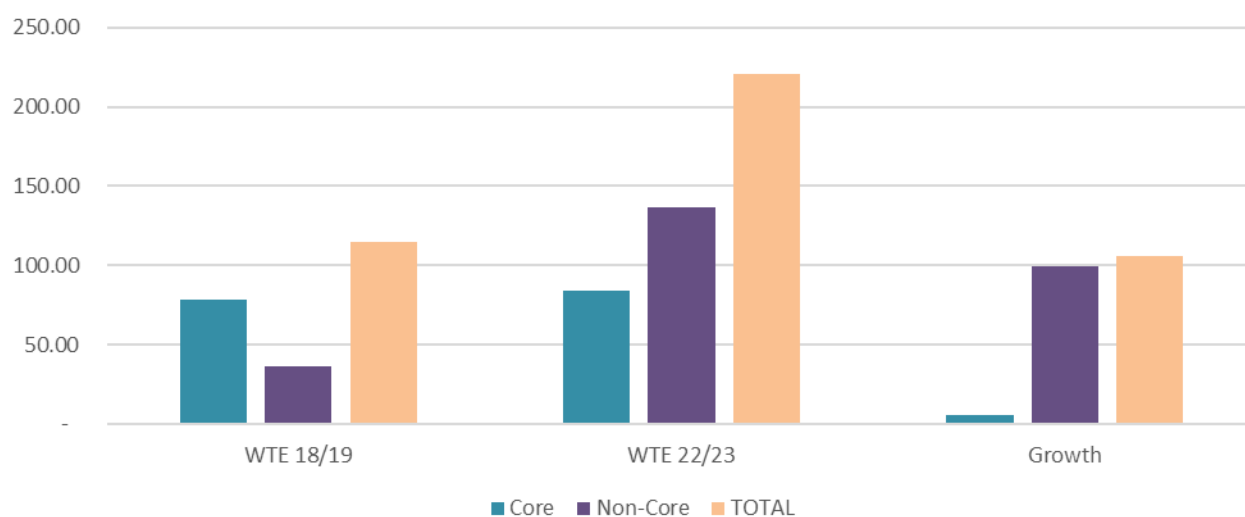
The Collaborative has grown significantly in recent years and our supporting corporate infrastructure (both internal to the Collaborative and delivered via our host body Public Health Wales and other NHS organisations including DHCW and NWSSP) has not kept pace. Figures 1 and 2 overleaf illustrate the level of growth in the Collaborative since 2018/19.

During 2021/22 we strengthened our Senior Management Team, ensuring representation from all networks and programmes, and secured the input of newly appointed specialist management colleagues to provide business

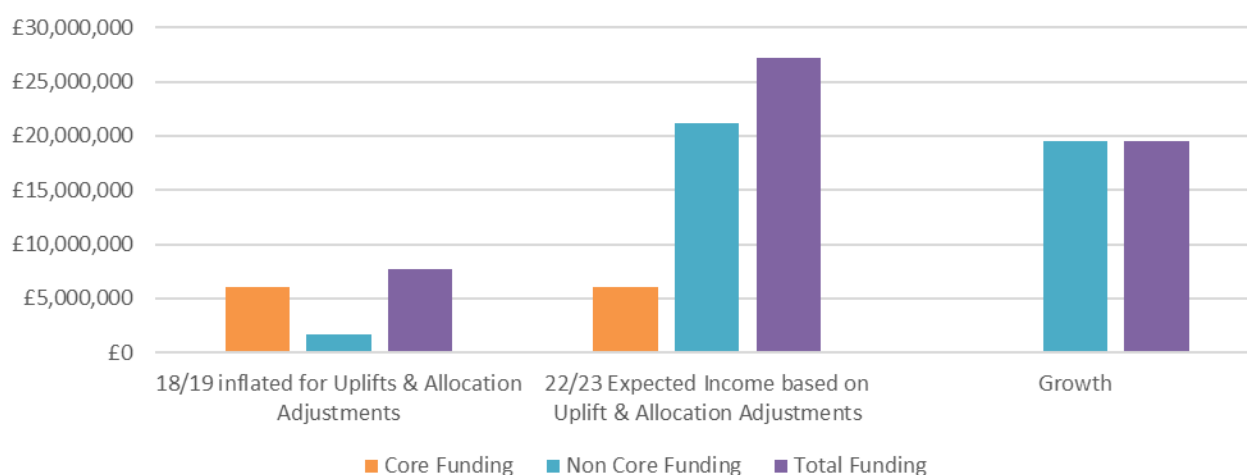
intelligence, communications, engagement and finance expertise. These investments and the building of critical mass have ensured that our health intelligence and communications functions will be equal to the demands placed on them by the needs of the wider organisation.

We will be taking further steps in 2022/23 to strengthen and clarify our supporting arrangements, whilst being mindful of our future place within the planned Executive. This includes a review of our accommodation, including new bases in North Wales (Llandudno Junction) and South West Wales (Swansea Bay UHB HQ).

**Figure 1 – Growth in total Collaborative WTE between 2018/19 and 2022/23**



**Figure 2 – Growth in total Collaborative income between 2018/19 and 2022/23**



Our plan incorporates a restructuring of our business and administrative functions to enable a more robust service to be provided to the newer elements of the organisation. This will include Collaborative-wide support for ESR, mandatory training, managing vacancies and recruitment and the

servicing of meetings. Enhanced services will be developed and will include staff development with in-house training events such as lunch and learn sessions and resource management. This will be aimed at providing staff with the necessary tools to develop the skills needed to progress their careers.

We also need to secure a greater proportion of substantive posts as, notwithstanding efforts to address long-standing concerns with staff being on short or fixed term contracts, the continued high level of such contracts compromises our ability to build sustainable, long-term expertise.

## **5 Working with partners**

Our whole system approach encompasses our work with and across partner agencies, with a particular focus on collaborative outcomes, economies of scale and benefits arising from the sharing of best practice. During 2021/22, we sought to identify where our priorities and those of our partners were complementary or interdependent, working proactively to realise shared benefits.

For 2022/23, we will continue to mature and strengthen this approach. We will continue to work with other national organisations and agencies, including HEIW, DHCW, the DU and the FDU to map our activities to national programmes and priorities, thereby formally establishing where the role of each agency is linked, interdependent or synergistic, highlighting areas where focussed collaboration is required, and facilitating the formalising and codifying of inter-organisational relationships.

## **6 Supporting Our People Through Change**

The establishment of the Executive, together with the implementation of the National Clinical Framework, will represent our biggest change process since clinical networks were transferred into the Collaborative in 2016.

These developments will bring with them significant opportunities for improving services for the people of Wales, as well as enabling our staff to further develop their skills and experience. At the same time, it is recognised that there will also be a period of uncertainty with the potential for change of various types. Consequently, our staff, many of whom have temporary contracts, will need to be supported throughout. To do this we will work closely with our staff to ensure that they are all afforded the opportunity to fully engage with the programme of work and have access to the support that they need. We will also continue to engage with our Unions throughout the process. In addition, we will ensure that our managers and organisational leaders (including our clinical leads) are appropriately equipped and supported to enable them to also support their teams appropriately from a day-to-day line management perspective. We

will promote training and other support mechanisms such as counselling and mentoring as part of this overall 'wrap-around' in readiness for all our staff to be best positioned once the plans for the implementation of these two important programmes become clearer. We will do all this in close liaison with, and with support from colleagues in Public Health Wales' HR and OD functions.

Following feedback received from NHS staff surveys, we support a Staff Forum as an additional channel through which staff can request support, provide feedback, or escalate and raise issues through to our Senior Management Team. Staff have successfully used this forum to innovatively arrange wellbeing and personal resilience sessions in response to impacts of the pandemic. We will also continue to support the role of the Staff Forum as an important supporting mechanism to help us all navigate the changes that 2022/23 will bring.

## **7 Risk**

We have undertaken a risk assessment on the delivery of this plan, with full details set out in an Appendix. These risks, if not adequately mitigated against, could contribute to a failure to deliver the plan. These risks will form part of the Collaboratives' updated corporate risk register as well as being used to inform appropriate and related aspects of programme planning for the establishment of the Executive and implementation of the National Clinical Framework. This will help to ensure that we minimise adverse impacts on both the delivery of identified national service and clinical priorities and the establishment of priority NHS governance structures.

## **8 Collaborative Work Plan 2022/23**

The need for a consistent approach to the development, delivery and monitoring of our strategic objectives has driven the implementation of a new planning process, encapsulated in last year's plan. This process sought to ensure that the organisation's objectives reflected the specific needs of different clinical areas and strategic foci whilst addressing the potential for collaboration and partnership working. Our planning and oversight process ensures that we will identify and share best practice, collectively develop and implement common enablers, and flexibly deploy our resources to those areas of greatest demand. In 2022/23, this planning process will be further embedded and matured.

It is clear, including as a result of the contextual issues set out above, that we are continuing to operate in a dynamic and swiftly changing environment, in which the whole system remains under extreme and ongoing pressure, clinically, operationally and financially. We will continue to respond to the changing needs of our stakeholders and will need to adapt

our plan accordingly. For 2022/23, we will continue to balance the delivery of existing priorities with new and emerging requirements, necessitating flexibility, agility and understanding.

The remainder of this document sets out, firstly on a whole Collaborative basis, and then for each of our current suite of networks, programmes and supported implementation groups, our currently planned actions for 2022/23 (recognising the need for further revision and development in the light of the evolving context).

Importantly, for each specified action, we have identified whether it contributes specifically to each of the following priorities:

- Implementation of the NHS Wales **National Clinical Framework**
- Implementation of the NHS Wales **Quality and Safety Framework**
- Implementation of the National Plan for Transforming Planned Care and Reducing Waiting Times for NHS Wales and wider **Covid recovery**
- Developing and supporting a strategic all Wales approach to **diagnostics**
- Delivering the **existing priorities** of network and programme boards and implementation groups
- Supporting NHS Wales in meeting the imperatives of the NHS Wales **Planning Framework**
- **Strengthening the Collaborative**

It is recognised that each of these priorities does not stand alone in its own right and that there are interplays and interdependencies between each.



## 9 Whole Collaborative

The objectives and milestones set out in this section relate to cross-Collaborative work in support of:

- external priorities (including in relation to the implementation of the National Clinical Framework and National Quality and Safety Framework (see sections 3.2 and 3.3))
- the strengthening of the Collaborative's supporting infrastructure (see section 4), to facilitate the delivery of external priorities by the Collaborative's networks, programmes and supported implementation groups

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support the implementation of the NHS Wales Executive function	Following confirmation of arrangements from WG, define and take action in support of the establishment of the Executive	To be confirmed										
	Work with national entities expected to form part of the Executive to align priorities and working arrangements in advance of the formal establishment of the Executive											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support the implementation of the National Clinical Framework	Work with WG and other stakeholders to establish workstreams											
	Develop and agree workstream terms of reference, plans and Collaborative roles											
	Support development of proposals for future clinical network roles, scope and configurations											
	Consult and engage on new clinical network arrangements and structures											
	Implement new clinical network arrangements and structures											
Support the overall implementation of the National Quality and Safety Framework	Establish core programme team on behalf of WG											
	Develop and commence implementation of programme plan											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support the establishment of an integrated national approach to diagnostics	Support WG and other stakeholders in the establishment of a Diagnostics Board and the integration of work across imaging, pathology, endoscopy and other diagnostic modalities											
Develop a financial model to support the achievement of the Collaborative's priorities	Review the current spend and future financial flows											
	Define the infrastructure required to support the new configuration of networks etc.											
	Develop the funding model for networks etc.											
	Develop recurrent budgets for each network and programme											
	Identify pressures and points of failure											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Enhance the business, governance and administration function	Design and consult on a new structure											
	Implement and recruit to the new structure											
Strengthen the planning and programme management function	Identify resource required											
	Identify and secure funding											
	Design and consult on a new structure											
	Implement and recruit to the new structure											
Enhance the Collaborative Health Intelligence Service (CHIS)	Develop the next stage of the business case											
	Review the resource required											
	Identify and secure funding											
	Design and consult on a new structure											
	Implement and recruit to the new structure											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Review accommodation requirements	Secure space and network connectivity at WG Llandudno Junction office											
	Staff commence working in Llandudno Junction											
	Finalise arrangements for staff to work at Swansea Bay HQ											
	Review River House Lease break clause											
	Develop a solution to enable staff to resume working in River House											
	Change configuration of River House to facilitate agile working											
	Work with staff to implement PHW 'Work How it Works Best' arrangements											

## 10 Clinical Networks

### 10.1 Wales Cancer Network

Lead Chief Executive and Network Board Chair: Tracey Cooper

Managerial Lead: Claire Birchall

Clinical Lead: Prof Tom Crosby

The Wales Cancer Network provides system leadership for partners to work collaboratively to transform cancer services and improve outcomes for patients. Our work is guided by the [Quality Statement for Cancer](#).

Cancer services are complex in nature and design, as patient pathways cross every point of healthcare from prevention, primary and community care, diagnostics, through to treatment, then at the latter end of that pathway to rehabilitation, living with cancer, as well as end of life. At every stage, holistic assessment and putting the patient at the centre is the priority.

The Wales Cancer Network structure brings together local and national teams, stakeholders and organisations and covers all tumours sites, diagnostics and treatments. It is supported by a network of government, Health Board, clinical, managerial and third sector experts and interested parties, all with the ambition and vision to transform cancer diagnosis, care, treatment, outcomes and experience.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Improve equity of access and experience for cancer patients by delivering Phase 2 of the Single Cancer Pathway Implementation Plan	Complete analysis of new SCP target tumour site pathways and develop and implement pathway improvement solutions											
	With other stakeholders, deliver pilot sites for Diagnostic Hubs (DHs)											
	Develop performance indicators and reporting arrangements for DHs											
	Evaluate DH pilots and contribute to diagnostic programme for all Wales roll out											
Improve time to diagnosis through undertaking demand and capacity assessment for	Commission the Delivery Unit to complete a gap analysis and interpret to enable operational delivery											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
diagnosis, and sponsoring solutions	Identify inter-dependencies with national programmes and NHS Wales organisations											
	Undertake Phase 2 business intelligence improvement to assist planning & performance											
	Complete strategy for blood-based diagnostics, informing earlier diagnosis and targeted treatment											
	Complete delivery of the Rapid Diagnosis Clinic model, including agreement of the Vague Symptom Pathway as a NOP											
	Complete evaluation of the programme											
Deliver a Lung Health Checks operational pilot	Develop and agree business case											



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Secure funding as per Programme Plan and roll out plan											
	Engage operational support from CTM. Appoint programme team.											
	Agree evaluation criteria											
	Commence pilot											
	Commence monitoring and evaluation of pilot											
Support the development of an incremental plan to stabilise and sustain the cancer workforce	Use data, evidence and knowledge to support HEIW to identify key priority areas											
	With HEIW, develop a plan for recruitment, training, innovation, modernised roles and retention											
	Use workforce modelling to help reduce the non-clinical element of the SCP to 21 days											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Recommend how workforce capacity gaps can be improved											
Oversee the PSA Digital Platform/Self-Management programme to release clinical time	Implement non-integrated platform in BCU (and potentially Velindre and Hywel Dda)											
	Define support worker and CNS roles and define the follow up pathway											
	Pilot the PSA Self-Management digital platform in ABUHB											
	Ensure delivery of toolkit for an integrated platform											

## 10.2 Wales Cardiac Network

Lead Chief Executive and Network Board Chair: Glyn Jones

Managerial Lead: Steve Davies

Clinical Lead: Dr Jonathan Goodfellow

The Wales Cardiac Network works with partners within primary, secondary and tertiary health services to improve care and outcomes for people of all ages at risk of or affected by heart conditions. Our main priorities, derived from the [Quality Statement for Heart Conditions](#), are to:

- build on the development of all Wales Clinical Pathways to deliver value-based healthcare
- develop and implement a programme of Cardiac Peer Review for Wales
- implement the Out of Hospital Cardiac Arrest (OHCA) Plan for Wales

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Ensure that all services have implemented the prescribed optimised pathways and that learning is shared across Wales	Conduct post implementation reviews of Atrial Fibrillation (AF), Acute Coronary Syndrome (ACS) and Heart Failure (HF) pathways and highlight variations											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Undertake quality improvement initiatives for action and shared learning											
	Develop communications and engagement strategy for shared learning											
	Hold virtual Workshops for AF											
Develop a national approach to informatics systems and use of information to support improvements in cardiac care	Develop options to improve e- referral and data submission											
	Pilot an ACS app for use in secondary care											
	Evaluate ACS app pilot to inform roll out											
Develop central repository for consistent all-Wales patient information	Develop cardiac space within NDR available to input data and to report from											
	Review HF dashboard development and data source											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Audit data accuracy and data set compliance											
Develop an outline business case to progress a national solution for clinical imaging in cardiology services	Define and scope requirements. to progress a national solution											
	Develop a draft outline business case											
Support implementation of remote monitoring software to ascertain the value for patients and services	Evaluate pilot											
	Publish evaluation and next steps											
Promote change based on Quality Improvement methodology in the provision of cardiac services	Scope potential solutions and commence consultation process to gather examples											
	Publish recommendations for the development of virtual services and the development risk stratification in other cardiac services											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support sustainable fit for purpose workforce for cardiology services in Wales using a national approach to support the development of hybrid or new roles	Undertake baseline analysis of staffing and vacancies that are impacting recovery											
	Compare staffing with demand capacity model for new ways of working											
	Support business case developments with health boards to develop speciality roles											
	Review staffing levels and progress made to address recruitment											
Improve Out of Hospital Cardiac Arrest (OHCA) survival by continuing to implement the OHCA Plan for Wales	In support of the Save a life Cymru initiative, work across sectors to support inclusion of CPR and defibrillation in the community											
	Develop a national strategic policy to inform defibrillation placement and CPR training											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Agree structure and support ongoing CPR training and defibrillator placements											
	Use data from OHCA registry to inform any additional actions											
	Finalise strategic policy for Wales and implement the agreed structure											
	Evaluate the communication plan and develop a strategy for 2023/24											

## 10.3 Wales Critical Care Network

Lead Chief Executive and Network Board Chair: Steve Moore

Managerial Lead: Zoe Goodacre

Clinical Leads: Dr Babu Muthuswamy and Dr David Southern

The Wales Critical Care Network provides a framework through which clinical care for the critically ill can continuously improve across Wales. In 2020/21, we changed from being 'just' a Network into being a true community, supporting clinicians to work in innovative ways to respond effectively to the Covid pandemic. We work in support of the [Quality Statement for the Care of the Critically Ill](#) and are working to support Health Boards in the implementation of the recommendations made by the [Task and Finish Group on Critical Care](#) in 2019.

The Network previously incorporated trauma care, but from 2022/23 onwards these responsibilities are all hosted elsewhere. The South Wales Trauma Network became an entity in its own right in September 2020 and the Network has managed the return of governance for North Wales trauma patients to Betsi Cadwaladr University Health Board as part of the North West Midlands and North Wales Trauma Network from April 2022.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Implement the Wales Intensive Care Information System (WICIS) programme	Standardise care pathways and configure and test system											
	Implement at Grange University Hospital											



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Implement at Royal Glamorgan Hospital											
Develop and agree a national service specification for critical care services	Develop specification in consultation with the critical care clinical community											
	Sign off specification											
Create a critical care workforce strategy	Create a summary workforce plan, based on health board workforce plans for all clinical specialties											
	Create a workforce training strategy in conjunction with HEIW											
Support the NHS Wales recovery programme with intelligence and Develop guidance on critical care capacity	Support establishment of Post Anaesthesia Care Units (PACU) in every health board											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Jointly develop guidance on the sustainable establishment of respiratory high care areas with the Respiratory Health Implementation Group											
	Support further establishment of services to optimise outcomes for critical care patients through the publication of a supporting service specification											

## 10.4 Wales Maternity and Neonatal Network

Lead Chief Executive: Alex Howells

Network Board Chair: Rhiannon Beaumont-Wood

Managerial Lead: Buffy Gallagher

Clinical Leads: Dr Jenny Calvert, Dr Oliver Rackham & Dr Anneli Allman (Neonatal). Dr Bidyat Kumar & Dr Nil Sengupta (Maternity)

The Wales Maternity and Neonatal Network brings together stakeholders from across Wales to support each other in improving the overall safety and quality of maternity and neonatal services. By improving the experience and outcomes for mothers, babies and their families, we can help give every child the best start in life and play our part in reducing long term health inequalities. Our priorities are driven by the All Wales Neonatal Standards (3rd Edition) and the Welsh Government's strategy [Maternity Care in Wales: A Five Year Vision for the Future \(2019-2024\)](#).

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Ensure that women and their families are central to the design and delivery of maternity and neonatal services through:	Benchmark current practices that support FICare delivery against the British Association of Perinatal Medicine (BAPM) Framework											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
<ul style="list-style-type: none"> <li>implementation of the Family Integrated Care (FICare) Model across neonatal units</li> <li>establishment and implementation of models for Maternity Voices Partnerships across maternity services and neonatal parent advisory/ support groups</li> </ul>	Publish national action plan to address gaps, challenges and opportunities identified											
	Plan the 2023/24 evaluation through parent experience measures											
	Evaluate pilot MVP programme for Swansea Bay UHB											
	Identify stakeholder requirements for all Wales approach to coproduction											
	Develop and publish best practice guidance for service user involvement											
	Develop PROMS and PREMS measures											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Develop a standardised suite of communication aids to enable women and their families to make informed decisions about maternity and any subsequent neonatal care	Review current available information, identifying gaps and opportunities for standardisation											
Develop a framework for clinical continuity of carer model for antenatal and postnatal care midwifery care, providing a platform for developing the fully midwifery and obstetric continuity of carer	Re-establish continuity of carer workstream and undertake evaluation of current service											
	Develop revised implementation programme, recognising workforce requirements with HEIW											
Improve maternity and neonatal outcomes through implementation of standardised national best practice	Publish neonatal quality indicators in line with best practice guidance to support a service specification											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Develop the published neonatal dashboard, populating with parent experience outcomes, workforce and enhanced performance indicators											
	Align with the work of DCHW on maternity system and dataset to develop maternity dashboard											
	Plan for the second round of neonatal peer review											
	Develop Quality Statement and national service specification for maternity and neonatal services in Wales											
	Develop pathways to ensure neonates are cared for in the right place, at the right time and by the right people with the right skills											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Develop and publish a framework for thematic review of stillbirths to identify key themes and shared learning											
	Work with the DU to establish a platform for thematic review and shared learning of locally and nationally reported incidents											
Ensure a sustainable fit for purpose workforce for maternity and neonatal services in Wales with HEIW	Review neonatal staffing to highlight pressure points and quantify current situation mapped against needs											
	Quantify the required future workforce and assess required support											
	Publish a national framework that specifies an outreach service to support the development of sustainable workforce requirements											





## 10.5 Wales Mental Health Network

Lead Chief Executive and Network Board Chair: Carol Shillabeer

Managerial Lead: Steve Davies (interim)

The Wales Mental Health Network aims to bring about positive change and sustained improvement for mental health services commissioned or provided by the NHS in Wales. We promote a prudent, whole system approach and our priorities are guided by the delivery plan for the Welsh Government's [Together for Mental Health Strategy 2019-2022](#) and the [Suicide and Self Harm Prevention Strategy 2015 – 2022](#).

The network includes the following sub-groups and programmes

- Perinatal Mental Health
- Child and Adolescent Mental Health (CAMHS)
- Eating Disorders
- Adult Mental Health
- Together for Children and Young People (T4CYP) (ending in September 2022)
- Suicide and Self Harm Prevention.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support NHS recovery	Establish mental health recovery board and reporting structures											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	In collaboration with stakeholders, review data and information to inform priority setting											
Deliver whole system/ all age service improvements	Support WG in review and evaluation of 'Together for Mental Health'											
Deliver the Eating Disorders Improvement Programme	Develop and agree a new early intervention/ prevention model and related implementation programme for eating disorder services	TBC										
Implement the 'Talk to Me' (T2Me) Programme supporting improvements to suicide and self-harm services	Develop and agree the next phased plan for the delivery of T2Me with WG and stakeholders, taking account of COVID learning											
	Implement real-time suicide surveillance and ongoing support arrangements for local responses to suicides/clusters	TBC										

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deliver Perinatal Mental Health Improvement Programme	Support the review and progression of specialist inpatient provision commissioned by WHSSC											
	Scope service provision and requirements to develop community services for individuals and their families with mild to moderate mental health difficulties											
	Provide advice to WG on what is required for a 'national minimum offer'											
Deliver CAMHS improvement programme via a whole system approach	Develop a specialist CAMHS service guidance document (community)	TBC										
	Develop a common set of values, share good practice and enhance effectiveness, leadership, skills modelling and demand and capacity management	TBC										

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Develop guidance and standards for single points of access informed by 'No wrong Door issued by the Children's Commissioner's office	TBC										
Deliver an adult mental health service improvement programme	Develop and implement secure inpatient strategy	TBC										
	Commence the Community Service Transformation Programme	TBC										
Close T4CYP Programme in a managed way	Complete programme closure with legacy document for Mental Health Network Board to maintain oversight	TBC										
	Complete pilot and resulting business case for the Neuro Diversity Wales Shared Platform											

## 11 Diagnostics Programmes

### 11.1 National Endoscopy Programme

Lead Chief Executive: Paul Mears

Programme Board Chair: Nick Wood/Chris Jones

Managerial Lead: Hayley Heard

Clinical Leads: Sunil Dolwali, John Green & Neil Hawkes

The National Endoscopy Programme aims to drive sustainable improvements in endoscopy services. Its development followed the recognition of the pressures faced by endoscopy services in Wales. Our overall aim is to develop sustainable endoscopy services that provide high quality, timely services to patients, to balance demand and capacity, achieve JAG accreditation, enable optimisation of the bowel screening programme and implement the endoscopy elements of the Single Cancer Pathway.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deliver programme aims and actions from the National Endoscopy Programme Action Plan	Refine and report regularly on health board demand and improved capacity against baseline											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Develop workforce plan in conjunction with HEIW and health board teams											
	Support eight units to achieve JAG accreditation											
Deliver the national recovery plan	Develop an integrated plan, incorporating the NEP action plan and national recovery plan											
	Establish regional operational groups and identify method of implementation											
	Refresh demand and capacity data to identify the capacity gap											
	Develop plans to address capacity gaps											

## 11.2 National Imaging Programme

Lead Chief Executive and Programme Board Chair: Steve Moore

Managerial Lead: Amanda Evans

Clinical Leads: Dr Sian Phillips

The Imaging Programme Team leads a nationally co-ordinated approach to achieving the actions outlined in the Welsh Government's [Imaging Statement of Intent](#) (2018). We support the development of high quality, effective and sustainable imaging services across NHS Wales that provide the best outcomes for Welsh patients and future generations.

Overall Objective	2022/ 23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Ensure long term programme sustainability	Ensure adequate resources and appropriate staffing are aligned to each of the workstreams											
	Publish a three to five year vision for imaging services to support recovery that aligns with the objectives of the Statement of Intent											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Ensure representation on all relevant networks and programmes to support the delivery of recovery objectives that require imaging											
Support the development of sustainable workforce arrangements across the radiology service	Publish a national workforce plan that highlights the current situation, informs next steps and includes implementation arrangements											
	Publish an integrated workforce strategy in line with the national workforce plan for all imaging healthcare professionals											
	Develop an integrated training strategy with appropriate funding											



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deliver a national Quality framework for imaging services in Wales utilising QSI	Review the current status of QSI across Wales and make recommendations on required resources and approach to implementation											
	Update business case for QSI implementation across Wales.											
Develop a co-ordinated and sustainable approach to the procurement of imaging equipment	Develop a national data set and rules for equipment replacement to inform a national strategy											
	Establish national equipment database											
Demand and capacity modelling.	Utilise intelligence, with support from the Delivery Unit, to develop a regional approach											

## 11.3 National Pathology Programme

Lead Chief Executive and Programme Board Chair: Suzanne Rankin

Managerial Lead: Allan Deacon (from May)

Clinical Lead: Annette Thomas

The National Pathology Programme Team leads the co-ordination of the actions set out in the [Pathology Statement of Intent](#) (2019), enabling the development of high quality, effective and resilient pathology services. Our work is overseen and managed by a National Pathology Network Strategy Board. Improving diagnostic services can help to transform the patient pathway and experience leading to better outcomes for patients and more efficient health services.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Improve and strengthen patient involvement in service development and improve and strengthen the profile of Pathology across NHS services	Establish Task & Finish Group											
	Develop communications strategy											
	Seek agreement on draft communications strategy											
	Develop action plan for implementation											
	Publish and implement communications strategy											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deliver sustainable workforce arrangements across Pathology services	Establish Task and Finish Group											
	Develop SBAR for approval											
	Welsh Government SBAR											
	Progress recommendations from SBAR											
	Work with NWSSP and NPOMG to produce Pathology workforce dashboard											
	Work with HEIW for workforce planning											
Deliver sustainable and modern infrastructure and facilities for Pathology services	Develop a strategy for pathology service infrastructure across Wales											
Develop a co-ordinated approach to identifying, evaluating, prioritising and adopting new pathology technologies -	Work to develop and establish a formal structured arrangement to deliver PoCT services											
	Develop action paper											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Point of Care Testing (PoCT)	Obtain WG approval											
	Implement recommendations											
Develop a co-ordinated approach to identifying, evaluating, prioritising and adopting new Pathology technologies - Digital Cellular Pathology	Commence full procurement											
	Appoint new programme board and SRO											
	Complete programme documentation											
	Create working groups and terms of reference											
	Hold supplier event											
	Agree digital hub arrangements											
	Agree storage solutions											
	Produce 2 <sup>nd</sup> iteration of BJC											
	Produce implementation plan for approval											
Contribute to the planning for the establishment of the	Ensure pathology requirements are reflected in final business case(s)											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
'Centre of Excellence for Precision Medicine'	Initiate and undertake implementation of funded solution in business case(s)											
Support clinical practice and peer review through standardised, best practice and reduction of unwarranted variance	Working with CHIS, agree hosting and governance arrangements											
	Agree data/information to be collated											
	Re-establish National Pathology BI Group											
	Develop dashboards											
Implement demand and capacity planning methodology	Agree scope of work for cellular pathology carried out by DU											
	Use work DU work including roll out to other disciplines											

## 12 Informatics Programmes

### 12.1 Laboratory Information Network Cymru (LINC)

Lead Chief Executive: TBC (previously Len Richards)

SRO and Programme Board Chair: TBC

Managerial Lead: Judith Bates

LINC is a transformational programme that underpins the delivery of the Welsh Government's [Pathology Statement of Intent](#). LINC will develop safe, sustainable and standardised pathology services through end-to-end information and communication technology systems and services. A key driver is the need to procure and implement a national laboratory information management system (LIMS) to ensure business continuity of pathology services as the contract for the current LIMS is ends in 2025.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deployment Orders signed	Public Health Wales Screening											
	CTMU health Board BCU health board											
	SBU health board ABU health board HDU health board (incorporating WBS)											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Complete LIMS service design, build and test	Complete service design and build											
	System integration testing											
	Operational acceptance testing											
	Requirements' traceability testing											
	User acceptance testing											
Validate the new LIMS service	Installation qualification											
	Operational qualification											
	Performance qualification											
Increase uptake of electronic test requesting across Wales	90% ETR in secondary care											
	90% ETR in primary care											

## 12.2 Radiology Informatics System Procurement (RISP)

Lead Chief Executive: Steve Moore

SRO and Programme Board Chair: Matt John

Managerial Lead: Judith Bates

Clinical Lead: Dr Sian Griffiths

The Radiology Informatics System Procurement Programme is supporting the modernisation of imaging services across Wales. The Programme aims to procure an innovative system that will provide a seamless end-to-end electronic solution, from receipt of a referral to the delivery of a radiology report. This will meet the needs of radiology services and improve patient care, safety and outcomes.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Procure radiology informatics service	Shortlist approved											
	Invitation to submit final tenders											
	Contract award											
Agree Standardisation Strategy (stage 1)	Agree scope of standardisation work											
	Agree Standardisation Strategy for BI, Interfaces & Codes											



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Develop Benefits Register for Full Business Case	Establish benefits baselines											
	Agree target levels of improvement											
	Agree benefit owners											
Develop Full Business Case	Develop Full Business Case											
	Approve Full Business Case											

## 13 Implementation Groups

Implementation Groups were originally established to provide national leadership and drive change to deliver better quality, higher value and more accessible services for those with specified major conditions. Each has worked in support of national delivery plans, which have now expired. The implementation groups will continue to exist in their current form and configuration during 2022/23 but will be included within the scope of work tasked with developing new network and related structures in support of the National Clinical Framework.

### 13.1 All Wales Diabetes Implementation Group (AWDIG)

Lead Chief Executive and Implementation Group Chair: Paul Mears

Managerial Lead: Joanne Oliver

Clinical Lead: Dr Julia Platts

Implementation Group Coordinator: Necia Jones

The All Wales Diabetes Implementation Group (AWDIG) works to improve outcomes and care for people living with diabetes in Wales by bringing together health care professionals, third sector organisations, such as Diabetes UK, and people living with diabetes through the support of the Wales Diabetes Patient Reference Group. Our aim to improve care for people living with diabetes lies at the heart of everything we do and we support, commission and manage a range of innovative diabetes projects across Wales every year.

The next phase of diabetes service development will utilise the planned Diabetes Quality Statement and will take advantage of the developed education and support programmes, the evidence-based consensus diabetes care pathways and the data on variation in service provision and outcomes to ensure all people living with diabetes in Wales may have the best health outcomes possible.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Implement the value based All Wales Diabetes Implementation Group care strategy	Deliver a strategy for using Diabetes Insights and Variation Atlas data on amputations to shape the development of services											
	Develop new version of the Atlas with the focus on harm caused to eyesight and pregnancy											
	Develop and sign off diabetic pathways											
	Develop engagement strategy to promote awareness and implementation											
	Use national audit data and prescribing costs to support further value based strategic planning											
	Use Type 1 peer reviews already undertaken to improve standards in type 1 diabetes care											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Continue peer reviews in remaining health boards to support improved standards											
Develop a communication strategy to improve patient empowerment and education	Develop and deliver a communications strategy											
	Deliver funded projects across health boards											
Support reduction in diagnosed diabetics in high-risk individuals	Deliver agreed funded projects across health boards to support the National Prevention of Diabetes Programme											
Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											

## 13.2 Liver Diseases Implementation Group (LDIG)

Lead Chief Executive: Jo Whitehead

Implementation Group Chair: Dr Meng Khaw

Managerial Lead: Joanne Oliver

Clinical Lead: Dr Andrew Yeoman

Implementation Group Coordinator: Andrea Pace

The Liver Diseases Implementation Group was established to support progress in meeting the priorities set out in [Together for Health - Liver Disease Delivery Plan](#). Our members include clinicians from each health board and trust in Wales, representatives from the British Liver Trust, Hepatitis C Trust and the Children's Liver Disease Foundation and, crucially a patient representative. We work across six key themes:

- Preventing liver disease and promoting liver health
- Timely detection of liver disease
- Fast and effective care
- Living with liver disease
- Improving information
- Targeting research

Our aim is to continue to raise awareness of liver disease and prevent it wherever possible, and to ensure that those affected by liver disease have timely access to high quality pathways of care, irrespective of where they live. We will provide national leadership and drive forward change to deliver better quality, higher value and more accessible services for those with liver disease. It will further develop optimised pathways to address unwarranted variations in care whilst maintaining national leadership, local engagement and continued collaboration with the third sector, who highlight the national voice of lived experience.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Manage and drive the national elimination of chronic viral hepatitis	Deliver learning event/workshop with defined and agreed actions											
	Act on outcomes of workshop to develop strategy to support improvement of detection and treatment.											
Support improvements in adherence to the national pathway and improved detection of liver disease	Formulate a plan for working with primary care and pathology services to implement the all-Wales pathways											
	Provide funding for delivering agreed hepatology educational initiatives											
Ensure improved clinical leadership in primary care to enhance the detection and	Develop a strategy and leadership direction and deliver agreed actions, using data from registry to inform practice											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Management of alcohol misuse disorders	Deliver a high-level multi-stakeholder conference to improve engagement and agree ways forward for a multidisciplinary national alcohol care network											
Support the implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											

### 13.3 Neurological Conditions Implementation Group (NCIG)

Lead Chief Executive: Jason Killens

Implementation Group Chair: Alison Shakeshaft

Managerial Lead: Joanne Oliver

Clinical Lead: Michelle Price

Implementation Group Coordinator: Rhiannon Edwards

The aim of the Neurological Implementation Group is to continue to raise awareness of neurological conditions, and to ensure those affected by any kind of neurological condition have timely access to high quality pathways of care from symptom onset to end of life. The NCIG was set up to drive forward efforts to improve care and services for people with neurological conditions in Wales. We bring together health boards, the Welsh Ambulance Trust, the third sector, primary care, secondary care, government and managers to oversee the [Neurological Conditions Delivery Plan](#) and support health boards and partners to deliver their local plans.

Building on previous work, we will provide national leadership and drive forward change to deliver better quality, higher value, more consistent and accessible services for people affected by neurological conditions taking into consideration the challenges and opportunities raised by the Covid-19 pandemic. We will co-develop intervention plans that support patients to manage their symptoms, minimise risks to wellbeing and live well.



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Develop a nationally agreed model in line with the NHS England Neurology Service Specification and Getting It Right First Time (GIRFT) Neurology Report	Develop a set of standards for neurology services based on GIRFT and review current provision using a peer review process											
	Develop an option appraisal of models of service commissioning and delivery across WHSSC and health boards											
Deliver Bevan Commission Planned Care Project	Develop a standardised approach to delivering an equitable triage and advice service, with supporting resources for GPs and service users											
Oversee the development of equitable pathways for people who require neurorehabilitation	Develop a set of standards and evaluation frameworks for each level of neurorehabilitation											

	Undertake a peer review of local, regional and national provision, linking with the Major Trauma Networks											
	Develop an option appraisal of potential models of commissioning and delivery											
Develop appropriate local, regional and national options for psychological support for people living with neurological conditions	Undertake baseline review of existing services											
	Co-produce guidelines on models of delivery of psychological support in conjunction with other physical health conditions											
	Develop a business case including recommendations on optimal service configuration											
Support the development of a business case for neuromuscular services	Produce business case											

Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											
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## 13.4 Rare Diseases Implementation Group (RDIG)

Lead Chief Executive: TBC

Implementation Group Chair: Professor Iolo Doull

Managerial Lead: Joanne Oliver

Clinical Lead: Dr Jamie Duckers

Implementation Group Coordinator: Rhiannon Edwards

The Rare Disease Implementation Group (RGIG) has sought to bring together stakeholders including representatives from all the health boards, third sector organisations, primary, secondary and specialist care and Welsh Government to raise the profile of rare diseases since the first Welsh Rare Diseases Plan in 2014. RDIG now has oversight for the development of a Welsh Action Plan to implement the [UK Rare Diseases Framework](#). This Framework outlines the national vision for how the UK will improve the lives of those living with rare diseases.

The Welsh Cross Party Group on Rare, Genetic and Undiagnosed Conditions published a [report](#) in February 2021 with a number of detailed recommendations that will additionally be considered by RDIG within the development of the Welsh plan. Our four main priorities are:

1. helping patients get a final diagnosis faster.
2. increasing awareness of rare diseases amongst healthcare professionals.
3. better coordination of care.
4. improving access to specialist care, treatment, and drugs.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Develop a plan to implement the UK Rare Disease Framework in Wales	Review English and Scottish implementation plans and agree steps for developing the Welsh Plan.											
	Plan for and promote the implementation plan across the Wales Rare Disease networks											
	Progress engagement and implementation of agreed actions											
	Review and evaluate and plan next steps											
Support the development of a new Genomics Strategy	Contribute to development of strategy											
	Review associated service specifications											
	Agree plan for supporting the launch of the strategy with engagement of key stakeholders											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Progress implementation of agreed recommendations											
Develop Rare Diseases web pages with all relevant documents and information	Development web pages within the Collaborative website											
	Promote and update web pages and monitor use											
Promote and support delivery of the Syndrome Without a Name (SWAN) clinics	Agree and implement plan for promotion (initial clinic set up March 2022)											
	Review referrals, patient and user feedback of established service											
Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											

## 13.5 Respiratory Health Implementation Group (RHIG)

Lead Chief Executive: Helen Thomas

Implementation Group Chair: Fiona Jenkins

Managerial Lead: Jo Oliver

Clinical Lead: Dr Simon Barry

Implementation Group Coordinator: Georgie Rushton

The Respiratory Health Implementation Group was established in 2014 to support the development and strategic direction for primary, community and secondary care respiratory services in Wales as set out in the Welsh Government's [Respiratory Health Delivery Plan](#), now to be replaced by a Respiratory Quality Statement. Our members include expert clinicians from primary and secondary care, executive leads, public health, informatics, as well as patient representatives and third sector organisations including Asthma and Lung UK. Our overarching aims are to reduce inappropriate variation in diagnosis and treatment and to share best practice.

The core principles and priorities for respiratory services are:

- Respiratory stakeholders are empowered to deliver excellent basic respiratory care across primary, community, and secondary care
- Variation and waste are minimised by working nationally and collaboratively through multi-disciplinary working to foster a culture of improvement, value, and impact
- Proactive collaboration between patients, healthcare professionals, Welsh Government, third sector, and industry to share common goals
- Digital innovation is embraced to maximise the efficiency, reach, equity, and future developments in respiratory care

Overall Objectives	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Implement updated (2021) national respiratory guidelines (COPD/ Asthma) across primary care	Use current platform to support primary care education and sharing of updated guidelines to aid implementation											
Support spirometry integration to allow for enhanced data collection to inform improved care	Complete integration and continue implementation with analysis of data											
Develop pleural disease registry to allow for enhanced data collection to inform improvement of care	Continue integration and implementation											
	Ensure GDPR and other relevant information governance compliance											
	Spread learning to promote adoption											
Implement databases for respiratory health	Continue integration and implementation											
	Use data to inform improved care											



Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring												
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## 13.6 Stroke Implementation Group (SIG)

Lead Chief Executive: Mark Hackett

Implementation Group Chair: Fiona Jenkins

Managerial Lead: Jo Oliver

Clinical Lead: Dr Shakeel Ahmad

Implementation Group Coordinator: Lynda Kenway

The Stroke Implementation Group was established in 2013 to provide national leadership and support for the provision of effective person-centred stroke care in Wales. We bring together representatives from primary and secondary care, Welsh Government, NHS informatics and the third sector (Stroke Association) to drive change and support the work of health boards to improve stroke prevention and treatment services in line with the Welsh Government's [Quality Statement for Stroke](#).

Building on the work of previous Stroke Delivery Plan and informed by the recommendations of the Cross Party Group for Stroke, the next phase of service improvement for stroke survivors and their carers will drive forward change to deliver better quality, higher value and more accessible stroke services. We will take advantage of the widespread consensus on priority areas such as reconfiguration and design of services, thrombectomy, thrombolysis, imaging and rehabilitation services; further develop optimised pathways to address unwarranted variations in care whilst continuing to develop national leadership, local engagement and continued collaboration with third sector, who highlight the national voice of lived experience.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Support the delivery of Comprehensive Regional Stroke Centres and Stroke Operational Delivery Networks (subject to Collaborative Executive Group and WG agreement)	Develop an enhanced Stroke Implementation Group to act as a programme board including associated working groups											
	Develop a suite of programme plans that articulate the work required											
	Support health boards to undertake a scoping exercise to determine the optimum location of regional stroke centres											
	Develop a detailed proposal outlining the requirements for CRSCs											
	Support public and professional consultation											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Promote primary and secondary stroke prevention through the intervention of treatment and advice	Support detection, diagnosis and effective management of high-risk conditions such as atrial fibrillation and transient ischaemic attack											
	Support delivery of agreed funded projects in line with clinical guidance											
Promote and improve access to pre-hospital triaging utilising digital systems	Support the pre-hospital pathway with early triaging of suspected stroke											
	Support delivery of funded projects in line with clinical guidance											
Support the implementation of AI for Stroke	Develop a detailed phased implementation plan including integrated training strategy and evaluation framework											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Set up a stakeholder task and finish group to agree time-scales and monitor progress, risks and issues											
	Support health boards with implementation of AI											
Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											

## 13.7 Women's Health Implementation Group (WHIG)

Lead Chief Executive and Implementation Group Chair: Carol Shillabeer

Managerial Lead: Jodie Phillips-Stojanovic

The Women's Health Implementation Group was established in May 2018 to address specific areas of women's health requiring urgent attention and improvement. We have been directed by the Health Minister to deliver the recommendations from the following three task and finish reports as part of a five year programme of work:

- [The use of vaginal synthetic mesh tape and sheets for stress urinary incontinence and pelvic organ prolapse](#)
- [Endometriosis care in Wales: Provision, care pathway, workforce planning and quality and outcome measures](#)
- [Report of the Welsh task and finish group for faecal incontinence](#)

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Progress the 'Bloody Brilliant' period health campaign and resources	Launch Bloody Brilliant, with a PR campaign And influencers' promotion											
	Develop Bloody Brilliant Partnership with WG Equality Team to produce a 'Period Product Map'											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Develop case studies and plan for the future of Bloody Brilliant											
Support improvements in endometriosis services	Launch Endometriosis Cymru website											
	Deliver the severe period pain train the trainer school nurses project with Cardiff University											
	Develop improved endometriosis pathway											
Progress the Perinatal Health partnership project with the Perinatal Mental Health Network	Complete surveys, telephone interviews and focus groups											
	Create a brand based on findings											
	Create a website											
	Develop and launch social media presence and campaign											
Agree the future of WHIG with Welsh Government	Determine the future priorities/scope of the new WHIG											

## 14 Wales End of Life Care Programme

Lead Chief Executive and Programme Board Chair: Steve Ham

Managerial Lead: Joanne Oliver

Clinical Lead: Dr Idris Baker

Programme Managers: Veronica Snow and Melanie Lewis

The End of Life Care Programme provides national leadership and support and acts as a forum to drive forward change and oversee health boards' efforts to deliver the Welsh Government's vision for improving end of life care in Wales as set out in [Palliative and End of Life Care Delivery Plan 2017](#). Our aim is for people in Wales to have a healthy, realistic approach to dying, and to be able to plan appropriately for the event.

Our vision is for palliative and end of life care to be delivered in Wales for all who need it, by people working closely together at home when appropriate, determined by what matters to the person and underpinned by what works. Anyone requiring palliative and end of life care in Wales should have access to the best possible care. To achieve this, there is a requirement for a much broader focus across the spectrum of health and social care and third-sector provision rather than on specialist palliative care services to make this happen as a whole system effort.

Our aim is to ensure that there is provision of equity of access, and some pathways will need to be reimaged to deliver this. There is a need to develop greater resilience and coproduction along with investment within the work and volunteer forces, alongside further recognising and valuing the role of unpaid carers. There is a need to ensure Value Based Health and Care guides improvements.

We will work in collaboration with other networks and programmes develop an implementation/action plan which will deliver on and prioritise improvements based on the quality attributes set out in the planned Quality Statement.



Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Develop a strategic plan for the transition from End of Life Care Board (EoLB) to Programme Board (PB)	Develop and approve plan and transition to new board											
	Deliver agreed programme through supported/funded projects and programmes.											
Conduct funding review of statutory services and voluntary hospices to inform ongoing equitable evidence and value-based end of life care	Conduct and report on review											
Produce electronic Advance/Future Care Plan Outline Business Case (OBC)	Procure external expertise to produce OBC											
	Ensure project delivery											
	Submit OBC to WG											
Complete a Paediatric Prevalence Study to determine need and service provision	Work with stakeholders to agree a research proposal to complete work											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Undertake and report on agreed research											
Develop and implement all Wales patient outcome measures for palliative and end of life care	Agree funded proposal											
	Develop implementation plan and deliver agreed proposal											
Support implementation of the National Clinical Framework	Produce service specifications and initial proposals for performance and quality monitoring											

## 15 Sexual Assault Service Programme

Programme Board Chair: Stephen Harrhy

Managerial Lead: Janna Williams

Following extensive work by the Collaborative, health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, a new service model was agreed for the delivery of sexual assault referral services across south and west Wales. This will provide a more integrated service that is driven by the needs of service users and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures robust governance arrangements.

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
Deliver an integrated hub and spoke service model for the delivery of sexual assault referral services	Finalise the work required for ISO accreditation in Swansea, Cardiff, and Aberystwyth.											
	Agree hub and spoke model for North Wales											
	Recruit staff and change of flows for acute services in a phased approach (Merthyr and Carmarthen)											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Finalise works required in Colwyn Bay											
	Recruit staff and change of flows for acute services in a phased approach (Risca and Newtown)											
	Fully implement hub and spoke model for Wales											
Develop a commissioning framework, service specification and agreed outcome measures	Agree financial modelling and recharge arrangements for the South Wales model											
	Agree North Wales financial modelling											
	Incorporated FME finances in the recharge model											
Establish a second paediatric hub/services in Swansea (in addition to Cardiff)	Agree location of the second paediatric hub, training model and paediatric rota											
	Implement paediatric rota and training model											

Overall Objective	2022/23 Actions and Milestones	By when				Associated Priorities						
		Q1	Q2	Q3	Q4	National Clinical Framework	Quality & Safety Framework	COVID Recovery	Diagnostics	Existing priorities	Planning Framework	Strengthening the Collaborative
	Agree building works to for 2nd paediatric hub											
	Complete tender process for building works											
	Consider historic clinic provision											
	Complete building works and staff recruitment and prepare for flow changes											
Develop an NHS led forensic medical examiner (FME) service	Agree joint commissioning arrangements for FMEs											
	Conduct police led tender process for new FME contract											
	Commence training framework for FMEs											
	Agree single service provider and commissioning of services (police led)											
	Transfer the contract from police to health											

## 16 Financial resources

Our funding is split between recurrent (core) funding and non-recurrent (non-core) funding. In 2022/23 the proportionate split is 25% core and 75% non-core.

We receive core funding primarily (70%) from the Welsh Government, with a contribution of 30% from health boards, trusts and other NHS organisations in Wales. Our core funding is recurrent and supports our administration and the following networks and programmes:

- Wales Cancer Network
- Wales Cardiac Network
- Wales Critical Care Network
- Wales Maternity and Neonatal Network
- Wales Mental Health Network
- National Imaging Programme
- National Pathology Programme

This funding has remained static since 2018/19, with growth received only in line with national uplifts and has, to date, absorbed all the administration and corporate support costs incurred as we have expanded to incorporate non-core funded programmes.

Our non-core funding for 2022/23 is £22m. This has grown from £2m in 2018/19, with the commencement of the National Endoscopy Programme, Laboratory Information Network Cymru, and Radiology Informatics System Procurement, alongside the transfer of the implementation groups and additional investment into the Single Cancer Pathway and the Wales Mental Health Network. Several smaller specific pieces of work are also funded on a more ad-hoc basis and vary from year to year. In 2022/23 the following groups are included:

- Wales Cancer Network Cancer Delivery Plan
- Single Cancer Pathway
- Heart Conditions Implementation Group
- Critical Illness Implementation Group
- LINC
- RISP
- All Wales Diabetes Implementation Group
- Liver Disease Implementation Group
- Neurological Conditions Implementation Group

- Rare Diseases Implementation Group
- Respiratory Health Implementation Group
- Stroke Implementation Group
- Women's Health Implementation Group
- National Endoscopy Programme
- Wales Mental Health Network (partial)
- Wales End of Life Care Programme
- Sexual Assault Service Programme

Historically, we have not spent all available funding each year and have returned unspent allocations back to health boards and trusts. During 2022/23 this is not expected to occur, as posts have been filled in the last 12 months. All cost pressures in the plan identified as part of the current organisational structure will be funded by three main sources:

- uplifts received as part of the All-Wales funding agreement
- Welsh Government uplift received in the allocation letter
- a contribution from the non-core programmes and groups (for the first time)

This will enable us to achieve the day-to-day elements within this plan and deliver a breakeven position without additional financial support.

During 2022/23 there are two new areas of work within the plan which are expected to have an impact on our finances and which are outside the current scope of available funding. These are the development of the NHS Wales Executive function and the movement of implementation groups funding from a standardised £1m per group to the development of clinical networks under the auspices of the National Clinical Framework. There may be new resources required to deliver these which will be identified as the work progresses. It is not expected that other NHS organisations will contribute towards these developments and discussions will be with Welsh Government to identify sources of funding to cover those costs.

## Appendix – Risk Assessment

	AREA	Risk description	Inherent Risk (no action) Likelihood x Impact	Actions/Mitigations	Score with mitigation Likelihood x Impact	Review date	Responsible
1.	Resource allocation	There is a risk that we fail to deliver the plan, caused by insufficient or diverted resources resulting in non-delivery of critical infrastructure or quality, safety and improvement projects and programmes	4X4=16	Robust monthly monitoring arrangements in place via combined financial and planning meetings. Immediate escalation to CEG in the event of changes to funding arrangements (non-performance related) which threaten delivery	1X3=3	Monthly	Head of Planning/Director of Resources
2.	Change Management	There is a risk that we fail to deliver the plan caused by as yet unknown requirements from the Executive and NCF resulting in sub optimal or non-delivery of critical infrastructure or quality, safety and improvement projects and programmes	3x4=12	Ensure continued engagement between director and Senior Management Team and colleagues in Welsh Government and Leadership colleagues from across NHS Wales to ensure active and informed forecasting and management of issues	1x3=3	Monthly	Director
3.	Management	There is a risk that we fail to deliver the plan caused by inadequate performance management arrangements resulting in sub optimal or non-delivery of critical infrastructure or quality, safety and improvement projects and programmes	3x4=12	See Risk 1. In addition to internal monthly supporting arrangements, we will provide quarterly updates on plan progress to Collaborative Executive and ensure that all network and programme managerial leads maintain active reporting arrangements at their respective network or programme boards	1x3=3	Monthly and formal quarterly plan monitoring reports	SMT



	AREA	Risk description	Inherent Risk (no action) Likelihood x Impact	Actions/Mitigations	Score with mitigation Likelihood x Impact	Review date	Responsible
4.	Management	There is a risk that we fail to deliver the plan caused by a failure to effectively influence, engage and secure input from stakeholders resulting in sub optimal or non-delivery of critical infrastructure or quality, safety and improvement projects and programmes	3x5=15	Continue to strengthen our relationships with national agencies and health board and trust partners, We will continue to drive improvements to our communications activities and respond positively to feedback on where these could be further strengthened Continue to undertake active stakeholder assessment and management plan for areas of work in the plan which will require substantial system effort and key senior managerial and clinical sign-up	2x3=6	Monthly via SMT	Director
5.	Management	There is a risk that we fail to deliver the plan caused by a failure to recruit and retain the necessary skills and experience resulting in sub optimal or non-delivery of critical infrastructure or quality, safety and improvement projects and programmes	4x5=20	Continue to convert fixed term and seconded posts to substantive resources wherever possible Escalate recurring issues to CEG for input to resolution Further develop and strengthen collaborative-wide resources to strengthen and remove single points of failure Undertake skills gap analysis and use findings to drive staff development	3x3=9	Monthly via SMT and plan monitoring arrangements	Director SMT