GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

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Eich cyf/Your ref:
Ein cyf/Our ref: SC/CT
Welsh Health Telephone Network:

24 August 2023

By email

Russell George MS
Chair, Health & Social Care Committee
Senedd Cymru
Cardiff Bay
Cardiff CF99 1SN

Dear Russell

NHS Waiting Times

Thank you for your letter of the 26th July in relation to the evidence session of the 12th of July. In relation to the additional questions, I am pleased to enclose a document outlining responses to your queries with relevant examples.

Yours sincerely

Paul Bostock
Chief Operating Officer

cc Suzanne Rankin, Chief Executive, Cardiff & Vale UHB

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwyrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board

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disability confident EMPLOYER

1. The data released on a health board by health board basis shows there is variation across health boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your health board, and what action is being taken to address the waiting times in those specialties

   Response:
   In writing our IMTP for the 2023/23 financial year we identified 6 specialties that can be identified as challenging. This is due to a demand and capacity deficit. The 6 specialties were:
   a. Gynaecology
   b. General Surgery
   c. Urology
   d. ENT
   e. Ophthalmology
   f. Orthopaedics

   The Health Board continues to look for opportunities to implement additional capacity as well as productivity and efficiency improvements to support the reduction in long waiting patients. We are introducing additional capacity from September 2023 and this will be dedicated to the longest waiting patients.

2. What role have you/has your health board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should health boards have a greater role in identifying the targets.

   Response:
   Through our regular performance meetings with the NHS executive and Welsh Government we have focussed on an open and transparent position of our waiting lists and opportunities for improvement. Through this we are clear of the specialties which hold the greatest challenge for us as a Health Board. In terms of the current targets, they are set by welsh Government, and it is our view that the final position on targets should remain set in this way rather than a provider responsibility. This has the potential to be counterproductive. In terms of the future for setting targets it would be the Health Boards goal to continue to have an open and transparent dialogue with Welsh Government colleagues on our ability to improve within the resources that we have available.

3. The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for health boards to deliver. The first two targets have been missed. Can you confirm whether your health board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your health board will achieve each of the recovery targets.

   Response:
   The five recovery targets are as follows:
   - No one waiting longer than a year for their first outpatient appointment by the end of 2022.
   - Eliminate the number of people waiting longer than two years in most specialities by March 2023.
   - Eliminate the number of people waiting longer than one year in most specialities by Spring 2025.

- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.
- Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026.

The health Boards have developed plans for the revised ministerial standards to be achieved by December 2023 and March 2024. We are currently on track to deliver against these standards and have a risk management plan for the known risks in sustained delivery.
In relation to the Cancer standard the health board has focussed work ongoing to continuously improve the cancer position.

In relation to diagnostics and therapies standards, there are currently plans to deliver this standard in the majority of specialties. There are challenges within Audiology and endoscopy which the health Board is currently working through in order to be clear on the improvement trajectories.

4. Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).

   Response:
   Within our annual plan submission to Welsh Government we have outlined our approach to our people and culture plan. Recruitment and retention need to be considered as part of a wider plan that embeds value at all stages of employment. This is the approach within our planning. In terms of the detailed approach for specific hard to recruit to areas this is something which we task the individual teams within the health board in developing. This supports the need to nuance our approach according to the specific workforce group.

   Examples of difficult to recruit to teams include Emergency unit Nursing, paediatric Nursing and theatre staff. There are a number of approaches being undertaken to improve the overall staffing levels in these and other teams. This includes redesigning the workforce and considering alternative skills mix through utilising band 3 and 4 staff to support the registered workforce.

5. What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff.

   Response:
   Prior to the pandemic, the NHS was facing tremendous challenges in terms of colleague wellbeing, staff shortages, retention and infrastructure. The response to the pandemic itself has seen tremendous innovation and resilience in the face of unprecedented physical and emotional strain and challenge, and recovery has brought additional complexity to an already fragile situation.

   In light of this, the UHB has developed a People and Culture Plan that directly aligns with the strategic direction of the organisation and national strategic documents including A Healthier Wales, The National Workforce Strategy for Health and Social Care, and The Wellbeing of Future Generations Act, ensuring a whole system approach. Integral to the People and Culture Plan is the understanding that to achieve our strategic ambition and priorities and provide the best care to our patients and communities, we are completely dependent on our workforce being engaged, motivated, healthy and well. To enable this, our people need to have access to timely and quality education and development; be positioned correctly through effective workforce planning and workforce models to deliver the best quality healthcare; have access to the necessary resources; and be supported by compassionate leaders within an inclusive, compassionate and innovative organisational culture.

To enable this, the following list provides examples of actions that have been taken, and planned actions over the coming months:

- Introduction of leadership and management development opportunities to ensure our leaders have the capacity and capability to engage, motivate, develop and support the people and teams around them. (2 x Leadership Programmes; 2 x Management Programmes; Pathways to national programmes, e.g. Clinical Leadership; Leadership in Nursing and Midwifery)
- Development of peer support programmes to provide a proactive and timely response to colleagues at risk of traumatic experiences and ongoing stresses. This includes the development of Sustaining Resilience at Work (StRaW) Practitioners with Children and Women CB; introduction of MedTRiM Practitioners; ongoing collaboration with the Recovery and Wellbeing College to support programmes available to staff within the UHB
- Refurbishment of over 30 Staff Areas to improve rest and recuperation (across UHW and UHL) Additional areas also supported by the Health Charity
- Successfully sustaining an enhanced Employee Wellbeing Service that provides a stepped and timely approach to wellbeing provision. This includes timely access to counselling services; guided self-help; team support; wellbeing masterclasses and workshops; monthly staff wellbeing newsletter; wellbeing roadshows across the UHB including presentations from the staff dietitian and development of the Wellbeing Champion Network.
- Targeted support for teams to develop techniques and ways of working to respond and manage team wellbeing challenges, e.g. ED programme of work designed and delivered by EWS and Dr Julie Highfield (Clinical Psychologist)
- The development of a commissioning model within the P&C Directorate to facilitate effective response to requests for team development; team wellbeing; to ensure resources are most effectively positioned
- The concluding report of a two-year staff engagement project by the Health Intervention Team has shaped the actions within the People and Culture Plan and identified key priority areas, including the development of a Staff Wellbeing Framework
- The development of a Financial Wellbeing Group that has resulted in partnership working with the Money and Pensions Service (MaPS) and the Cardiff Credit Union, Financial Wellbeing Roadshows, MaPS training for line managers and wellbeing champions, development of dedicated 'cost of living' and 'financial wellbeing' webpages for staff, Financial Wellbeing signposting for staff, and a Financial Wellbeing Pathway
- Provision of additional wellbeing support for staff through effective signposting and updates to external organisations including Maximus (previously Remploy); and Canopi
- Staff wellbeing and engagement – engaging with staff around their experiences at work. This information has been collated and themes presented to CBs to help identify priority areas for action. This has included:
    - Winning Temp – a 3-month engagement exercise with Nursing, Midwifery and ODP colleagues to gather insights and feedback
    - Medical Workforce Wellbeing Survey
    - Medical Engagement Scale
- Introduction of Schwartz Rounds to support the development of a compassionate, reflective and supportive culture. 18 Facilitators have been trained, 4 Clinical Leads, and formation of an MDT steering group. Rounds to commence October 2023
- Development of an organisational approach to understanding culture and employee experience through adoption of the Culture and Leadership Programme developed by The King's Fund. In early stages, one directorate supported to date.
- Development of a Colleague Health and Wellbeing Framework in early stages led by the Strategic Wellbeing Group
- Introduction of range of engagement techniques to understand colleague experience and support retention, including New Starter Interviews, Stay Interviews; Exit Interviews.
- Development of a coaching network, currently supporting Senior and Lead Nurses to support retention.
- Access to an accelerated trauma pathway for staff

- Continued work on Equity, Inclusion and Welsh Language to improve experience of all colleagues, this includes:
    - Development of Staff Networks
    - Development and implementation of the UHBs Anti-Racist Action Plan
    - Supporting CBs around implementation of the Welsh Language Standards
    - Stonewall Workplace Equality Index participation – UHB achieving Gold Award (top 100 status)
    - Ongoing review and development of the Strategic Equality Plan
    - Development of training and education to support inclusive culture
    - Widening Access – identifying pathways to support communities and groups in accessing employment within Healthcare (e.g. Project Search; Cadet Programme)
- Introduction of Wagestream Platform to provide enhanced financial wellbeing education, and support colleagues working on health-roster access wages associated with additional hours worked (bank / overtime)
- Development of a staff 'Health Passport', to support colleagues who have long-term health conditions and/or disabilities in having effective conversations with their manager to ensure the most appropriate support and understanding. Developed in partnership with Trade Union colleagues, Accessibility Network and to be launched in November 2023.

6. Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position). Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).

The usage and cost of temporary and agency Medical staff is as follows:

Financial Year	Total No Agency HOURS *	Total No of Temp (non agency) HOURS	Total Temp / Agency HOURS	Spend Agency	Spend Temp (non agency)	Total Temp / Agency Spend	Comments
2021 / 2022	24,245	82,678	106,923	£1,621,709	£5,769,240	£7,390,949	Staff bank went Live August 2021 so not a full financial year (8 months)
2022 / 2023	43,846	161,952	205,798	£3,675,600	£13,996,458	£17,672,058	
2023 / 2024 (YTD)	14,169	41,743	55,912	£1,372,642	£3,997,087	£5,369,729	April to June inclusive - 3 months (July not yet available)

The following measures have been undertaken to reduce the use of agency:

i. Increased level of scrutiny and analysis of agency usage.
ii. Introduction of individual clinical board intelligence dashboards to support with the following: spend, hours, shifts, reason, WTE utilisation, savings, agency v bank, (financial accrual)
iii. Implementing a revised Waiting List Initiative procedure to ensure clarity and adherence to a strict set of rules.
iv. Introduction of a standard rate card to ensure a simple and consistent pay rate that can be universally applied.

The usage and cost of temporary (bank) and agency Registered Nursing and HCSW staff is as follows:

Financial Year	Staff Group	Total No Agency HOURS *	Total No of Bank (non agency) HOURS	Total Temp / Agency HOURS	Spend Agency (£)	Spend Bank (non agency) (£)	Total Temp / Agency Spend (£)
2021 / 2022	Registered Nursing	340,578	217,561	558,139	15,280,282	6,300,771	£21,581,053
	HCSW	90,314	629,078	719,391	2,357,780	7,139,058	£9,496,837
2022 / 2023	Registered Nursing	326,078	179,245	505,324	16,506,126	5,306,221	£21,812,347
	HCSW	218,841	674,301	893,142	5,899,654	8,418,046	£14,317,701
2023 / 2024 (YTD)	Registered Nursing	160,444	61,475	221,918	5,092,531	1,954,352	*£7,046,883
	HCSW	0	314,497	314,581	(60,907)	4,725,792	**£4,664,885

A number of pro-active measures have been implemented to either reduce or stop the use of premium cost agencies. Some of these initiatives include the following:

i. A ban on Agency HCSWs from 1 April 2023. This was successfully implemented with no agency shifts used since the ban. It was achieved by a co-ordinated recruitment campaign to substantive HCSW vacancies, the recruitment of almost 400 HCSWs to the Staff Bank which included those Agency HCSWs previously used by the Health Board

ii. Implementation of a workforce sustainability programme scheme of delegation which ensures Agency Nurses can only utilised where essential and also requires Director of Nursing approval if usage exceeds agreed levels.

iii. The development and introduction of the Assistant Practitioner role (Band 4) as part of the ward skill mix to reduce reliance on Agency Registered Nurses.

iv. Implementation of 'Health Roster' system to increase efficiency and ensure maxim utilisation of staff hours.

v. A complete ban on all Agency admin and clerical staff.

vi. Development and implementation of a Nursing Workforce Metrics Template that enable easy access to key information to ensure targeted interventions

7. Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.

Response:

Regular engagement with, and feedback from our workforce has clearly identified that access to appropriate, high quality education and development has a very positive impact on staff engagement, performance and retention. This was noted in responses in the following engagement activities:

- Winning Temp Platform – audience: Nursing, Midwifery and ODP Workforce
- Medical Engagement Scale
- Medical Wellbeing Survey – audience: All Medical Workforce
- Culture and Leadership Programme: Feedback at Directorate Level
- Induction / Starter Interviews
- Exit interviews

To ensure an ongoing commitment in providing all colleagues with access to relevant, timely and high-quality education and development, the UHB has a number of workstreams and priorities. Updates on these are presented to the People and Culture Committee to ensure effective oversight and challenge where this commitment is not met:

- Effective Values Based Appraisals – provision of training for managers; and support to undertake in the workplace. Conversations to inform development themes / need.
- Development of role and career pathways, talent management and succession planning – focused work to ensure progression is supported by the relevant development, e.g. nursing; therapies; new roles (e.g. Advanced Practitioner)
- Evaluation and monitoring of existing programmes and development opportunities, internal and external, including peer review, participant feedback, student experience
- Representation on All-Wales Profession Specific groups to inform and shape role specific education and development (e.g. Occupational Health; People and Culture)
- Enhanced opportunities for digital learning and a digitally enabled workforce – focusing on access, skills, wellbeing, agility and innovation (recently appointed ECOD Manager – Digital Learning)
- People and Culture Directorate working closely with Clinical Boards to identify means to support, develop and enhance education and development opportunities
- Partnership and collaboration with external partners to realise benefits of cross-sector working, e.g. Universities; Further Education; Industry
- Working with HEIW and NHS Wales to realise best-value education and development

8. Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.

   Response:
   The approach that the Health Board undertook in relation to planned care was to focus on maintaining Cancer services delivery both in outpatients and for planned operations. In relation to the remainder of the planned care this differed between the dates of industrial action. At the start of the industrial action there was a higher proportion of cancellations. In subsequent days our clinical colleagues supported by continuing a greater number of clinics through virtual attendances or smaller clinics.

   Over the industrial action days, the following activity was lost:
   Outpatients – 1127
   operations – 254

9. What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.

   Response:
   There are a number of developing mechanisms to ensure that between health boards improved sharing of best practice can occur. It would be true to say that this is an area where we all need to continue our focus. Within the South East Region, there is a regional partnership in place which is focussing on orthopaedics, Ophthalmology and diagnostics. This work is focussing on taking the best practice from across health Boards in order to implement regional solutions for our patients. We meet in all streams of work multiple times every month, which allows the sharing of best practice.

10. Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional working between different health boards?

Response:
When we as a Health meet with the NHS executive on planned care and discuss particular challenged specialties, we take advice from their knowledge of working nationally where other health boards have made improvements. This allows us to learn from what has worked. One example of this is that Cym Taff Health Board has made progress on there waiting list management practices to improve their treat from cohort rates which as an organisation we are using to inform how we provide training to our teams.

11. During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff and services to meet priority needs. What action has your health board taken to learn from this experience, and maintain agility and flexibility.

Response:
The ability to remain agile as an organisation in a post pandemic environment is important to Cardiff and Vale health Board. The approach to learning has been to review through our current structures the successes and challenges through the pandemic. A specific learning review was undertaken through discussion with a wide range of our staff.

The leadership team ensures that agility and delivery at pace remains a focus for all of our operational teams. We have demonstrated the ability to continue to work in this manner with the recent ward reconfiguration project. This project was focussing on reviewing how we organise ourselves across the emergency stream to ensure better patient experience in the emergency unit and across our wards. In three months, there were 18 separate ward moves completed.

12. What action is your health board taking to ensure that opportunities for regional working are considered, developed and implemented. Please provide an update on how your health board is working with others on a regional basis.

Response:
We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards collaborate and plan on a joint basis to maximise benefit to the wider population. Whilst not every service will lend itself to regional configuration, we see the potential of wider collaboration as a core element of this planning cycle and of our priority setting. We remain committed to active collaboration where this delivers added value to clinical service delivery.

Health Board planning teams meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience, best practice and to consider future opportunities for closer working to mutual benefit.

Health Board operational and clinical leads are contributing to regional clinical model development and delivery and regional assumptions are embedded within Clinical Board Delivery Plans.

A specific example of the regional working in the South East Wales regional Portfolio:

In August 2022 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg (CTMUHB) reviewed and renewed their commitment to regional working where clinically appropriate. This saw a commitment to three programmes of work, with each assigned a Health Board ‘host’. These programmes operate under the umbrella of a single portfolio to ensure consistency of approach and direct Executive level line of sight to delivery

The programmes of work within the scope of this regional portfolio include Ophthalmology, hosted by ABUHB. Orthopaedics, hosted by CAVUHB, Diagnostics, hosted by CTMUHB. Stroke, was a fourth programme added to the portfolio in December 2023 and is also hosted by CAVUHB.2023/2024 will also see the incorporation of Cancer and the work currently progressed via the cancer care leadership group (CCLG) in to the portfolio. This will formally brining Velindre NHS Trust into the region's partnership arrangements

All programmes of work are progressing as per the plans set out on page 42 of the integrated annual plan.

13. Please provide information about how many patients have been transferred across the boundaries of your health board for diagnostics and treatment. This should include patients transferred to your health board by other health boards, and those your health board has transferred to other health boards. Are there organisational or cultural barriers preventing this from happening.

    Response:
    In reviewing our data – 3280 patients whom were residents of our Health Board received treatment in neighbouring Health Boards in the 2022/23. In the same time period, 17903 patients resident in other health Boards received treatment in Cardiff and Vale. The data provided excludes chemotherapy patients, and we are unable to differentiate in this data set currently between tertiary patients and secondary care patients.

    There is significant work being undertaken at this point in time to work with patients on the need for regional working. There have been examples in the past were there has been some patient reluctance to travel between Health Boards, but in a post pandemic environment this appears to be improving. The work being undertaken in ophthalmology is a good example of where this continues to develop positively.

14. How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.

    Response:
    The pressure on the NHS during winter months has traditionally presented a challenge in relation to planned care. Last winter was one of the most challenging for the NHS in Wales. In response to this the planning for this winter has focussed on how the improvements can be maintained. In both Adult and Paediatric care there are plans to have protected surgical hubs to ensure that we can maintain elective activity. These will be based in UHW for the 2023/24 financial year, with a long-term solution being implemented in UHL from 2024 onwards for adult care. This provides improved confidence levels from previous years, however the risk of reducing planned activity remains extant and is something which the programme has logged as a specific risk to be monitored and managed

15. What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait

    Response:
    The health Board recognises the need to balance clinical urgency and length of waits and the risk that this can create. To support teams in delivering this, a planned care dashboard has been created to give a live view of the urgent vs long waiting patients booking process. Additionally, all directorate teams have attended a development session to review our waiting list management processes. As part of this each team will be engaging with the clinical teams to reset the balance between urgent and routine patients at an appropriate level to the relevant specialty.

16. How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.

Response:
The Health Board traditionally experiences a 5% removal rate as part of validation exercises. In addition to this we have increased the validation rates through text validation which in 2022 resulted in 7213 patients being removed.

17. The Welsh Government has invested £20m a year to support the implementation of a Value-Based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog

Response:
There are a number of initiatives in this arena – examples as follows:
- Community Eye Care- Funding supported the training of optometrists to treat complex eye conditions in community/primary care setting rather than secondary care, reducing the waiting list and risk scores for patients, particularly with Glaucoma. Also supports early diagnosis and management of disease, with greater access to care.
- Minor Oral Surgery into the community (IMOSS & WDSP) – Funding supported change the care setting from hospital to community/primary care, to treat patients with local anaesthetic rather than GA. Significant numbers of patients displaced, reducing the waiting list and time to procedure, as well as improving access and patient experience (reduced need for GA, recovery time in hospital etc).
- Hysteroscopy "One-Stop, See and Treat" – Funding supported to deliver one-stop diagnostic and outpatient treatment for appropriate patients, in-turn freeing up theatre sessions that would have been used for these patients at a later date. This has reduced waiting times for treatment and improved patient experience in terms of time to treatment; place of treatment (theatre vs. OPA); recovery time; risk of complications.
- Alternative Glaucoma treatment – Funding supported use of alternative treatments for glaucoma patients within the OPA setting. This has reduced waiting times for treatment by displacing into OPA setting as well as improving patient outcomes and experience. There is reduced post-op prescribing, improved chance of wearing contact lenses with alternative treatment, reduced recovery time post-op and reduced procedure time.

18. Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.

Our Integrated Annual Plan 2023/2024 was presented to the Board (30 March) and subsequently approved. We were unable to approve a balanced 3-year IMTP in our detailed submission to Welsh Government on 31st March.

Given the scale of the delivery and financial challenge, the Health Board submitted a forecast deficit position of £88m (23/24). Our assessment was that £40m of this is a worsening of the underlying financial deficit and the remainder relates to unfunded exceptional cost inflation, the continued costs and consequences of the pandemic response and the recurrent investment made to support planned care recovery.

The Board fully acknowledges the scale and significance of this position, is not at all complacent and is requiring a relentless focus on addressing and improving the situation and the risks that it presents.

Within our financial plan we have set a 4% recurrent cash-releasing savings target based on our estimation of what can be reliably delivered through stretching ambition and robust governance and oversight. Of this, 3% will be delivered through a programme-managed approach by theme at executive level through the monthly Sustainability Board with each of the supporting workstreams led by clinical and operational leads monitoring performance against KPIs on a weekly basis.

As at month 4 (23/24) the Health Board is reporting a deficit against the forecast position of £4.9m. Our priority remains to deliver, or better, the annual plan commitment and are redoubling efforts and strengthening our plan to ensure it is achieved.

The current financial model using credible assumptions about future allocations, growth and activity indicates that we will need to achieve this level of recurrent savings in each of the next 5 years in order to achieve a sustainable, balanced position.