

## **Agenda – Health, Social Care and Sport Committee**

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Meeting Venue:

**Committee Room 3 – Senedd**

Meeting date: 23 May 2019

Meeting time: 09.15

For further information contact:

**Claire Morris**

Committee Clerk

0300 200 6355

[SeneddHealth@assembly.wales](mailto:SeneddHealth@assembly.wales)

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### **Informal pre-meeting (9.15–9.30)**

#### **1 Introductions, apologies, substitutions and declarations of interest**

(9.30)

#### **2 General scrutiny: Evidence session with Cwm Taf Morgannwg University Health Board**

(9.30–11.00)

(Pages 1 – 30)

Professor Marcus Longley, Chair, Cwm Taf Morgannwg University Health Board

Allison Williams, Chief Executive, Cwm Taf Morgannwg University Health Board

Angela Hopkins, Board Director, Cwm Taf Morgannwg University Health Board

Dr Ruth Alcolado, Deputy Medical Director, Cwm Taf Morgannwg University Health Board

Research Brief

Paper 1: Cwm Taf Morgannwg University Health Board

### **Break (11.00–11.10)**



**3 General scrutiny: Evidence session with Swansea Bay University Health Board**

(11.10–12.40)

(Pages 31 – 53)

Tracy Myhill, Chief Executive Officer, Swansea Bay University Health Board

Chris White, Chief Operating Officer and Deputy Chief Executive Officer,  
Swansea Bay University Health Board

Richard Evans, Executive Medical Director, Swansea Bay University Health Board

Sian Harrop–Griffiths, Executive Director of Strategy, Swansea Bay University Health Board

Research Brief

Paper 2: Swansea Bay University Health Board


**4 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**

(12.40)

**5 General Scrutiny of Health Boards: Consideration of evidence**

(12.40 – 13.00)

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 <p>Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board</p>	
Submission to the Health, Social Care and Sport Committee's general scrutiny inquiry.	
<b>Contact:</b>	xxxx Director of Corporate Services & Governance / Board Secretary xxxx
<b>Date:</b>	Written evidence: Tuesday 7 May 2019 Oral evidence session planned for Thursday 23 May 2019 between 9:30am and 11am

## **Introduction**

Cwm Taf Morgannwg University Health Board welcomes this opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

The former Cwm Taf University Health Board, was established in 2009, with responsibility for the provision of services to around 301,000 residents within the local authority boundary areas of Merthyr Tydfil and Rhondda Cynon Taf. Cwm Taf UHB had around 8,100 members of staff working across Primary, Community & Secondary Care. The budget of the Health Board (net of our hosted bodies, Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee) was circa £650 million.

From 1 April 2019, Cwm Taf Morgannwg University Health Board replaced the former organisation, after responsibility for healthcare services in the Bridgend County Borough Council area transferred from Abertawe Bro Morgannwg UHB. The Health Board now serves a population of around 450,000 residents and has around 11,600 staff working across Primary, Community & Secondary Care. We now operate three District General Hospitals, one Health Park and six community hospitals, along with 110 Community Pharmacies, 53 Dental Practices, 55 General Medical Practices and 48 Optometrist Practices. The Cwm Taf Morgannwg UHB has a budget of circa £900 million.

In addition to the originally requested overview of organisational performance, the Committee has also requested a summary of the recent concerns regarding maternity services in the former Cwm Taf University Health Board.

Following changes in the senior clinical management of the maternity service in 2018, it was identified that there was a potential under-reporting of serious untoward incidents in the Health Board's Maternity Service. This

was initially reported to Welsh Government and a number of internal reviews commenced to identify the scale of the problems and to ensure mitigating actions were put in place as quickly as possible.

In October 2018, the Minister for Health and Social Services commissioned an external review of the service from the Royal College of Obstetricians and Gynaecologists & Royal College of Midwives.

The report was published on 30<sup>th</sup> April 2019 and outlines very serious concerns about the quality of care and the experiences of women and their families in the former Cwm Taf UHB maternity services.

The key concerns identified within the report relate to failings in systems of quality governance with particular attention drawn to issues of:

- Cultures and behaviours
- Lack of staff engagement
- Staffing levels
- Lack of role clarity and inter-professional working
- Assurance regarding data quality and compliance with national standards
- Systems for reporting, investigating and learning from incidents

The report particularly challenges the Board to consider its own systems of governance and assurance in light of the concerns raised. This includes systems for scrutiny of data, regular review of key organisational risks and effective challenge to the Executive Team.

The Board received the report in a special public Board meeting on 30<sup>th</sup> April and accepted, in full, the findings and recommendations of the review.

This briefing paper aims to provide the headline information and is supplemented by more detailed reports, the links to which are embedded in the narrative.

### **Key Messages**

1. The transfer of the responsibility for commissioning and delivery of services for the Bridgend County Borough Council population transferred from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board on 1<sup>st</sup> April 2019. This significant change was delivered through a joint Transition Programme which operated during 2018/19.
2. All matters in this paper relating to service and financial performance and, more specifically to maternity services, refer to the former Cwm Taf University Health Board. Looking forward, all planning and delivery

arrangements, including the improvements in response to the recent Maternity Services Review will apply across the whole organisational footprint.

3. The former Cwm Taf UHB has a track record of approved IMTPs and delivery against key objectives. Subject to audit, the Health Board reports delivery of all statutory financial targets for 2018/19 and compliance with agreed Referral to Treatment Times (RTT) trajectories.
4. Following local identification of concerns with incident reporting in its maternity service last summer, together with some failings identified in other external audit reports, the escalation status was increased to 'enhanced monitoring' in January 2019 on matters relating to quality governance. The Board implemented a number of key measures to improve performance and these have been reported through the public Board. [Cwm Taf Board Meeting Papers](#). However, it is fully recognised that there is significantly more work to be done to ensure that the organisational governance arrangements are sufficiently robust and provide the necessary assurances both internally and for partners and regulators.
5. Cwm Taf Morgannwg University Health Board (the Health Board) received the Welsh Government commissioned report from the Royal College of Obstetrics and Gynaecology and the Royal College of Midwives on 30 April 2019. [Cwm Taf Board Papers 30 April 2019](#) The report identified serious failings in its maternity services at Prince Charles Hospital and the Royal Glamorgan Hospital.
6. Needless to say, the challenges in our maternity service and in particular receiving some of the patient feedback has been a very difficult and sobering experience. The Health Board Chair and Chief Executive have both offered an unreserved apology for the failings in service identified and the Health Board has fully accepted all the findings of the Royal Colleges' review.
7. Putting things right is now the organisation's utmost priority. The Health Board takes its responsibilities for delivering high quality, safe care and maintaining good governance arrangements with the utmost seriousness.
8. The Health Board has been working hard to make improvements in maternity care and implementation of some of the recommendations in the report is already underway, including the actions taken following the immediate feedback from the review team in January 2019. However, it recognises that significant work remains to be done and is committed to undertaking all necessary action to deliver the report's recommendations in full.
9. The decision of the Minister for Health and Social Services to increase its escalation status ('special measures' for maternity services in the

former Cwm Taf University Health Board area and 'targeted intervention' for Cwm Taf Morgannwg University Health Board), provides a strong focus for the organisation so that everyone can be provided with the assurance that all necessary action is being taken, at every level, to deliver improvements.

10. The Health Board also welcomes the expert advice and oversight announced by the Minister for Health and Social Services, and will be working closely with Welsh Government officials to take the required action to put these arrangements in place.
11. With a previous good reputation, an approved Integrated Medium Term Plan (the Plan) and as a new organisation, with the administrative boundary change including Bridgend having come into effect from 1 April, Cwm Taf Morgannwg University Health Board is determined to step-up to the improvement required and deliver on its commitments for the patients, families and staff on behalf of the communities it serves.

### **Escalation, Intervention and Improvement**

12. On 30<sup>th</sup> April 2019, in response to the Minister for Health and Social Services publishing the reports by the Royal Colleges of Obstetricians & Gynaecologists and Midwives, the Minister announced that the maternity services in the former Cwm Taf University Health Board area were to be placed under 'special measures'. He also stated that he expects any learning to be applied to the Bridgend locality maternity services.
13. In the same statement, the Minister also announced that the organisation's overall escalation increased to 'targeted intervention'. This allows a period for review bodies to look at a range of wider issues including quality governance, serious incident reporting and leadership and organisational governance, and for the Board with its Executive Team, with external support and overview, to put in place the appropriate measures.
14. The Health Board has expressed unanimous determination to deliver the necessary improvements. Some issues will take time so that they can be fully embedded in the organisation's governance arrangements and therefore we recognise the need to sensitively balance pace with sustainability as we work through the requisite actions. The Board also welcomes the additional oversight arrangements and support that has been made available and is fully committed to working openly and closely with those individuals.
15. Varying degrees of progress have been made in all of the areas identified as part of the January 2019 escalation. This includes Board

approval of the measures associated with compliance with the Nurse Staffing Act; agreement of the Ionising Radiation and Medical Exposure Regulations (IRMeR) action plan with HIW and completion of most actions; sign-off, to date, of 25 of the 32 CAPA plans associated with the Human Tissue Authority (HTA) inspection; development of draft quality framework; and progress with development and delivery of a maternity improvement plan. Whilst a considerable amount of work has been undertaken to start to address the identified failings, the Health Board will work with Regulators and with Welsh Government to ensure that progress continues to be made and all necessary assurances given.

16. In November 2018, the Board resolved to establish a Maternity Improvement Board to oversee the development and delivery of an improvement plan in response to the concerns identified. An Independent Chair, external to the Board, was appointed with membership drawn from the service and Health Board management team. Membership also included the Vice Chair of the Board (as Chair of the Quality Safety and Risk Committee) with Welsh Government and Healthcare Inspectorate Wales invited to be in attendance.
17. Specific actions in relation to maternity services include:
  - Development of a detailed Maternity Improvement Plan, drawing on the work of the various internal review processes and reports and feedback from staff engagement. This Plan is being reviewed further as a consequence of the external Royal Colleges report, to ensure it fully captures all the recommendations of the external review.
  - Assistance secured from the Welsh Government Delivery Support Unit (DSU) to support the multidisciplinary team (MDT) in the process elements of reviewing the SUIs.
  - Weekly maternity oversight meetings, attended by Welsh Government officials, were established in addition to the scheduled monthly meetings of the Maternity Improvement Board. The Chief Executive and other senior officers also met periodically with senior officials in Welsh Government to discuss the ongoing reviews and related progress.
18. Wider Improvement Actions include:
  - The Health Board has engaged directly with Wales Audit Office (WAO) and asked if we can work with them to be the first organisation to participate in the 2019/2020 thematic review of Quality Governance. We believe that this will help us become early adopters of best practice and accelerate our improvement.
  - The Chair and Chief Executive have met with Healthcare Inspectorate Wales (HIW) to discuss progress. The Health Board is keen to work closely with WAO and HIW to align the benefit of both perspectives to help the organisation to quickly strengthen our systems of governance and assurance.
  - The Health Board has recognised and fully accepted the need for strengthened assurance in a number of important areas. We are



determined to work with Welsh Government officials and others to ensure that we meet the assurance requirements on the quality governance issues raised and very much welcome the further planned assistance that will be provided to the Health Board.

### **Integrated Medium Term Plan**

19. Building on previously approved Integrated Medium Term Plans, our recently approved Plan for 2019-2022 is the first that serves the wider population following the 1st April 2019 Bridgend boundary change. Cwm Taf Morgannwg University Health Board now has responsibility for the commissioning and provision of healthcare for the communities of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend County Borough Councils.
20. Coupled with the strategic direction set out in 'A Healthier Wales: Our Plan for Health and Social Care', the next three years provide us with a real opportunity to learn, grow and transform - building on the strengths of both new and existing communities to deliver better health and care for all. The Health Board Plan sets out how we will do that. Where possible, business is described from the perspective of the new organisation, however where this is not possible, as we are early on in the transition and integration, the Plan describes the existing Cwm Taf perspective, the Bridgend perspective and the steps planned to reach an integrated position.
21. Recognising that the short term focus of the Plan is to ensure the smooth and efficient transition of services and staff, we are over the course of this year building on the staff engagement work of recent years to deliver a strategic approach to organisational development that aligns people, strategy and process.
22. Our ambition is to drive even further forward, at pace, our transformation agenda. We are determined that by implementing our Plan and by working closely with our partners we will maximise the resources available to us to ensure that we can continue to deliver safe and effective services to the population of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. Working together remains important to us and is essential if we are to make our vision a reality.
23. The Health Board objectives will be achieved by working closely in partnership with our staff, partners and local communities; in line with our quality and performance standards; and within a financial envelope which is both value for money and affordable.
24. Over the lifetime of our Plan, we will increase our collaboration with our NHS partner organisations, as well as working more closely with

public sector colleagues under both the Social Services and Wellbeing Partnership Board and our revised Public Service Board arrangements. In doing so, we will look to maximise opportunities for workforce modernisation and sustainability afforded by the Well-being of Future Generations Act, Social Services and Well-being Act, Prosperity for All: the National Strategy, A Healthier Wales: our plan for Health and Social Care and the Cardiff City Deal.

## **Workforce**

25. Our workforce is clearly our most significant asset and it is through the commitment, professionalism and dedication of our staff that we are able to deliver high-quality services to our population.
26. During the lifetime of our Plan, the most significant changes directly affecting our workforce are the transition due to the Bridgend boundary change and ensuring the development of a compassionate, learning culture across all of our services.
27. A key focus of our workforce agenda in the short to medium term is to ensure the smooth and efficient transition resulting from the boundary change in April 2019 through a strategic approach to organisational development to enable the new organisation to align people, strategy and processes, and maintain quality and governance of services in doing so. This programme of work will include the implementation of new operational structures which reinforce role responsibilities and accountability for quality and safety as well as performance and financial delivery, underpinned by the development of new organisational values and supporting behaviours.
28. Following the 2018 staff survey, the UHB has embarked on the development of an action plan in partnership with staff side colleagues, developed with the staff at local level. In addition to a range of activity to improve staff engagement and address the outcomes of the survey, a particular focus will be the launch of a Call to Action to eliminate bullying and harassment.
29. Some of our greatest risks to quality of service and service transformation are as a result of workforce fragility and recruitment difficulties in a number of areas across the Health Board. In addition to implementing new and refreshed recruitment campaigns for nursing and midwifery and medical staff, we will have a strong focus on retention and staff engagement.
30. We will also be prioritising workforce modernisation across 2019/20 with investment in knowledge and expertise to drive this agenda

forward. To support the modernisation agenda within Cwm Taf Morgannwg, a Workforce Modernisation Board has been established to provide advice and recommendations to the Executive Board and oversee the delivery of the programme of work.

## **Performance**

31. In terms of performance, we have delivered positive performance in a number of key areas in 2018/2019, including in Scheduled Care, Unscheduled Care, Cancer Services, Diagnostic Services and Mental Health Services. The following is a summary of year end achievements, a link to our latest Board report and dashboard is also provided. [Cwm Taf Morgannwg UHB Board Papers including latest performance report & dashboard](#)

- **Referral to Treatment Times (RTT)** – The end of year reported position is that the Health Board successfully delivered 52 and 36 week targets for 2018/19 with zero patients waiting over 36 weeks for treatment.
- **Diagnostic Waits** – The reported end of year position is 27 patients waiting over 8 weeks, compared to 72 in March 2018. These 29 are in two areas, with 13 waiting for Diagnostic Angiography and 14 waiting for an Endoscopy.
- **Unscheduled Care** – Performance at a Health Board level for the 4 hour target for end of year i.e. March 2019 was 83.2%. The March performance for the 12 hour target improved to 437 patients (261 at PCH and 176 at RGH) compared to 496 breaches in March 2018.
- **Emergency Ambulance Services** - March performance for emergency ambulance services against the 15 minute handover target was 90.3%, compared to 90.7% in February. The March performance for emergency ambulance services over one hour was 100%.
- Performance against the Red Ambulance target declined significantly during February to 69.9% from 76% in January. Cwm Taf's performance was also lower than the All Wales average of 72.4% but remains above the national target of 65%.
- The numbers of patients whose **discharge from hospital** was delayed improved from 36 in February, to 33 in March.
- **Cancer 31 and 62 Day Target** - The 31 day target (Non Urgent Suspected Cancers) of 98% was narrowly missed in February with two breaches, both in Urology, resulting in a compliance level of 97.9%. For both patients, the decision to treat was made at the tertiary centre, hence the full wait was at the tertiary centre.
- The 62 day target (USC) compliance was 91% for February, a further improvement on last month's progress, with breaches in Urology again low at 2, as was the case in January. In total there were seven breaches, with the reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both local and tertiary.

- **Mental Health Measure** – Part One (Primary Care assessment and treatment), performance was 51.2% against a target of 80%. Part Two (valid care treatment plan completed by end of each month) improved in March to 89% against a target of 90%. Part Three (receipt of an outcome assessment report within 10 days of assessment) was 100%.
- **Primary Care CAMHS** – The related waiting list has been growing during the last quarter and currently stands at 341, due to an increase in demand. The maximum waiting time has reduced from 30 weeks to 26 weeks. Actions including additional staff resource, have been recruited to respond to the increased demand.
- **Specialist CAMHS** – Compliance against the four week target was 89%.

32. We have set out in our Plan the profiled performance that we will be aiming for as a Health Board over the next 12 months, as we strive for improvement in our service provision.

33. The Health Board has made very significant strides on development of performance data in recent years and the Integrated Performance Dashboard continues to be developed. In profiling performance for 2019/20, the Health Board has made some ambitious and challenging assumptions in relation to a number of key areas.

34. Our ambition continues to be to have balanced demand and capacity plans where demand is met from internal core capacity, a component of which is provided on a Regional basis. However, manpower constraints in the short to medium term means that a small proportion of outsourcing will still be required to meet the referral to treatment performance targets in 2019/20.

35. The ambition of the Health Board is to sustain its achievements up to March 2019 in the future, whilst taking on the challenge of delivering improvements across the wider organisation from April 2019 onwards.

## **Finance**

36. The Plan outlines the challenges in the coming years faced by all Health Boards in that the core allocation is increasing at a lower rate than growth in expenditure from increasing population need, inflation and cost pressures, which thus requires annual improvements from efficiency and re-design to remain in balance. The Plan provides for the Health Board to meet this challenge and continue its record of finance balance through the 3 year plan period.

37. The level of efficiency and redesign savings required in order to close this gap between funding and demand and so deliver a balanced budget is £12.8m in 2019/20.

This is 1.4% of the controllable budget of circa £900m. The total recurring savings required over three years is £41.8m (4.6%).

38. Key specific local issues the financial plan is aiming to address are:-
- The financial impact of the transfer of Bridgend to Cwm Taf Morgannwg. The Health Board is in the closing stage of the process to assess the element of the underlying ABMU deficit in 2018/19 which relates to Bridgend and will transfer to Cwm Taf Morgannwg, and to agree with Swansea Bay and the Welsh Government how this can be managed in a way which is consistent with the commitment that the Health Board will not be adversely affected by the transfer.
  - The delivery and ongoing sustainability of the Health Board's out of hospital transformation plans.
39. Our broader aim in the Plan is to make the most effective use of all the resources available to the Health Board, as opposed to focusing only on financial savings targets. Whilst the healthcare needs of our local population and the quality and safety of patient care remains our number one priority, the Health Board understands and is committed to radically redesigning both systems and services in order to ensure that the best value is achieved from its resources.

## **Brexit**

40. The Health Board has nominated a Senior Responsible Officer for Brexit which is the Director of Public Health, supported by the Civil Contingencies and Business Continuity Manager.
41. There is representation at the key required national groups and regular updates on progress are provided to the Executive Board and Health Board.
42. A Brexit Risk Assessment and Plan have been drawn up, ensuring that the Health Board has met its obligations with reference to collaborative planning and preparedness. This remains under review as the Brexit process continues.

## **Conclusion**

43. 2018/19 has been a very challenging year for the Health Board. The particular concerns regarding maternity services and wider quality governance arrangements challenge the Board to fundamentally review its processes and working practices to strengthen systems of governance and internal control.

44. Whilst positive progress has been made in the development and delivery of many clinical services, the significant change agenda associated with the boundary change and the quality governance issues identified, has meant that the Board has reflected hard on the way in which it must work differently to provide strong leadership and assurance going forward.
45. In response to the change in escalation status, the additional governance advice provided to the Board will positively support the organisation to improve culture, systems and processes. We will use this opportunity, together with the learning from the 2019 WAO national thematic audit on quality governance and the proposed HIW local governance review, to further strengthen systems of internal control going forward.
46. In addition to strengthened systems of quality governance, it is recognised that further focus on staff and stakeholder engagement will be critical to success.
47. The recruitment of staff continues to be a major challenge. Delivering high quality safe services in this context will require further significant changes to future models of service delivery.
48. The integrated healthcare system in NHS Wales continues to offer the best opportunity to deliver joined-up systems of care. Strong relationships with Local Authority and Third Sector partners, supported by Integrated Care and Transformation Fund resources create the environment to move towards systems of anticipatory care which will improve quality and help manage future demand.
49. Greater engagement with stakeholders, continued development of partnership working, stronger systems of governance and focused leadership will ensure that Cwm Taf Morgannwg UHB delivers the best possible health services for its population.

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gofalu am ein gilydd, cydweithio, gwella bob amser  
caring for each other, working together, always improving

## **Swansea Bay University Health Board Written Evidence to the Health, Social Care and Sport Committee**

**Date of Submission: 2<sup>nd</sup> May 2019**

1. Swansea Bay University Health Board (SBUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

### **About the organisation**

2. SBUHB replaced Abertawe Bro Morgannwg University Health Board on 1<sup>st</sup> April 2019 after responsibility for healthcare services in the Bridgend County Borough Council area transferred to what is now Cwm Taf Morgannwg University Health Board.
3. SBUHB serves a population of around 390,000 in the Neath Port Talbot and Swansea areas and has a budget in the region of £1bn. The Health Board employs approximately 12,500 staff involved in the promotion of good health and delivery of healthcare services. Prior to the Health Board boundary change, Abertawe Bro Morgannwg University Health Board covered a population of around 500,000, had a budget of approximately £1.3bn, and employed over 16,000 staff.
4. The Health Board works in partnership with local authorities and neighbouring health boards to deliver and commission a range of primary care, community and hospital based services across a number of sites. It also provides specialist healthcare services to a wider community: the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital, for instance, covers south and mid Wales and the south west of England.

### **Overview**

5. SBUHB heads into 2019/20 with a different geographical area, a predominantly new Executive team, and a renewed sense of ambition and purpose. An agreed ten year Organisational Strategy and refreshed Clinical Services Plan provide a framework for the Health Board to:
  - Play its full role in the local and regional health economy;
  - Increase its focus on improving its population's health and wellbeing;



- Integrate services with its partners in communities; and
  - Ensure it is a sustainable organisation delivering consistently high quality care.
6. The organisation has strong foundations on which to build: the quality of its care continues to improve; its performance against a number of priority measures has stabilised and improved; and it is reducing its financial deficit. 95% of the Health Board's patients who took part in the 'Friends and Family' test in 2018/19 would recommend the relevant ward or unit to friends and family if they needed similar care or treatment.
  7. The Health Board is a leader in Wales in digital technology and will seek to maximise this advantage in transforming how people's health is improved and how care is delivered.
  8. To accelerate its progress in integrating care and supporting the shift out of hospital, the Health Board and its regional partners have secured Welsh Government approval for transformation proposals aligned to '*A Healthier Wales*'.
  9. The Health Board is a key member of the West Glamorgan Regional Partnership Board, the Swansea Public Services Board, Neath Port Talbot Public Services Board and ARCH (A Regional Collaboration for Health) - a collaboration between SBUHB, Hywel Dda University Health and Swansea University. Its strong partnership arrangements are essential to the successful delivery of seamless and sustainable services and in the promotion and improvement of wellbeing in the people of the area. By building on a strong track record of collaboration with its local Universities, the Health Board also aims to be at the forefront of implementing research, enterprise, innovation and value-based healthcare, and to influencing research to meet its needs.
  10. Working closely with Cwm Taf University Health Board (as was) and now with Cwm Taf Morgannwg University Health Board, SBUHB has planned for and delivered the Bridgend boundary change. It has delivered the change while maintaining service continuity for patients. Significant Brexit preparedness arrangements have also been put in place to maintain service continuity, regardless of the outcome of the EU withdrawal process and negotiations.

### Planning and transformation

11. SBUHB has been successful in adopting a more integrated and continuous planning approach across the breadth of its remit. The Health Board approved its 10-year Organisational Strategy in November 2018 and its 5-year Clinical Services Plan in January 2019.
12. The Organisational Strategy provides the long-term vision for the Health Board which is a critical element of becoming a clinically and financially sustainable

organisation, and in providing vision and direction to its citizens, partners and staff. It fully reflects 'A Healthier Wales' and the Wellbeing of Future Generations (Wales) Act. It sets the Health Board's strategic aims which are to:

- Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities
- Deliver better care through excellent health and care services achieving the outcomes which matter most to people.

13. The Clinical Services Plan outlines how the Health Board will change its key service models to become sustainable. A transformation programme has been established, providing a vehicle for delivering the Clinical Services Plan (including a number of high value opportunities to improve efficiency and effectiveness).

14. The Organisational Strategy and Clinical Services Plan informed SBUHB's Annual Plan 2019/20 and will underpin its Integrated Medium Term Plan (IMTP) 2020-23. The performance trajectories within the Annual Plan have been agreed by Welsh Government. The Health Board intends to submit an approvable IMTP to Welsh Government in 2019.

15. The Health Board's regional planning functions have also developed significantly in the last two years. The relationship between SBUHB and Hywel Dda University Health Board in particular has been strengthened through the mechanisms and opportunities provided by A Regional Collaboration for Health (ARCH) and a Joint Regional Planning and Delivery Committee (JRPDC). The focus for the JRPDC is on shorter-term priorities and delivery, whilst ARCH, which also includes Swansea University, focuses on the medium to longer term. The Health Boards are working together on a number of short and long term regional priorities.

#### Performance and escalation levels

16. While remaining in "targeted intervention" status under the NHS Wales Escalation Framework, SBUHB continues to make significant progress in stabilising and improving performance across a number of measures. The Health Board's escalation status brings with it a focus on improvement in a number of performance areas, which include unscheduled care, cancer, planned care, stroke, and infection control. The progress made in these areas has been recognised and documented by Welsh Government.

17. In relation to planned care the Health Board's profile for numbers of patients waiting over 36 weeks at the end of 2018/19 was at its lowest level since April 2014, with significant improvement in the longest waiting times (a reduction of 500 over the course of the year). The Health Board achieved its required end of year waiting times control total by reporting 2,630 patients waiting over 36 weeks against a target of 2,664.

- 18.Improvements were also secured in speed of access to cancer services. The Health Board achieved a 5% improvement in the Urgent Suspected Cancer measure in 2018/19 with performance across the year at 86% compared to 81% in 2017/18 (this relates to the % of patients referred with a suspicion of cancer starting treatment within 62 days). This was achieved despite there being more patients being treated. A 1% improvement was achieved in the Non Urgent Suspected Cancer measure (for those not initially referred for suspected cancer but subsequently diagnosed with the disease) in 2018/19 with performance across the year at 96% compared to 95% in 2017/18.
- 19.The Health Board secured sustained improvements in infection control, seeing reductions of 36% in rates of C.Difficile, 4% in E.Coli, and 7% in S. Aureus infections between 2017/18 and 2018/19.
- 20.There were also improvements in unscheduled care with some stabilisation of performance in four and twelve hour waits in A&E as well as reductions overall in ambulance waits. The Health Board's winter plans were fully implemented, in partnership with local authorities, and their impact will be fully evaluated to inform further improvements planned for SBUHB in 2019/20. A key focus, in partnership with local authorities, has been on patient flow, ensuring that pathways exist for the accommodation of patients deemed medically fit for discharge outside of acute sites.
- 21.Stroke services is another area where the Health Board can demonstrate sustained improvement in access. Across the four access measures used to track performance SBUHB can point to improvements from 2017/18 to 2018/19 of +5% of relevant patients getting direct admission to a stroke unit within 4 hours; +10% receiving a computerised tomography (CT) scan within 1 hour; +6% receiving a stroke specialist assessment with 24 hours; and +2% achieving a "Door to Needle" (DTN) thrombolysis within 45 minutes.
- 22.The Health Board has secured improvements across a range of areas not covered directly under the 'targeted intervention' arrangements. In relation to physical therapy services, no patients are currently waiting over the 14-week waiting time target and only one patient has waited over 14 weeks all year. A new target, supported by funding, was introduced by Welsh Government to reduce waiting times for access to psychological therapies to under 26 weeks for all relevant patients by the end of January 2019. The Health Board achieved target levels from January 2019 with the total number of patients waiting reduced by two thirds over a 6 month period and all waiting under 26 week target levels.
- 23.The Health Board routinely delivers target levels of performance against the Mental Health Measure, which covers assessments, interventions and advocacy contact.
- 24.Progress is also being made in access to primary care services. The number of practices offering appointments between 5pm and 6.30pm 5 days a week

from 76% to 88% between Dec 2017 and Jan 2019. The proportion of practices opening core hours (or within one hours) has also increased to 95%.

25. Childhood vaccination rates in the Health Board area are over 90%. At risk groups are prioritised in line with national guidance for the annual flu campaigns, with particularly high rates of vaccination achieved for pregnant women.
26. SBUHB recognises and remains ambitious for further improvement in performance across all the areas listed above, and is now operating from a stronger and more sustainable basis to allow it to do so.

### Finance

27. Financial management was also an area identified for improvement under the Health Board's targeted intervention status, with a particular emphasis on the need to reduce its deficit in a safe and sustainable way. Significant progress has been made.
28. In 2016/17 the Health Board overspent by £39m, and in 2017/18 it overspent by £32m. The position in 2018/19 improved by £22m (69%) compared to 2017/18. This was supported by the in-year provision by Welsh Government of £10m, made in recognition of improvements being made within the Health Board and to provide visible support to the actions being driven forward by the Executive team and Board. Following this additional provision, a 2018/19 control deficit total target of £10m was set for the organisation by the Welsh Government. The Health Board's end year position for 2018/19 was within the control total.
29. A significant element of the 2018/19 in-year financial improvement was delivered through non-recurrent savings. This has contributed to the underlying deficit position for 2019/20 being assessed as £30m. The key drivers of the underlying position are staff costs, particularly medical and dental and registered nursing costs.
30. The Board is moving away from a traditional flat line cost improvement programme approach to a more strategic savings approach using benchmarking to identify opportunities to realign service models. This approach tends to have a longer lead time and as a result the plans for 2019/20 cover a combination of strategic high value opportunities and efficiencies and more traditional cost improvements to be delivered in tandem in order to achieve financial balance.

### Workforce and integrated working

31. SBUHB's ambitions can only be realised through the excellence and ambition of our staff. Within SBUHB we are creating an organisational culture driven by our values of *always improving, working together, caring for each other*.

32. SBUHB expects its leaders to lead by example and demonstrate the organisation's values and behaviours in all that they do. There is a programme of work in place to ensure the Chief Executive and wider executive team are visible within the organisation, engage meaningfully with staff on organisational developments, and communicate frequently across the organisation on key issues. This includes regular and open 'Meet the Executives' sessions, regular blogs and intranet updates, and frequent visits across the Health Board's various sites. The organisation invests in developing excellent leaders and managers, and in widening access to the career and talent pathways within SBUHB.
33. Evidence demonstrates that organisational performance is directly linked to levels of employee engagement. The overall organisational engagement score for staff, determined through a standard NHS Wales staff survey, rose from 3.68 in 2016 to 3.81 in 2018 (on a scale rising to 5), with significant improvements in a number of domain areas.
34. SBUHB faces nursing and medical recruitment challenges similar to those experienced across the UK. As well as contributing to all-Wales recruitment efforts, the Health Board is developing innovative ways to enhance the appeal of working for SBUHB, including through exchange programmes, fellowship schemes, and broadening its combined research and services posts. There is a Nurse Recruitment action plan in place to ensure the Health Board meets the phased implementation needs of the Nurse Staffing Levels (Wales) Act 2016.
35. The retention of staff is also key: the turnover rate for all staff within the Health Board (excluding junior medical and dental staff) stood at 7.71% in December 2018, a drop of 1.3% on the previous year.
36. The Health Board recognises that the home is the centre of the health and social care system. A significant element of SBUHB's workforce works in the community. This includes community outreach teams and teams working alongside, or integrated with, local authority colleagues. The health board's organisational strategy prioritises the ongoing promotion of community resilience through the integration of services across health and social care and beyond. This will be supported by the testing and implementation of new models of care, supported by Welsh Government transformation monies.

#### Delivering the Bridgend boundary change

37. The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area would move from Abertawe Bro Morgannwg University Health Board (ABM UHB) to Cwm Taf University Health Board (CT UHB). This boundary change establishes Bridgend CBC within the south east Wales regional footprint for healthcare provision and social services complementing existing economic and education partnerships.

38. A Joint Transition Board (JTB) was established as a sub-committee of each health board to oversee the implementation of the boundary change. Colleagues across both the Health Boards worked closely together, to identify all clinical services that fall within the scope of the transfer, working through every identified service, and both Health Boards agreed the future service provider arrangements. For some services, a Service Level Agreement has been put in place and SBUHB will continue to provide services to the population of Bridgend on behalf of Cwm Taf Morgannwg University Health Board, and vice versa.
39. In practice, this is an administrative change and not a service change. Patients should not notice any changes to their healthcare services. Services are not being lost or reduced, and how patients access services and receive their care remained the same from 1 April 2019. Patients will continue to travel to the same place as they do now to receive their care, and there are no changes to patient flows or referral arrangements.
40. A workforce transfer process was agreed and guided the decision making regarding all staff posts impacted by the change. The process of transferring identified services and the staff affected was led by the requirements under the TUPE as amended by the Collection Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and those laid out in the All Wales Organisational Change Policy.
41. The JTB met for the last time on 23 April 2019 to draw the Joint Transition Programme to a close. A Memorandum of Understanding has been completed, incorporating the principles that the JTB used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information in the interests of delivering optimum patient care. The JTB identified the areas of outstanding and ongoing work in the context of the boundary change and agreed to take forward these via Joint Executive Team meetings, meeting initially on a monthly basis.

#### Preparations for EU withdrawal

42. SBUHB has worked closely with Welsh Government and other partners across health and social care in preparing for EU withdrawal, including for the possibility of a 'no deal' exit. The focus of the preparations has been on ensuring the maintenance of high-quality and safe healthcare.
43. As is the case for all Health Boards, SBUHB has a nominated Executive Director-level Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs. The Health Board has actively participated in regional and national planning events to ensure our local plans are as robust as possible, receiving positive feedback from Welsh Government on its planning arrangements. A Health Board wide risk assessment has been undertaken to determine the potential impact of various

scenarios and to review, and further develop where necessary, business continuity arrangements. SBUHB was part of preparations that were made for a potential 'no deal' scenario, which included robust supply chain continuity arrangements and workforce planning.

44. Following the UK Government's agreement with the European Union to an extension of the Article 50 period to 31 October 2019, any plans to enact any 'no deal' provisions have been stopped. It is however recognised that the legal default remains that, until a deal is agreed and ratified, there is a risk of a no deal exit at the end of the extension period on 31 October 2019. The Health Board will therefore continue to keep its preparations under review.

### Conclusion

45. SBUHB is optimistic and ambitious for its future, and for meeting the health aspirations and care needs of its local population. The organisation has much to do to meet its own ambitions, and those of its partners. The foundations are now in place to allow it to do so.
46. SBUHB executives are looking forward to the opportunity to discuss the above, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.