Response from Cwm Taf Morgannwg University Health Board to Chair's letter of 26th July 2023 regarding NHS waiting times

Recovery targets

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

The most challenging specialities:

- Urology
- Ophthalmology
- ENT
- Gynaecology
- T&O

Within Urology a Task and Finish Group has been established to support the delivery of an action plan developed. The group will regular update the plan and ensure the actions aim to deliver a safe and sustainable service.

Ophthalmology has both internal service transformation meetings and regional sustainable delivery plans. GIRFT have also submitted recommendations to enable us to transform our CTMUHB service, these are now being reviewed and included in the transformation planning.

The ENT operational and planning team have visited the CVUHB service to learn from their transformation programme over the last few years. The service are now launching a CTMUHB transformation programme with a developed action plan from the learning.

Gynaecology have successfully launched their women's hub, which aims to increase diagnostic pathways for patients. The service continue with actions to increase activity at POW especially to reduce waiting times.

Trauma and Orthopaedics remains a regional challenge. Although CTMUHB continue to make improvements with waiting times the T&O transformation will continue as part of the UHB Clinical Strategy with other service moves.

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

The HB had no formal role in informing the targets for Elective Care Recovery, representation to NHS Wales leadership on the achievability of the initial targets have been considered in the revision of targets within year. There needs to be greater discussion to ensure that recovery targets set, rightly stretch HBs to deliver for their population, but are deliverable and population expectation can be met.

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

Currently the trajectories aim to deliver the current targets within the timeframe. Delivery plans may have to adapt against the current financial challenge. The UHB are currently realising the clearance of Stage 1 >156 waits and the reduction is enabling the achievement of the other 2 targets.

Workforce

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

As a Health Board we continue to experience recruitment and retention challenges. Our position is reflective of the local, national and international climate in regard to the shortages of professional groups, including registered nursing and medical staffing. Our IMTP includes further detail on specific shortage roles and areas. Actions to address this challenge sit across workstreams including strategic workforce planning, improved attraction and bolstering of recruitment pipelines (e.g. our Internationally Educated Nurses programme for 2023/24 whereby we plan to recruit 53 wte nurses, and improvements to our approach to our education and commissioning). Added to this we continue to support clinical areas with changes to skill mix and opportunities for new models of care / roles, alongside our expanded employee experience offer (including personal development & flexible working opportunities). A particular focus at present in this space is on improving our data, so that we fully understand these challenges and the drivers – this work forms part of our revised approach to Strategic Workforce Planning. This will ensure we are maximising workforce supply across 'return to practice', retire and returnees, widening access and developing further opportunities for integrated, multi professional working, new roles and apprenticeship. This work is underpinned by evidenced based practices and the development of more robust data to monitor improvements in vacancies and skill gaps.

In regard to retention the UHB has an agreed focus (informed by our data) on nurse retention and the People and Corporate nursing teams are working closely together on this agenda. Our internal approach is interlinked with the All Wales HEIW Nurse Retention programme and local plans are currently being integrated with the soon to be published All Wales Nurse Retention strategy. Our new Moving On questionnaire was launched in February 2023 as a refreshed format of exit interview - enabling further insight into reasons for leaving and how we can best support staff to remain in our employment. Worklife balance and promotion remain the top two reasons for leaving and therefore areas of focus moving forward.

We recognise the impact that workforce gaps have on the health and wellbeing of our staff and the experience of our workforce and patients. We continue to prioritise how we can improve our position through working more creatively internally and externally, whilst benchmarking with other health providers and learning from good practice.

Our position and the actions we are taking are monitored regularly via the Values and Effectiveness Portfolio Board, our People & Culture Committee and our Inspiring People Board.

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

Response

CTMUHB provide a wide range of wellbeing services to staff to support their physical, emotional and financial wellbeing. This includes an evidence based stepped care approach to emotional wellbeing incorporating preventative interventions (e.g. Introductory Mindfulness courses, virtual reality headsets to teach relaxation, induction sessions) and early interventions (e.g. wellbeing workshops on unwinding after work, low mood, stress and burnout, building resilience, anxiety, trauma first aid support and access to an EAP and online wellbeing self-help books).

Where staff are struggling with their emotional wellbeing we have access to one to one counselling via our Employee Assistance Program (Vivup), an 8 week Mindfulness based living course, an 8 week Navigating Tough Times course and a Work Based Therapy service which treats staff affected by work based events. To support physical wellbeing we provide a wealth of information and signposting to local community resources (e.g. local walks, leisure centres etc), an 8 week Healthy Lifestyles course and Barriers to exercise course. We have a range of information and services available to staff impacted by the menopause, and provide exercise challenges to increase physical activity levels. All of these interventions are routinely evaluated and reviewed for clinical effectiveness.

CTMUHB has developed a financial care pathway which signposts staff to sources of financial education, guidance, debt management help and crisis support. We can also provide staff with food bank vouchers. We provide a range of courses to managers and leaders on how to manage staff wellbeing, provide psychological safety training, Wellbeing Supporter training, and provide systemic team interventions where staff are struggling.

CTMUHB is adopting a whole systems approach to become a healthy weights employer including reviewing the healthy options provided in our on site restaurants and vending machines and is researching what more it can do to reduce the health risks associated with night shift working. It is also actively working to increase hydration levels amongst our staff.

CTMUHB is about to launch an updated holistic approach which incorporates planning for employee experience and wellbeing to ensure staff can develop, feel safe, included and respected in the workplace, speak up if they have concerns, find meaning and purpose in their roles, manage workloads, enjoy positive relationships in work and that we have great leadership and culture.

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).

Response

The attached spreadsheet [at Annexe 1] includes the financial information for this request. Reductions in temporary staffing spend remain a key area of focus for the Health Board, with well recognised drivers from workforce, finance and quality perspectives.

The Value and Effectiveness Portfolio has oversight and brings together a number of programmes related to this, including Medical Workforce Productivity and Nursing Workforce Productivity. The Board focuses on the development and delivery of initiatives which will not only improve the quality and effectiveness of key organisational functions and clinical areas, but also provides an important conduit to ensure a sustainable financial position for the organisation, including driving in-year savings and recurring savings for future years.

Within the Nursing Workforce Productivity programme workstreams are underway to support a reduction in temporary staffing usage. There is a workstream on HCA/HCSW Agency Spend, one on reduction in nursing vacancies (inclusive of delivery of Overseas Nursing project) and one on improved Bank Utilisation (to reduce agency usage). The latter is aligned to the roll out of Health Roster with the aim to improve rostering and workforce utilisation through proactive roster planning. One aim of the programme is to reduce both off and on contract agency spends where possible (in line with 10% financial target). There is an agreed switch off date for HCA /HCSW Agency usage on the 1st October 2023 and plans are underway to prepare for this. Reducing nursing vacancies will be delivered through programmes of work focused on attraction, recruitment, bolstered supply pipelines and retention initiatives. Delivery across these workstreams will be supported through improvements in available workforce data and performance measures.

The Medical Workforce Productivity programme aims to reduce projected medical staffing spend across the Health Board, to improve medical staff productivity, value and effectiveness - whilst also improving workforce sustainability and reducing premium rate temporary cover costs. Delivery of this programme requires collaborative working between medical, service , people & finance leads to develop robust data to support planning and decision making around vacancies, spend and alternative options/models. Specific areas of focus include: increase in direct engagement, better understanding of establishments & improved recruitment, standardising ADH rates, increased job planning and development of alternative workforce models.

With regard to administrative & clerical temporary staffing usage from the 8th August 2023 a moratorium on use of agency was implemented across the Health Board (with minor exceptions requiring senior leadership approval). This included existing agency engagements, for which there was a requirement to be terminated.

Alongside and interlinked with all of these programmes of work we are building an ambitious and refreshed approached to strategic workforce planning, which encompasses transformation, workforce modernisation and redesign - ensuring that we build a sustainable workforce for the future.

7. During the evidence session on 12 July, the Director of the Welsh NHS Confederation told us: "There's huge evidence to show that people tend to stay in their roles longer if they started their career locally and are given that opportunity to develop, and that has big knock-on positive effects for the communities more widely as well". 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

With a workforce of 12,793 the Health Board is one of the largest employers in our area and our role as an anchor institution is to be a driver to implementing care and services in a way that supports individuals and communities. Around 77% of our workforce live within our communities and as a

Health Board we recognise this is a key part of what defines us an as organisation. We have a real opportunity to make a difference to the lives of our population by opening improved opportunities and employment pathways that enable people to gain experience of work and understand the full range of opportunities with us. Leavers information tells us approximately a quarter of our leavers leave for promotions. Lack of opportunities and leaving to undertake further education & training elsewhere also are among the most common reasons for leaving. This data is helping to information our Retention strategy, the delivery of which is a key priority area for the People team. Development and employee engagement are key aspects of this. We will also be developing further education and learning for leaders and managers to support their workforce locally with opportunities for learning and to support their career development. This will be aligned to our workforce planning ambitions to be more proactive around workforce development, flexibility and sustainability.

Our Learning and Development team are working in collaboration with a range of internal and external stakeholders to continuously improve and expand the learning and development offer within Cwm Taf Morgannwg, linked to the appraisal/learning needs analysis.

Appraisals (Performance and Development Reviews(PDRs): Work is underway to increase the quality and completion of PDRs to identify skills and career aspirations. This is important to ensure the design and delivery of the right training, learning and development to meet current and future needs to maximise the skills and engagement of our workforce.

Apprenticeships: Our award-winning Apprenticeship Academy team continues to expand the range of qualifications and apprenticeships available to our staff. Increasingly, the team are working with departments and specialisms to establish development pathways facilitated by linking a pipeline of qualifications to job roles. An example of this is the Healthcare Science apprenticeship, providing a pathway from Healthcare Support Worker up to Healthcare Scientist.

Pathways and Widening Access: The Health Board now hosts a number of pathways aimed at widening access to employment and development opportunities within the NHS. The vast majority of these pathways also focus on providing these opportunities to areas of our communities that historically experience the greatest challenges in accessing employment and development. Examples of these pathways are: Network 75; Project Search/ Supported Internships; Jobs Growth Wales +.

Internal Development: Our L&D team continue to work with internal departments and subject matter experts (such as our Wellbeing Service and Project Management Office) to develop in-house programmes to upskill our workforce.

University of South Wales: We also continue to strengthen our relationship with USW as a University Health Board, offering an increasing range of accredited programmes and qualifications. Crucially, the university also support our staff in accessing funding for development – something that is vital when operating in a community with historical socio-economic barriers to learning.

Impact of industrial action

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

New outpatient activity	Attendances-strike day	Loss in activity
15/12/2022	535	285
20/12/2022	532	360
06/02/2023	674	134
07/02/2023	840	44
06/06/2023	760	99
07/06/2023	815	6
Elective IP and DC	Admissions strike day	Loss in activity
15/12/2022	42	90
20/12/2022	38	78
06/02/2023	75	71
07/02/2023	105	14
06/06/2023	87	58
07/06/2023	90	59

Innovation and good practice

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

A lot of focus to date within Wales has been on fostering new Innovation and building an innovation ecosystem. However there has been less focus on what some might term Innovation Adoption or perhaps better described as Best Practice Adoption (Innovation, Improvement, R&D etc). One of the barriers to understanding, assessing and adopting / adapting best practice is the sheer amount of organisations within Wales and wider that provide recommendations for considerations. The landscape within Wales is very large and complex and Best Practice Adoption recommendation comes in from many different organisations, in many different formats and often are not contextualised to the individual Health Board that then needs to assess them and build business cases for adoption on a case by case basis. Cwm Taf Morgannwg UHB has been working on a Best Practice Adoption Framework aligned to the work being undertaken by Welsh Government officials within Health and Social Services Life Sciences and Innovation division. This frameworks seeks to

ensure that there is a clear and understood handoff between inputting organisations and a filter within the Health Board to ensure assessment is made against strategic priorities and local pressures. The size, scale and nature of the Best Practice will then determine the route for assessment as per the attached flow diagram. The Health Board is seeking to implement this during Q3/Q4 of 23/24 aligned to the Welsh Government Health and Social Services Life Sciences and Innovation division. An area which would improve the assessment process of Best Practice Adoption would be organisations providing standardised inputs into Health Boards and pre-assessment and categorisation, this could be easily undertaken at source where the organisation is funded via Welsh Government. Additionally a single pipeline coordinated into Health Boards would allow for faster assessment. Another barrier is lack of resources with the skills and capacity to undertake assessment and build the case for change. Although Best Practice may have been proven else where it still needs to be assessed against individual Health Boards context, including population needs, organisational structures and other organisational changes taking place, ring-fenced and dedicated resource to undertake assessment and support building cases for change would improve capacity to adopt / adapt Best practice and where agreed to be implemented improve the speed of adoption. Finally where Best Practice is identified pre-work on all Wales business cases and implementation plans would assist Health Boards, this work is undertaken to some extent by life Sciences Hub and the National Value in Health Centre, but a more formal and structured approach would aid adoption and adaption speed and capacity.

In regards to sharing Best Practice in and out of the Health Board Cwm Taf Morgannwg works closely with organisations such as The Life Sciences Hub, Improvement Cymru, Bevan Commission etc to not only showcase to other work on innovation, improvement and R&D but also to identify areas for adoption and adaption. However as detailed above capacity and structure for this is limited and constrains Innovation and Good Practice Adoption.

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

The Health board has a good working relationship with the quality assurance arm of the NHS exec which has carried over from the Delivery Unit. A recent example being the support for our serious incident process and board quality metrics reporting. Sharing the learning from Covid nosocomial investigations is one example of how learning has been shared across Health Boards.

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

Immediate decision making; agile staffing; limited financial pressures within the context of a global pandemic was very different to how the health board normally functions. The governance and regulatory environment relaxed to a point during the pandemic, which enabled the health board more freedom to manage the pandemic at pace.

Regional approaches

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

In SEW there is a robust programme for the planning and delivery of services on a regional basis. The programme is led by a programme board led by the three CEOs (CTM, C&V and AB). A joint programme director is in post, funded by all three health boards. The programme priorities are Orthopaedics, Ophthalmology, Endoscopy, Pathology, Radiology, Stroke and Cancer. We are undertaking joint procurements of additional capacity as well as setting up centres to provide services for patients across the region.

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

Patients have always been treated by other health boards, funded via Long term agreements and specific Service level agreements. The work above is leading to an increase in this. For instance C&V have a facility on site that is providing Cataract services for AB and CTM. C&V will be undertaking more MRIs for CTM this year. We are working to align the arrangements for workforce, governance and IM&T required for patient records.

Seasonal pressures

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

Whilst we have managed to ring fence some facilities for elective only services, all the while these are on the same site as acute services, there will always be a threat of overspill and cancellation of electives. As part of the regional arrangements we are planning to create a separate stand alone elective until the Llantrisant Health Park and have WG support to develop the plans.

Supporting patients

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

Our HB have developed our capacity plans to ensure we can address both those patients at greatest clinical need and to address those routine patients who have waited the longest time for treatment. This includes defined weeks in specialties where we will only operate on Cancers and the Longest Waiters to ensure the appropriate balance. Equally, capacity will be flexed to ensure those with greatest clinical need and or risk are prioritised.

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

Response

Unfortunately the WPAS system does not allow the detail so that information can be extracted to report validation exercise outcomes. The UHB hope that changes will be made to enable this in the future.

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

Cwm Taf Morgannwg UHB has focused its investment into VBHC against the agreed tenets of Personal, Allocative, Technical and Societal value split between tactical improvements for patients and longer term strategic pathway changes. The HB has a clear internal delivery plan and governance structures for delivery assurance with 23/24 focused on project and outcome evaluation. Examples of how the VBHC work is complementing our ongoing backlog recovery include:

Mobile Respiratory Unit – clearing backlog of spirometry patients

- Clinics ran 19/05/22 – 09/12/22 (with a 5-week extension). Mobile Unit sited in community venues across all 8 CTM clusters.
- 999 referrals received in total (577 initial referrals plus an additional 422 referrals received after the unit commenced).

Reducing waiting times in Heart Failure across sites. Reducing admissions / re-admissions in heart failure due to whole systems approach – through medical optimisation, rehab and palliative care projects.

- Optimisation project within Merthyr and Cynon is to maximise value to patient care through time from admission to specialist review in acute HF pathway, time from primary care identification of high risk to seeing HF nurse in the chronic HF pathway and % of patients being seen within 2 weeks of hospital discharge.
- Number of patient reviews: May 220, June 198, July 177
- Every contact counts whereby on average 200 reviews monthly aids the patient's overall health and well-being, from other perspectives as well as HF optimisation and monitoring. For example, a patient seen this week has presented with new onset angina and is being treated/investigated via our service linked in with consultant rather than having to request a separate review/new referral via GP/long waiting lists/admission avoidance

Rehab project to deliver a comprehensive multi-disciplinary cardiac rehabilitation (CR) programme sensitive to the patients' needs and psychosocial demographic.

- 40 completed programmes (36 hospital based/ 4 Home exercise Programme / x1 straight to NERS)

Reducing appointments and costs associated with the monitoring of expectant mothers with Diabetes

- Since Introduction of GDMHealth: 13/12/23 – 14/08/23 302 patients
- 510 appointments saved

Reducing waiting times and appointments associated with UroGynae & incontinence

- Currently taking approx. 50% of the patients off the Urogynaecology waiting list and seeing them in Physiotherapy

Financial Performance

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

Response

As at Month 4 (31st July 23), the Health Board is reporting a year to date deficit of £29.3m with a full year forecast deficit of £79.6m. This forecast deficit remains in line with the Annual Plan submitted to Welsh Government.

As at Month 4 the Health Board is anticipating that the organisation will not achieve 2 of it's statutory duties:

1. The Health Board does not have an approved 3 year integrated Medium Term Plan
2. The Health Board will not deliver a 3 year rolling balanced financial position against the approved revenue resource limits.

The Health Board has highlighted for a number of years the deterioration in its underlying financial position and that its performance in previous financial years has been supported by non recurrent benefits. In 2022/23 the level of non recurrent benefits was no longer able to support the full underlying deficit position, resulting in a reported deficit of £24.5m and a brought forward underlying financial deficit for 2023/24 of £79.6m.

The cause of this financial deficit is multifaceted; demand upon services is growing, recruitment is becoming more challenging, inflationary pressures are well beyond the increases in funding levels. In addition, the impact of COVID and service pressures has constrained the ability of services to transform and deliver savings schemes. The failure to deliver the levels of recurrent savings necessary to balance these demands has led to a continued deterioration of the underlying deficit.

The scale of the financial challenge is significant and, without significant additional recurrent revenue funding being made available, will require difficult decisions including significant changes to where and how services are provided to materially impact on our financial deficit. Given the engagement and consultation requirements, it is highly unlikely that our deficit position will be fully mitigated to enable the submission of a financially balance Integrated Medium Term Plan for 2024-25.

Our forecast cumulative deficit as at the end of 2023-24 is be £104.1m (£24.5m 2022-23, £79.6m 2023-24) and the Health Board would need to deliver s surplus position to support achievement of a year rolling balance.

Annexe 1: **Usage and costs of temporary and agency staff**

Agency

Financial Years £'000	**2021/22**	**2022/23**	**2023/24 YTD**	**2023/24 F/Cast**
Administrative, Clerical & Board Members	2,687	2,408	532	1,092
Medical & Dental	14,252	18,801	6,009	14,809
Nursing & Midwifery Registered	21,843	26,143	7,297	24,657
Prof Scientific & Technical	30	12	1	1
Additional Clinical Services	3,791	8,633	2,456	8,696
Allied Health Professionals	1,991	1,710	555	955
Healthcare Scientists	1,247	1,179	377	1,177
Estates & Ancillary	2,173	1,255	475	1,035
Students	-	-	-	-
	48,014	**60,141**	**17,702**	**52,422**

Bank Staff

Financial Years £'000	**2021/22**	**2022/23**	**2023/24 YTD**	**2023/24 F/Cast**
Administrative, Clerical & Board Members	61	109	24	72
Medical & Dental	-	-	-	-
Nursing & Midwifery Registered	2,483	2,097	749	2,248
Prof Scientific & Technical	-	-	-	-
Additional Clinical Services	11,626	10,658	3,694	11,081
Allied Health Professionals	-	-	-	-
Healthcare Scientists	-	-	-	-
Estates & Ancillary	-	-	-	-
Students	-	-	-	-
	14,169	**12,863**	**4,467**	**13,401**

OVERTIME

Financial Years £'000	**2021/22**	**2022/23**	**2023/24 YTD**	**2023/24 F/Cast**
Administrative, Clerical & Board Members	2,220	2,379	746	2,238
Medical & Dental	68	33	3	9

Nursing & Midwifery Registered	8,123	8,632	2,382	7,145
Prof Scientific & Technical	292	350	87	261
Additional Clinical Services	3,335	3,558	953	2,859
Allied Health Professionals	940	933	281	842
Healthcare Scientists	431	448	147	440
Estates & Ancillary	3,301	3,810	1,074	3,223
Students	7	11	2	5
	18,717	**20,154**	**5,674**	**17,023**