Llywodraeth Cymru
Welsh Government

Quarter 3 - Reporting Proforma for NHS Planning 2019-20

Name of Organisation	**Cwm Taf Morgannwg University Health Board**
Director of Planning	Ruth Treharne
Submission date:	20 January 2020

Include RAG Status in quarter just completed and the next quarter ahead

R	Milestones not achieved or off profile to achieve in the period: corrective action required or new milestones to be agreed
A	Milestones off profile to achieve in the period: corrective action can be taken to achieve within the agree timeline.
G	Milestones achieved or on profile to achieve in the period: maintain trajectory

Please evidence below how your organisation is delivering its specific accountability conditions and raise any other matters by exception.

This template must be submitted to HSS-PlanningTeam@gov.wales quarterly. The deadline date for quarter 3 is below:

Quarter 3 – **20 January 2020**

Accountability Conditions	
Specific conditions	**Evidence**
1. The Board must accelerate and strengthen governance and quality throughout the organisation. This must include having a robust improvement plan in place with clear milestones and outcomes to ensure rapid progress is made against key areas (including developing the organisational capacity and capability for improvement and an associated QI hub, maternity services (including achievement of the milestones set by the Independent Oversight Panel), serious incident and concerns management, Board leadership, organisational development and governance) and providing evidence of this through monthly reporting arrangements.	• HIW WAO improvement plan activity agreed at Executive Committee January 2020 • Quality & Patient Safety Programme Director leading implementation of the Quality and Patient Safety Governance Framework nearing completion and reported via Quality & Risk Committee. Phase 2 developing. • Weekly oversight of serious incident and concerns management, articulated via 'a plan on a page', increased scrutiny applied by Clinical Executives, reported regularly to Executive Committee and Board. Performance will be strengthened through implementation of new operating model, supported by culture and behaviour work. • The Health Board has made good progress during October, November and December in Maternity services and the Independent Maternity Oversight Panel is now cautiously optimistic that longer-term sustainable improvement in maternity services at Prince Charles and Royal Glamorgan Hospitals will be delivered as the programme of work matures. The next IMSOP quarterly report will be release on 20 January 2020 – see attached staff briefing **Appendix 1.** • Delivery Unit's supportive intervention completed, products include revised concerns policy and SI Toolkit, both being finalised following consultation responses, training strategy and paper articulating 3 year plan and resources required to implement. Board agreement for improved and increased organisational approach to patient feedback in November 2019, including development of friends and family testing and real time experience. RAG: Green • SROs for each of the TI categories established and project plans developed, see **Appendix 2.** • Maturity matrices being developed to monitor progress as part of the TI improvement framework being established. • Development of Values and Behaviours – initial workshops and staff surveys complete. RAG: Amber

2. Ongoing assurance in relation to the transitional arrangements for the Bridgend boundary change, including organisational development arrangements required and financial implications;	• The Joint Swansea Bay /CTM UHB Executive Group is meeting regularly to oversee the delivery of the ongoing joint work relating to the Bridgend Boundary Change. • Work ongoing to develop a shared set of values and behaviours for the new organisation - with an indication of key themes in early February 2020. Over 4,500 staff have been involved in this exercise, along with a number of patients and patient groups; • 'Let's Talk' sessions continue across the Health Board, to improve the voice of our people, and to listen to concerns and issues across the breadth of CTM, as well as connecting the Board and Executive Team to the organisation; • Linked to this, work to implement the new organisation's revised Operating Model is well underway, with appointments being made to senior leadership posts across localities, and early leadership and management expectations being clarified, along with governance and accountability expectations; • More generally, the Health Board's leadership and management offer is under review, with a first stage of developing basic management capability, alongside developing an approach to leadership which learns from and addresses the Health Board's recent experiences, and a range of associated programmes - working in collaboration with HEIW and other partner organisations; • All of this work will dovetail with the development of the Integrated Health & Care Strategy, and the Health Board's work on mission, purpose and priorities. RAG: Green
3. Ongoing assurance and sustained improvement in the health board's role as a provider of specialist CAMHS services to your population and for those services you provide on behalf of other health boards;	**Ty Llidiard Tier 4 CAMHS Inpatient Unit.** Following the approval of funding during 2018/19, the works to enhance the security and reduce ligature risks on the Unit have now been completed. The unit is in discussion with WHSSC with regards the implications and plans for commissioning and implementation of the updated service specification. The Unit continues to face challenge in terms of being requested to admit patients outside the admission criteria and difficulty in discharging certain patient groups, particularly where there are social care requirements, this has a knock on impact in terms of ability to admit. It is understood that there is work ongoing within Welsh Government to review the provision of services within health and social care

	and this focus on alignment between services and planning is welcomed by the service. **Specialist CAMHS** The 80% 28 day target has consistently been met for several months across CTM and Swansea Bay, however the Christmas and New Year period has impacted on this. The service will now be working to get performance back in line with the target as quickly as possible. Waiting list initiatives are ongoing to support this position whilst substantive staff continue to be recruited from the funding received from Welsh Government. As reported previously in Swansea Bay there is a capital project ongoing to move all Swansea CAMHS staff to Neath Port Talbot Hospital so that all staff will work from one base and to support the implementation of a single point of access. RAG: Green
4. Increased clarity on actions, deliverables and milestones for all aspects of the plan must be in place and scrutinised by the Board; and	Regular reporting on achievement of key deliverables and milestones is achieved via the Integrated Performance Report, Quality Governance Framework and finance report. Over recent months the Board scrutiny has focussed on issues relating to Targeted Intervention and Special Measures as core, featuring as standard agenda items on Board meetings and QSR Committee meetings.
5. Regional planning commitments and milestones must be transparent and accelerated.	The South Central and East Wales Regional Planning and Delivery Forum is in the process of implementing the following regional service changes: • Paediatrics, Obstetrics & Neonatology Services: • Ear, Nose and Throat Services; • Vascular Centralisation; • Diagnostics; and • Ophthalmology. The detail of the change is contained within most recent Forum paper attached at **Appendix 3** RAG: Amber

The headings below encompass generic conditions set out in your accountability letter. These can be completed at your liberty. Issues defined by your organisation as 'by exception' should be included.

Quality - by exception

Quality issues are described in within section 1 above.

Collaboration (including RPB priorities) - by exception

The Cwm Taf Morgannwg Regional Partnership Board transformation funding was announced on 10 June 2019. Implementation of the former 'Cwm Taf Stay Well in Your Community' programme and Bridgend locality 'Accelerating the Pace of Integrated Services' programme. Progress is monitored through the Regional Partnership Board, and a draft Mid-Point review has been shared with the WG Transformation team– **Appendix 4**

RAG: Green

Performance - by exception

Appendix 5 is the Performance Summary Report from Management Board January 2020.

RAG: Amber

Finance - by exception

We are currently forecasting a breakeven position for 2019/20. The key risks/opportunities to this forecast position are noted in Section 7 of our M9 Monitoring Return submission. These include:

- Securing the assumed £1.3m funding for critical care costs. £0.9m has now been confirmed and £0.4m remains outstanding.
- Potential £2.0m reduction to the £7.1m non-recurring allocation for the Bridgend arbitration.
- Potential RTT clawback risk.
- Delivering the further improvements of £0.7m from the Escalation process.
- Securing I2S funding of £1.5m towards the costs of overseas nurse recruitment (Opportunity).

We are currently reporting a forecast recurring deficit of £11.9m (M8: £11.9m), which is the starting point for the draft financial plan and IMTP for 2020/21. A significant element of this recurring deficit relates to the Bridgend boundary change and we have shared detailed information on the financial impact with the Finance Delivery Unit .

The £11.9m reported deficit is consistent with the 'control totals' that have been set for individual directorates and is aligned with the Performance meetings that commenced in M7 with the CEO. These control totals required a £10.8m improvement

from the M6 forecast recurrent deficit of £22.7m. The M8 forecast recurrent deficit is now £17.6m. Whilst this represents an improvement of £5.1m from M6, further improvements of £5.7m are still needed in order to meet the £11.9m target. Any shortfall in delivering the £5.7m improvement in the forecast recurrent deficit in 19/0 would result in an increased savings requirement above the planned level of £23.2m for 2020/21.

RAG: Amber

Other comments/issues by exception