Health Board Meeting

Thu 29 July 2021, 10:00 - 13:00

Virtually via Microsoft Teams

Agenda

10:00 - 10:05
5 min

1.
PRELIMINARY MATTERS

Information *Marcus Longley*

1.1.
Welcome & Introductions

Information *Marcus Longley*

1.2.
Apologies for Absence

Information *Marcus Longley*

1.3.
Declarations of Interest

Information *Marcus Longley*

10:05 - 10:20
15 min

2.
SHARED LISTENING & LEARNING

2.1.
Patient Story - Maternity Services Experience

Discussion *Debbie Bennion*

10:20 - 10:25
5 min

3.
CONSENT AGENDA

3.1.
FOR APPROVAL

3.1.1.
Unconfirmed Minutes of the Meeting held on 27 May 2021

Decision *Marcus Longley*

- 3.1.1a Unconfirmed Minutes Health Board Meeting 27 May 2021 UHB 29 July 2021.pdf (15 pages)
- 3.1.1b Cofnodion heb eu Cadarnhau Unconfirmed Minutes Health Board Meeting 27 May- Mai 2021.pdf (16 pages)

3.1.2.
Unconfirmed Minutes of the meeting held on 9 June 2021

Decision *Marcus Longley*

3.1.2a Minutes Health Board Meeting 9 June 2021 UHB 29 July 2021.pdf (4 pages)
3.1.2b Cofnodion Cyfarfod o'r Bwrdd Iechyd 9 Mehefin 2021 UHB 29 Gorffennaf 2021.pdf (4 pages)

3.1.3.
Chairs Report and Affixing of the Common Seal

Decision *Marcus Longley*

3.1.3 Chair's Report UHB 29 July 2021.pdf (5 pages)

3.1.4.
Proposal for Health Board Commitment to Children's Rights

Decision *Debbie Bennion*

3.1.4 Commitment to Childrens Rights UHB 29 July 2021.pdf (4 pages)

3.1.5.
Board Committee Annual Reports

Decision *Cally Hamblyn*

- Mental Health Act Monitoring Committee
- Planning, Performance & Finance Committee
- Remuneration Committee
- Population Health & Partnerships Committee
- Digital & Data Committee
- People & Culture Committee.

3.1.5a Board Committee Annual Reports UHB 29 July 2021.pdf (3 pages)
3.1.5b MHAMC Annual Report 2020-21 UHB 29 July 2021.pdf (8 pages)
3.1.5c PPFC Draft Annual Report 2020-21 PPFC 22 June 2021 UHB 29 July 2021.pdf (11 pages)
3.1.5d RATS Cmt Annual Report 2020-2021 UHB 29 July 2021.pdf (5 pages)
3.1.5e PHPC Annual Report 2020-21 UHB 29 July 2021.pdf (6 pages)
3.1.5f Digital & Data Cmt Annual Report 2020-2021 UHB 29 July 2021.pdf (7 pages)
3.1.5f App 1 to Cmt Annual Report - Cmt Business Cycle UHB 29 July 2021.pdf (4 pages)
3.1.5g P&C Cmt Annual Report 20-21 UHB 29 July 2021.pdf (6 pages)

3.1.6.
Smoke-Free Environment Policy

Decision *Angela Jones*

3.1.6a Smoke Free Environment Policy Cover Report UHB 29 July 2021.pdf (4 pages)
3.1.6b CTM Smoke Free Environment Policy v2.3 UHB 29 July 2021.pdf (13 pages)

3.1.7.
Welsh Health Specialised Services Committee Positron Emission Tomography (PET) Business Case

Decision *Linda Prosser*

3.1.7a Full CTM Board PET paper July 21 UHB 29 July 2021.pdf (5 pages)
3.1.7b Appendix 1 PBC for All Wales PET_FINAL UHB 29 July 2021.pdf (131 pages)
3.1.7c Appendix 2 - Letter of support for PET PBC UHB 29 July 2021.pdf (2 pages)

3.1.8.
Transfer of Laundry Services

Decision *Steve Webster*

3.1.8a Church Village Laundry Transfer Cover Report UHB 29 July 2021.pdf (4 pages)
3.1.8b Laundry Services Proposal UHB 29 July 2021.pdf (10 pages)

3.1.9.
Equality Annual Report 2020-2021

Decision *Hywel Daniel*

- 3.1.9a Cover Report - Equality Annual Report 2020-2021 UHB 29 July 2021.pdf (3 pages)
- 3.1.9b Equality Annual Report 2020-21 DRAFT v3 UHB 29 July 2021.pdf (32 pages)

3.1.10.
Welsh Language Annual Report 2020-2021

Decision *Hywel Daniel*

- 3.1.10a WL Annual Report 20-21 Cover Report UHB 29 July 2021.pdf (3 pages)
- 3.1.10b WLS Annual report 2020-2021 R UHB 29 July 2021.pdf (33 pages)

3.2.
FOR NOTING

3.2.1.
Action Log

Information *Marcus Longley*

- 3.2.1 Action Log UHB 29 July 2021.pdf (6 pages)

3.2.2.
Chief Executive's Report

Information *Paul Mears*

- 3.2.2 CEO Update Report July 21 UHB 29 July 2021.pdf (6 pages)

3.2.3.
Board Committee and Advisory Group Highlight Reports

Information *Cally Hamblyn*

- Audit & Risk Committee;
- Stakeholder Reference Group;
- Remuneration & Terms of Services Committee;
- Planning, Performance & Finance Committee;
- Population Health & Partnerships Committee;
- Digital & Data Committee;
- People & Culture Committee;
- Local Partnerships Forum;

- 3.2.3a Board Committee Highlight Reports UHB 29 July 2021.pdf (3 pages)
- 3.2.3b Appendix 1 Audit & Risk Committee Highlight Report UHB 29 July 2021.pdf (4 pages)
- 3.2.3c Appendix 2 SRG Highlight Report UHB 29 July 2021.pdf (3 pages)
- 3.2.3d Appendix 3 Remuneration Cmt Highlight Report May-June 2021 UHB 29 July 2021.pdf (3 pages)
- 3.2.3e Appendix 4 PPFC 22.06.21 UHB 29 July 2021.pdf (3 pages)
- 3.2.3f Appendix 5 PHPC Highlight Report 07.07.21 UHB 29.7.21.pdf (4 pages)
- 3.2.3g Appendix 6 DDC Highlight Rpt DDC UHB 29 July 2021.pdf (3 pages)
- 3.2.3h Appendix 7 LPF highlight Report May 2021 UHB 29 July 2021.pdf (3 pages)
- 3.2.3i Appendix 8 PCC Highlight Report 14.07.21 UHB 29 July 2021.pdf (3 pages)

3.2.4.
Joint Committee Reports

Information *Cally Hamblyn*

- Shared Services Partnerships Committee;

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee

3.2.4a Joint Committee Reports UHB 29 July 2021.pdf (3 pages)
3.2.4b SSPC Assurance Report 20 May 2021 UHB 29 July 2021.pdf (4 pages)
3.2.4c ConfirmedminutesEASC9March2021EASC11May2021 UHB 29 July 2021.pdf (13 pages)
3.2.4d EASC Chair summary 11 May 2021 UHB 29 July 2021.pdf (3 pages)
3.2.4e 2021.07.13 JC Briefing v1.0 UHB 29 July 2021.pdf (5 pages)

10:25 - 10:30
5 min

4.
MAIN AGENDA

4.1.
Matters Arising not contained within the Action Log

Discussion *Marcus Longley*

10:30 - 11:20
50 min

5.
CO-CREATE WITH STAFF AND PARTNERS A LEARNING AND GROWING CULTURE

5.1.
Healthcare Inspectorate Wales Annual Report

Discussion *Rhys Jones*

5.1 HIW Annual Report UHB 29 July 2021.pdf (14 pages)

5.2.
Healthcare Inspectorate Wales/Audit Wales Joint Review of Quality Governance Summary of Progress Made - May 2021 Follow-Up Report Management Response

Discussion *Cally Hamblyn*

5.2a Board - AW HIW Joint Follow Up Report Mgt Action Plan July 2021 UHB 29 July 2021.pdf (3 pages)
5.2b AW HIW Follow Up Management Action Plan Board UHB 29 July 2021.pdf (28 pages)

5.3.
Neonatal & Maternity Improvement Programme

Discussion *Debbie Bennion and Dom Hurford*

5.3a Maternity and Neonatal Improvement Programme UHB 29 July 2021.pdf (3 pages)
5.3b Appendix 1 Health Board Programme Highlight Report June 21 UHB 29 July 2021.pdf (5 pages)

5.3.1.
All Wales Maternity Statistics Report - Presentation

Discussion *Val Wilson*

5.4.
Continuous Improvement Self-Assessment Process in response to Targeted Intervention

Discussion *Paul Mears and Richard Morgan-Evans*

5.4a TI Update Board Report UHB 29 July 2021.pdf (6 pages)
5.4b Appendix 1 - TI & SM Forward Plan UHB 29 July 2021.pdf (1 pages)
5.4c Appendix 2 - TI Governance Timeline UHB 29 July 2021.pdf (1 pages)

5.4d Appendix 3 - Slides from June TI Self-Assessment UHB 29 July 2021.pdf (19 pages)

5.5.
Clinical Advisory Group Highlight Report

Discussion *Anna Lewis*

5.5 CAG - Board Update UHB 29 July 2021.pdf (3 pages)

11:20 - 11:40
20 min

6.
WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELL-BEING AND PREVENT ILL-HEALTH

6.1.
Population Health Update to include an update on the Covid 19 Vaccination Programme

Discussion *Angela Jones*

6.1 Final Population Health Report UHB 29 July 2021.pdf (12 pages)

6.2.
Strategy Development

Discussion *Linda Prosser*

6.2 Strategy Development UHB 29 July 2021.pdf (4 pages)

11:40 - 12:20
40 min

7.
PROVIDE HIGH QUALITY, EVIDENCE-BASED AND ACCESSIBLE CARE

7.1.
Integrated Performance Dashboard

Discussion *Linda Prosser*

7.1a Integrated Performance Dashboard UHB 29 July 2021.pdf (15 pages)
7.1b Appendix 1 Assessment Dashboard July 2021 UHB 29 July 2021.pdf (14 pages)

7.2.
Updated 2021/2022 Annual Plan

Discussion *Linda Prosser*

7.2a Updated Annual Plan 2021.22 UHB 29 July 2021.pdf (4 pages)
7.2b Appendix 1 - Cwm Taf Morgannwg UHB Annual Plan 2021 UHB 29 July 2021.pdf (51 pages)
7.2c Appendix 2 - Cwm Taf Morgannwg UHB Minimum Dataset UHB 29 July 2021.pdf (33 pages)
7.2d Appendix 3 - Planned Care Recovery Documents UHB 29 July 2021.pdf (18 pages)
7.2e Appendix 4 - Finance Plan UHB 29 July 2021.pdf (13 pages)
7.2f Appendix 5 - Summary of changes in the June submission of the 2021.22 plan UHB 29 July 2021.pdf (1 pages)

7.3.
Elective Care Recovery Portfolio - Primary, Secondary, Community and Mental Health Services

Discussion *Julie Denley*

7.3a ECRP Update July 2021v2 UHB 29 July 2021.pdf (8 pages)
7.3b Appendix 1 ECRP UHB 29 July 2021.pdf (4 pages)

7.4.
Operational Resilience and Winter Planning

Discussion *Linda Prosser*

7.4 Operational Reslilience and Winter Planning UHB 29 July 2021.pdf (5 pages)

7.5.
Organisational Risk Register

Discussion *Cally Hamblyn*

7.5a Organisational Risk Register June 2021 to Health Board July 2021 GG - Version 2.pdf (7 pages)
7.5b Appendix 1 - Current Master Organisational Risk Register - Final 11.06.2021 - Updated 28.6.2021 with 4706 - HB July 21.pdf (17 pages)
7.5c - Appendix 2 Targeted Intervention Risk Management Milestones v5.pdf (4 pages)

12:20 - 12:30
10 min

8.
ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY

8.1.
Finance Update Month 3, 2021/2022

Discussion *Steve Webster*

8.1 M3 Finance Report - Final UHB 29 July 2021.pdf (29 pages)

12:30 - 12:35
5 min

9.
ANY OTHER BUSINESS

Information *Marcus Longley*

To note that the Annual General Meeting is being held at 2.00pm

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12:35 - 12:35
0 min

10.
DATE AND TIME OF NEXT MEETING - THURSDAY 30 SEPTEMBER AT 10.00AM

10.0 Health Board and Development Sessions 2022.pdf (1 pages)

Agenda Item Number: 3.1.1

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 27th May 2021 as a Virtual Meeting Broadcast Live via Microsoft Teams

Members Present:	
Marcus Longley	Chair
Paul Mears	Chief Executive
Gareth Robinson	Interim Chief Operating Officer
Hywel Daniel	Executive Director for People (In part)
Dilys Jouvenat	Independent Member
Greg Dix	Executive Director of Nursing
Ian Wells	Independent Member
James Hehir	Independent Member
Jayne Sadgrove	Independent Member
Kelechi Nnoaham	Executive Director of Public Health
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Clare Williams	Executive Director of Planning & Performance (Interim)
Nick Lyons	Executive Medical Director
Fiona Jenkins	Executive Director of Therapies & Health Sciences (Interim)

In Attendance:	
Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Sara Utley	Audit Wales
Rhys Jones	Healthcare Inspectorate Wales (In part)
Mark Thomas	Deputy Director of Finance (In part)
Ana Llewellyn	Bridgend Integrated Locality Group Nurse Director (In part)
David Miller	Deputy Medical Director (In part)
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Anna Lewis	Consultant Physician (Observing)
Lisa Curtis-Jones	Director of Social Services (Observing – In part)
Linda Prosser	Programme Director (Observing)
Emma Walters	Corporate Governance Manager (Secretariat)

Agenda Item

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted by the Chair.

Despite not being present at the meeting today due to annual leave, the Chair extended his thanks to Maria Thomas, Vice Chair for the invaluable support she had provided to the Board over the past few years, both during her time as Independent Member and Vice Chair. The Chair wished Maria all the very best in her retirement and added that he was pleased to welcome J Sadgrove into the Vice Chairs role from 1 June 2021.

The Chair extended his thanks to C Williams for the invaluable support she had provided to the Board during her time as Interim Director of Planning & Performance and also took the opportunity to welcome L Prosser to the meeting as an observer. Members noted that L Prosser would be commencing in the role of Director of Strategy and Transformation in June 2021.

The Chair extended his congratulations to K Nnoaham for being awarded with an Honorary Professorship in the Medical School at Cardiff University.

The Chair advised that there would need to be a slight change to the running order of the agenda to accommodate the Finance reports as a result of M Thomas having to leave the meeting early.

The Chair advised that the role of Chair of the Health Board was now out to advert following his decision made to not extend his term after September.

1.2 Apologies for Absence

Members noted apologies from Maria Thomas, Vice Chair, Keiron Montague Independent Member, Steve Webster, Director of Finance and Cathy Moss, Olive Francis and John Beecher, Cwm Taf Morgannwg Community Health Council.

1.3 Declarations of Interest

No declarations of interest were received.

1.4 Shared Listening & Learning – Staff Experience Story

A Llewellyn shared the staff experience story which related to Covid-19 challenges and opportunities. A Llewellyn advised that a number of themes had been identified through talking with staff which included collaboration, team work and technology.

The Chair advised that the video was a powerful reminder of the talented individuals working in the Health Board and added that the video captured the different component parts of the organisation.

The Chair extended his thanks to A Llewellyn for the video presentation.

Resolution: The Staff Story was NOTED.

2 CONSENT AGENDA

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda. There were some questions raised by Members on the consent agenda items prior to the meeting which had all been responded to.

CONSENT FOR APPROVAL

2.1.1 Unconfirmed Minutes of the Meeting held on the 25th March 2021

Resolution: The minutes were APPROVED as a true and accurate record.

2.1.2 Unconfirmed In Committee Minutes of the Meeting held on 25th March 2021

Resolution: The In Committee minutes were APPROVED as a true and accurate record.

2.1.3 Chairs Report and Affixing the Common Seal

Resolution: The report was NOTED;
The Affixing of the Common Seal was ENDORSED.

2.1.4 Mental Health Act Monitoring Committee Annual Report

Resolution: The report was APPROVED.

2.1.5 Quality & Safety Committee Annual Report

Resolution: The report APPROVED.

2.1.6 Review of the Model Standing Orders and SFI's

Resolution: The review was APPROVED.

2.1.7 Budget Setting Arrangements for 2021/2022

It was clarified that the Board were being asked to APPROVE the Draft Budget and were not authorising expenditure above and beyond the Health Board's allocated funding.

Resolution: The Budget Setting Arrangements were APPROVED.

2.2 FOR NOTING

2.2.1 Committee Action Log

Resolution: The Action Log was NOTED.

2.2.2 Chief Executives Report

Resolution: The Chief Executives report was NOTED.

2.2.3 Population Health & Partnerships Committee Highlight Report 7 April 2021

Resolution: The Highlight Report was NOTED.

2.2.4 Audit & Risk Committee Highlight Report 13 April 2021

Resolution: The Highlight Report NOTED.

2.2.5 People & Culture Committee Highlight Report 26 April 2021

Resolution: The Highlight Report was NOTED.

2.2.6 Planning, Performance & Finance Committee Highlight Report 27 April 2021

Resolution: The Highlight Report was NOTED.

2.2.7 Mental Health Act Monitoring Committee Highlight Report 5 May 2021

Resolution: The Highlight Report was NOTED.

2.2.8 Quality & Safety Highlight Report 18 May 2021

Resolution: The Highlight Report was NOTED.

2.2.9 Remuneration & Terms of Service Committee Highlight Reports

Resolution: The Highlight Reports were NOTED.

2.2.10 Joint Committee Reports

Resolution: The reports were NOTED.

2.2.11 Annual Report for the Research Innovation and Improvement Hub

Resolution: The report was NOTED.

2.2.12 Carers Annual Report

Resolution: The report was NOTED.

2.2.13 Strategy Development Update

Resolution: The update was NOTED.

2.2.14 All Wales Nurse Staffing Act (2016) Nurse Staffing Levels Three Yearly Assurance Report 2018-2021

Resolution: The report was NOTED.

2.2.15 All Wales Nurse Staffing Act (2016) Nurse Staffing Levels Annual Assurance Report 2020-2021

Resolution: The report was NOTED.

3. MAIN AGENDA

3.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

4. CO-CREATE WITH STAFF AND PARTNERS A LEARNING & GROWING CULTURE

4.1 Healthcare Inspectorate Wales/Audit Wales Joint Review of Quality Governance Summary of Progress Made – May 2021 Follow Up Report

G Galletly, S Utley and R Jones presented members with the report. G Galletly advised that the report had been welcomed by the Health Board and it was felt that the work that had been undertaken with Healthcare Inspectorate Wales and Audit Wales over the last 18 months had been well reflected in the report.

Members noted that the report included a summary of key findings following fieldwork undertaken between October and December 2020 and Healthcare Inspectorate Wales and Audit Wales colleagues extended their thanks to the Health Board for its co-operation in the review.

The Chair extended his thanks to colleagues for presenting the report and sought clarity as to how cautious the Board should be regarding its findings, given some of the difficulties experienced with undertaking visits to sites during the pandemic. R Jones advised that the pandemic had impacted on the way in which the follow up review had been undertaken and added that whilst the report was largely positive, this would need to be taken with a note of caution.

G Galletly advised that whilst this was a fair report, there was still further work to be undertaken. Members noted that reflection was being undertaken on the 14 original recommendations that had been made and the actions that had

been put into place to ensure pace and focus was being maintained. Members noted that an update report, including the management response would be presented to the July Board meeting.

The Chair extended his thanks to colleagues for presenting the report and advised that the Board would monitor with interest the progress being made.

Resolution: The report was NOTED.

4.2 Neonatal and Maternity Improvement Programme

G Dix and N Lyons presented Members with the report.

In response to a question raised by J Sadgrove in relation to the serious incident backlog and the requirement for further medical engagement, N Lyons advised that steps were being taken to ensure medical engagement and involvement was in place and added that the appointment of Neonatal Clinical Leaders would help to drive this forward. Members noted that two further days of Consultant time had also been released to commit to this process. G Dix provided assurance to the Board that there was a significant amount of medical leadership in place across other areas of work.

In response to a question raised by N Milligan in relation to the Leadership Development Programme and when this was likely to be implemented, H Daniel advised that this was discussed at a meeting recently held and agreed to seek an update for the Board as to the outcome of these discussions.

In response to a question raised by the Chair as to whether there were any recent areas of concern regarding the day to day experiences of women, G Dix advised that one of the main areas of concern that had been raised was the lack of availability of partner support as a result of visiting restrictions and there were some concerns being raised regarding staff attitudes which were being addressed instantly using the values and behaviours framework. Members noted that encouraging feedback was being received on BUMP Talk via Social Media Platforms.

The Chair extended his thanks to colleagues for the ongoing work being undertaken in this area and also extended his thanks to the staff who were continuing to work within this service.

Resolution: The report was NOTED.

Action: Update to be sought by H Daniel outside of the meeting in relation to the outcome of discussions held regarding the implementation of the Leadership Development Programme.

4.3 Continuous Improvement Self-Assessment Process in response to Targeted Intervention

R Morgan-Evans presented Members with the report.

In response to a question raised by the Chair in relation to the roadmap and whether the Board could be confident that the roadmap was sufficient and could be delivered, R Morgan-Evans advised that targets would need to be set and added that this piece of work would not be undertaken in isolation from other areas of work within the organisation. Members noted that focus would need to be placed on the definitions to ensure the Health Board were self-assessing itself in an appropriate way and noted that the road map would be presented to Board once it had been discussed at Management Board.

J Sadgrove advised that she found the process that the Health Board had gone through very assuring and added that the Health Board's willingness to triangulate and change its self-assessment showed a degree of maturity and showed that the Health Board were prepared to be transparent and honest.

Resolution: The report was APPROVED

Action: Road Map to be presented to a future meeting of the Board.

7. ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLT AND SOCIALLY

7.1 Finance Update Month 12

M Thomas presented the report. Members noted that the Audit of the 2020/2021 accounts was progressing well, with no issues identified at this stage.

Resolution: The report was NOTED.

7.2 Finance Update Month 1

M Thomas presented the report. Members noted that a meeting was being held with Welsh Government shortly to discuss the draft financial plan prior to final submission at the end of June 2021.

In response to a question raised by the Chair as to whether there was any concern regarding the return to financial discipline, M Thomas advised that the report identified that as a result of Covid-19 the Health Board had not been able to deliver the savings target and added that this had been funded by Welsh Government on a non-recurring basis which had impacted on the organisations recurring position. Members noted that the plans submitted by Integrated Locality Groups and Directorates in March were some way off target and the latest position would be assessed following receipt of the next iteration of plans. Members noted that a further analysis of the position would be presented to the Board at its next meeting.

Resolution: The report was NOTED.

5.

WORK WITH COMMUNITIES AND PARTNERS TO REDUCE INEQUALITY, PROMOTE WELLBEING AND PREVENT ILL HEALTH

5.1 Primary Care Update

D Miller and J Denley presented the Board with an update on Primary Care services. The Chair advised that he was delighted to see this report on the agenda and added he had found the report to be extremely helpful.

In response to a question raised by P Roseblade as to why the report did not include an update on Primary Care Dental services given the difficulties patients are experiencing in securing appointments at present, D Miller advised that dental services were extremely important to the team and added that he would be happy to provide the Board with more detail on this at a future meeting.

In response to a question raised by P Roseblade in relation to Diabetes and whether the problems referred to related to identification of, or treatment of patients with Diabetes, D Miller advised that there had been some concern across Wales about the timely diagnosis of Type 1 Diabetes during the pandemic and added that proactive steps had been taken to cascade messages to GP practices to be mindful of patients presenting with diabetes symptoms. D Miller added that the Primary Care Team were in the process of describing how it could support practices in reaching the monitoring levels they were undertaking pre Covid.

J Sadgrove welcomed the report which was timely given the Board discussions being held in relation to Population Health in which Primary Care has a major role. In response to a question raised by J Sadgrove in relation to funding issues highlighted within the report, D Miller advised that GP practices had not seen an increase in their core funding to match their ambition and added that whilst funding systems were quite complex, there were a significant amount of opportunities available. J Denley added that whilst Clusters have been in place for many years, details about what they entail have been fairly scant. Members noted that the Bridgend Integrated Locality Group (ILG) had expressed an interest in becoming an early adopter of some of the thinking that was being undertaken nationally regarding Clusters.

I Wells welcomed the report which had found to be interesting, particularly in how heavily digital technology and its adoption featured throughout the report. In response to a question raised by I Wells as to whether some of our deprived population areas would be disadvantaged by the increased use of digital technology, D Miller advised that he understood the concerns raised in relation to digital inclusivity and added that face to face consultations must not be lost moving forwards. Members noted that a significant amount of work had been undertaken to ensure that patients were digitally enabled as much as possible.

In response to a question raised by I Wells in relation to the need for a single patient record in Wales and the fact that no reference had been made within the report regarding the national data resource that was being developed, D

Miller advised that whilst Primary Care does have representation on the National Board, he would be unable to comment specifically on IT infrastructures and added that the Primary Care Team do not intend to take an independent step away from any national projects.

Members noted that discussions had been held in relation to the use of mobile vans who could visit communities who were less digitally enabled to provide them with a setting in which they could access services.

P Mears advised that acknowledgement needed to be made regarding the demand pressures being faced by Primary Care services and the effect that this would have on our hospital settings moving forwards. P Mears highlighted the need for close integration between primary and secondary care services and as the Health Board develops its strategy further this would need to be clearly articulated. P Mears added that population health was a key factor within primary care and within communities and added consideration would need to be given as to how the Health Board could financially demonstrate its shift to population health and advised that technology would be a significant opportunity to move this forward.

In response to a question raised by J Hehir in relation to the backlog of long term conditions management and the impact this had on patient wellbeing, timely access to services and reducing health inequalities, D Miller confirmed that delaying the receipt of care or regular review did have an impact on patient wellbeing and added that discussions would be held at the Planned Care Board regarding the proposals for resetting. D Miller advised that in relation to health inequalities, whilst population health had not been referenced within the report, this was a priority area of focus for the Primary Care team.

M Jehu thanked the team for the aspirational report which identified that there were significant challenges and constraints in place which needed to be addressed and sought clarity as to whether the Board needed to be made aware of any obstacles being faced by the Team. J Denley advised that this would need to be considered as part of the Health Board's ambition to become one Cwm Taf Morgannwg and added that a shared high level vision would need to be put into place.

In response to a question raised by M Jehu as to how progress would be monitored moving forwards, P Mears advised that Primary Care would be integral to the work being undertaken in relation to the Clinical Services Strategy and added that consideration would need to be given to developing an overarching plan which would identify the progress being made to Independent Members.

N Milligan made reference to workforce which was under significant strain at present and the need to futureproof and sought clarity as to what was being undertaken to develop our primary care workforce at present and the steps being taken to recruit additional staff into the service. D Miller advised that this was an area that the team have struggled with previously and added that support would be required moving forwards to streamline processes and to

consider how to make Primary Care an attractive place to work. Members noted the need to recognise the role community nurses had played within the communities over the last year.

The Chair extended his thanks to D Miller and J Denley for presenting the report.

Resolution: The Primary Care Update was NOTED.

5.2 Population Health Update

K Nnoaham presented the report. The Chair welcomed the report and the introduction of lead responsibilities within it.

In response to a question raised by P Roseblade as to how the Health Board could ensure it provides healthy food options for staff during out of hours periods, H Daniel advised that this was an area that was currently being explored following feedback received from staff. H Daniel agreed to review the current position outside of the meeting and would provide feedback.

In reference to table 6 within the report, P Roseblade advised that whilst she would be happy to contribute to this as an Independent Member, clarity would be required that the role of the Independent Member would be to scrutinise the position and to not put undue pressure as to where resources were being spent/utilised. P Mears agreed with the comments made by P Roseblade and added that further work would need to be undertaken regarding longer term strategic thinking and longer term investments and what this would mean financially for the Health Board.

In response to a comment made by D Jouvenat in relation to developing skills for staff in Health Promotion and the need to ensure managers receive the right training to handle this, H Daniel advised that careful consideration would need to be given to this and agreed to discuss further with K Nnoaham outside of the meeting.

In response to a question raised by I Wells as to whether the target set for reducing obesity levels by 2026 was achievable, K Nnoaham advised that this equated to a 5% reduction which was hugely ambitious and added that there were steps that could be taken in order to achieve this, for example the introduction of an integrated obesity service and ensuring catering services were more healthy.

J Sadgrove welcomed the report and advised that it would be helpful if the wellbeing and future generations commitments could be included in the conversations moving forwards. J Sadgrove made reference to the living wage and the suggestion made that the Health Board ensures in its procurement process asks for the living wage to be one of its criteria. J Sadgrove sought clarity as to why the Board had not made a commitment to becoming a living wage employer. P Mears advised that the Health Board needed to ensure it was leading by example in all areas and added that pay scales were nationally driven.

P Mears advised that one of the primary drivers for health and wellbeing was employment, and added that the Health Board was offering opportunities to young people to come and work within the organisation. P Mears advised that more consideration would need to be given to targeting hard to reach groups who may have been unemployed for some time and disadvantaged groups such as people with learning disabilities. H Daniel advised that whilst the Health Board may not be accredited, it was a living wage employer and agreed to look at how the Health Board could become accredited to fall in line with other Health Boards.

Members noted that this was a fundamental piece of work which identified key deliverables that would need to be taken forward by the whole of the Board. Members noted that an overarching plan would now need to be developed.

The Chair extended his thanks to K Nnoaham for presenting the report and added that there was a significant amount of support from the Board for this to be taken forward. K Nnoaham welcomed the discussion held which he had found to be very positive and enthusiastic and added that further discussions would now take place amongst the Executive Team as to how this could now be taken forward. Members noted that the monitoring of progress of this piece of work would be undertaken by the Population Health & Partnerships Committee.

Resolution: The Population Health Update was NOTED.

Action: Review to be undertaken outside of the meeting in relation to the current position regarding Healthy Food Options for staff.

Action: Discussion to be held outside of the meeting in relation to developing skills for staff in health promotion and the need to ensure managers have been provided with the appropriate training to address this.

Action: Review to be undertaken outside of the meeting to determine how the Health Board could become accredited as a living wage employer.

5.3 Covid 19 Vaccination Update

C Williams presented a verbal update highlighting the following key areas::

- Vaccine delivery – there was 80% coverage of our eligible population for first doses and 40% coverage for second doses;
- Vaccination invite letters were now being sent out to 18-29 years which meant that the Health Board was now approaching the end of the core element of the programme;
- Work would continue to be undertaken with communities to encourage uptake of the vaccines;
- In relation to the Did Not Attend (DNA) position, there had been 31,000 DNA's across the whole programme which equated to a DNA rate of 6.6%, which was amongst the lowest in Wales. Work would continue to be undertaken to address the position, with particular focus being placed on the most deprived areas of our population. Public Health and Local

Authority colleagues were working closely with the Health Boards Communications Team in relation to the Health Board's Inequalities Plan;

- In relation to the Indian Variant, Welsh Government had given permission to Health Boards to make local decisions as to whether second doses were brought forward for individuals. Members noted that a local decision had now been made to offer any vacant slots over the coming weeks as a result of the DNA's, for second doses of the vaccine

The Chair extended his thanks to C Williams for presenting the report and for the excellent progress that had been made.

Resolution: The Covid 19 Vaccination Update was NOTED.

5.4 E-Cigarettes Update – Smoke Free Hospital Premises

K Nnoaham presented the report which proposed the exclusion of the use of e-cigarettes on hospital grounds. In response to a question raised by the Chair regarding consistency across the NHS, K Nnoaham confirmed that this proposal would bring the Health Board largely in line with the approach taken in other Health Boards.

In response to a question raised by P Roseblade as to whether the charging of e-cigarettes presented a greater fire risk than the charging of mobile phones, K Nnoaham advised that whilst he did not have the data available, when you consider the disadvantages the arguments against the use of e-cigarettes were sufficient enough without having to take this into consideration.

In response to a question raised by M Jehu as to whose responsibility it would be to enforce this policy, Members noted that overall it would be the responsibility of the Local Authority to police this, and within the organisation responsibility would primarily fall under the remit of Estates and Facilities staff. P Mears added that this was a contentious issues and advised that when staff do challenge they could be faced with abuse from the person being challenged, which must not be tolerated. M Jehu requested clarity on the effectiveness of enforcement of this issue at a future meeting.

Resolution: The report was APPROVED.

Action: Further clarity to be provided in relation to the effectiveness of enforcement of this policy at a future meeting.

5.5 Vascular Engagement Outcome

C Williams presented the report and advised that whilst the numbers of people who had engaged had been low, it was felt that an adequate engagement exercise had been undertaken, with Community Health Council colleagues advising that no further consultation was required.

Resolution: The report was APPROVED.

6. PROVIDE HIGH QUALITY, EVIDENCE BASED AND ACCESSIBLE CARE

6.1. Integrated Performance Dashboard

C Williams presented the report and reminded Members that the report was in the process of being iterated to ensure a balanced scorecard approach was being taken and added that quality data was now being included in the report also.

In relation to Stroke Services performance, Members noted that a detailed report had been received by the Quality & Safety Committee on the challenges currently being faced by the service.

In response to a question raised by the Chair regarding thrombolysis performance which had been rated as green, C Williams agreed to undertake a review of the position outside of the meeting.

J Sadgrove welcomed the balanced scorecard approach that was being taken and suggested that following discussions held earlier in the meeting in relation to population health and primary care, consideration would need to be given as to how primary care was being measured. Members noted that national targets were being measured at present and noted that the Primary Care Team were in the process of identifying local primary care measures.

Resolution: The report was NOTED.

Action: Review to be undertaken of current thrombolysis performance outside of the meeting to determine the correct performance rating.

6.2 Integrated Medium Term Plan Update and Feedback

C Williams presented a verbal update and reminded Members that the Health Board submitted its draft Annual Plan to Welsh Government at the end of March 2021 and added that the final plan would be presented to Welsh Government at the end of June 2021.

Members noted that Welsh Government recognised the ambition within the plan, the work that had been undertaken on Targeted Intervention and Special Measures and the work being undertaken on Partnership Working. C Williams advised that Welsh Government had indicated that they would like to see greater triangulation between workforce and financial planning aspects and greater emphasis on some of the detail regarding improving capacity and what the Health Board intended to utilise the improved capacity for.

Members noted that the final plan would be presented to the June meeting of the Planning, Performance and Finance Committee for approval and that all Board Members had been invited to attend this meeting in order to approve the plan. The final plan would also be presented to the Board at its July meeting.

Resolution: The update was NOTED.

6.3 Post Covid Service Recovery Position - Presentation

G Robinson presented Members with an update on the following key areas:

- Unscheduled Care and the launch of the improvement programme;
- Planned Care and the programme structure that had been put into place which would be monitored weekly;
- Cancer and the month on month improvement in performance and the improvement plans that had been put into place for the most challenging areas which would be tracked weekly through the Integrated Locality Group's;
- Mental Health and the plans that had been put into place to bring services back into operation following the redeployment of staff during Covid-19;
- Primary Care services and the transformation required moving forward, with primary care playing an integral role in the Planned Care Recovery Programme.

The Chair extended his thanks to G Robinson for presenting the update against this important area of work.

Resolution: The update was NOTED.

6.4 Organisational Risk Register

G Galletly presented the report and advised that following comments received from Board Members, the reporting of risks was in the process of being realigned and added that improved reporting timelines would be in place from June onwards. Members noted that risk awareness training continued to be undertaken and noted that approximately 200 members of staff had undertaken the training to date, with positive feedback being received from the sessions.

In response to a question raised by P Roseblade regarding risks 4253, 3826 and 4606, G Robinson agreed to review the current position against each risk and provide a response to P Roseblade outside of the meeting.

P Roseblade also sought clarity in relation to risks 4356 which H Daniel agreed to respond to outside of the meeting.

The Chair noted the continuing evolution of the report and the improved timelines that would be in place from June onwards.

Resolution: The report was APPROVED and NOTED.

Action: Review to be undertaken of risk 4253, 3826, 4606 and 4356 and response to be provided to P Roseblade regarding current position outside of the meeting.

8 ANY OTHER BUSINESS

No items were identified.

9 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 12:30pm on Wednesday 9 June 2021.

10 CLOSE OF MEETING

Cofnodion Cyfarfod Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) a gynhaliwyd ddydd Iau 27 Mai 2021 fel Cyfarfod Ar-lein a Ddarlledwyd yn Fyw drwy Microsoft Teams

Aelodau'n bresennol:	
Marcus Longley	Cadeirydd
Paul Mears	Y Prif Weithredwr
Gareth Robinson	Prif Swyddog Gweithredu Dros Dro
Hywel Daniel	Cyfarwyddwr Gweithredol Pobl (Yn rhannol)
Dilys Jouvenat	Aelod Annibynnol
Greg Dix	Cyfarwyddwr Gweithredol Nyrsio
Ian Wells	Aelod Annibynnol
James Hehir	Aelod Annibynnol
Jayne Sadgrove	Aelod Annibynnol
Kelechi Nnoaham	Cyfarwyddwr Gweithredol Iechyd y Cyhoedd
Mel Jehu	Aelod Annibynnol
Nicola Milligan	Aelod Annibynnol
Patsy Roseblade	Aelod Annibynnol
Clare Williams	Cyfarwyddwr Gweithredol Cynllunio a Pherfformiad (Dros Dro)
Nick Lyons	Cyfarwyddwr Meddygol Gweithredol
Fiona Jenkins	Cyfarwyddwr Gweithredol Therapïau a Gwyddorau Iechyd (Dros Dro)

Eraill yn bresennol:	
Georgina Galletly	Cyfarwyddwr Llywodraethiant Corfforaethol
Lee Leyshon	Cyfarwyddwr Cynorthwyol Ymgysylltu a Chyfathrebu
Cally Hamblyn	Cyfarwyddwr Cynorthwyol Llywodraethu a Risg
Sara Utley	Archwilio Cymru
Rhys Jones	Arolygiaeth Gofal Iechyd Cymru (Yn rhannol)
Mark Thomas	Dirprwy Gyfarwyddwr Cyllid (Yn rhannol)
Ana Llewellyn	Cyfarwyddwr Nyrsio Grŵp Lleoliad Integredig Pen-y-bont ar Ogwr (Yn rhannol)
David Miller	Dirprwy Gyfarwyddwr Meddygol (Yn rhannol)
Julie Denley	Cyfarwyddwr Gwasanaethau Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl (Yn rhannol)
Anna Lewis	Meddyg Ymgynghorol (Arsylwi)
Lisa Curtis-Jones	Cyfarwyddwr Gwasanaethau Cymdeithasol (Arsylwi – Yn
Linda Prosser	rhannol)
Emma Walters	Cyfarwyddwr y Rhaglen (Arsylwi)
	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)

Eitem ar yr Agenda	
1	MATERION RHAGARWEINIOL
1.1	Croeso a Chyflwyniadau

Croesawodd y Cadeirydd bawb i'r cyfarfod, yn enwedig y rhai a oedd yn ymuno am y tro cyntaf, y rhai a oedd yn arsylwi a'r cydweithwyr oedd yn ymuno ar gyfer eitemau penodol ar yr agenda. Nodwyd hefyd fformat y digwyddiad yn ei ffurf rithwir gan y Cadeirydd.

Er nad oedd yn bresennol yn y cyfarfod heddiw oherwydd gwyliau blynyddol, estynnodd y Cadeirydd ei ddiolch i Maria Thomas, Is-gadeirydd, am y gefnogaeth amhrisiadwy a roddodd i'r Bwrdd dros yr ychydig flynyddoedd diwethaf, yn ystod ei chyfnod fel Aelod Annibynnol ac Is-gadeirydd. Dymunodd y Cadeirydd y gorau i Maria yn ei hymddeoliad ac ychwanegodd ei fod yn falch o groesawu J Sadgrove i rôl yr Is-gadeirydd o 1 Mehefin 2021 ymlaen.

Estynnodd y Cadeirydd ei ddiolch i C Williams am y gefnogaeth amhrisiadwy a roddodd i'r Bwrdd yn ystod ei chyfnod fel Cyfarwyddwr Cynllunio a Pherfformiad Dros Dro a manteisiodd ar y cyfle hefyd i groesawu L Prosser i'r cyfarfod fel arsylwr. Nododd yr aelodau y byddai L Prosser yn dechrau yn rôl y Cyfarwyddwr Strategaeth a Thrawsnewid ym mis Mehefin 2021.

Estynnodd y Cadeirydd ei longyfarchiadau i K Nnoaham ar ôl i Ysgol Meddygaeth Prifysgol Caerdydd ddyfarnu Cadair Athro er Anrhydedd iddo.

Dywedodd y Cadeirydd y byddai angen newid ychydig ar drefn yr agenda i ddarparu ar gyfer yr Adroddiadau Cyllid, gan fod M Thomas yn gorfod gadael y cyfarfod yn gynnar.

Dywedodd y Cadeirydd fod rôl Cadeirydd y Bwrdd Iechyd bellach yn cael ei hysbysebu yn dilyn penderfyniad y Cadeirydd i beidio ag ymestyn ei dymor ar ôl mis Medi.

1.2	Ymddiheuriadau am Absenoldebau

Nododd yr aelodau ymddiheuriadau gan Maria Thomas, Is-gadeirydd, Aelod Annibynnol Keiron Montague, Steve Webster, Cyfarwyddwr Cyllid a Cathy Moss, Olive Francis a John Beecher, Cyngor Iechyd Cymuned Cwm Taf Morgannwg.

1.3	Datganiadau o fuddiannau

Ni dderbyniwyd unrhyw ddatganiadau o fuddiannau.

1.4 Gwrando a Dysgu ar y Cyd - Stori am Brofiad Staff

Rhannodd A Llewellyn y stori am brofiad staff a oedd yn ymwneud â heriau a chyfleoedd Covid-19. Dywedodd A Llewellyn fod nifer o themâu wedi'u nodi trwy siarad â staff, yn cynnwys cydweithredu, gwaith tîm a thechnoleg.

Dywedodd y Cadeirydd fod y fideo yn atgof pwerus o'r unigolion talentog sy'n gweithio yn y Bwrdd Iechyd ac ychwanegodd fod y fideo wedi dal y gwahanol elfennau sy'n creu'r sefydliad.

Estynnodd y Cadeirydd ei ddiolch i A Llewellyn am y cyflwyniad fideo.

NODWYD Stori'r Staff.

Penderfyniad:

2 AGENDA CANIATÂD

Cadarnhaodd yr Aelodau nad oedd unrhyw adroddiadau y dymunent eu symud o'r Agenda Caniatâd i'r Prif Agenda. Cododd rhai Aelodau gwestiynau am yr eitemau ar yr agenda caniatâd cyn y cyfarfod ac ymatebwyd i'r cyfan ohonynt.

CANIATÂD I'W CYMERADWYO

2.1.1 Cofnodion y Cyfarfod a gynhaliwyd ar 25 Mawrth 2021 sydd eto i'w Cadarnhau

Penderfyniad: CYMERADWYWYD y cofnodion fel cofnod gwir a chywir.

2.1.2 Cofnodion y Cyfarfod 'Mewn Pwyllgor' a gynhaliwyd ar 25 Mawrth 2021 sydd eto i'w Cadarnhau

Penderfyniad: CYMERADWYWYD y cofnodion 'Mewn Pwyllgor' fel cofnod gwir a chywir.

2.1.3 Adroddiad y Cadeirydd a Gosod y Sêl Gyffredin

Penderfyniad: NODWYD yr adroddiad;
CYMERADWYWYD Gosod y Sêl Gyffredin.

2.1.4 Adroddiad Blynyddol Pwyllgor Monitro'r Ddeddf Iechyd Meddwl

Penderfyniad: CYMERADWYWYD yr adroddiad.

2.1.5 Adroddiad Blynyddol y Pwyllgor Ansawdd a Diogelwch

Penderfyniad: CYMERADWYWYD yr adroddiad.

2.1.6 Adolygiad o'r Rheolau Sefydlog Enghreifftiol a'r Cyfarwyddiadau Ariannol Sefydlog

Penderfyniad:	CYMERADWYWYD yr adolygiad.
2.1.7	Trefniadau Gosod Cyllideb ar gyfer 2021/2022
	Eglurwyd mai cais oedd hyn i'r Bwrdd GYMERADWYO'R Gyllideb Ddrafft ac nad oeddent yn awdurdodi gwariant y tu hwnt i'r cyllid a ddyrannwyd i'r Bwrdd Iechyd.
Penderfyniad:	CYMERADWYWYD Trefniadau Gosod y Gyllideb.
2.2	I'W NODI
2.2.1	Cofnodion Gweithredu'r Pwyllgor
Penderfyniad:	NODWYD y Cofnodion Gweithredu.
2.2.2	Adroddiad y Prif Weithredwr
Penderfyniad:	NODWYD adroddiad y Prif Weithredwr.
2.2.3	Adroddiad Crynhoi'r Pwyllgor Iechyd y Boblogaeth a Phartneriaethau 7 Ebrill 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.4	Adroddiad Crynhoi'r Pwyllgor Archwilio a Risg 13 Ebrill 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.5	Adroddiad Crynhoi'r Pwyllgor Pobl a Diwylliant 26 Ebrill 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.6	Adroddiad Crynhoi'r Pwyllgor Cynllunio, Perfformiad a Chyllid 27 Ebrill 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.7	Adroddiad Crynhoi Pwyllgor Monitro'r Ddeddf Iechyd Meddwl 5 Mai 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.8	Adroddiad Crynhoi Ansawdd a Diogelwch 18 Mai 2021
Penderfyniad:	NODWYD yr Adroddiad Cryno.
2.2.9	Adroddiad Crynhoi'r Pwyllgor Taliadau a Thelerau Gwasanaeth

Penderfyniad: NODWYD yr Adroddiadau Cryno.

2.2.10 Adroddiadau'r Cyd-bwyllgorau

Penderfyniad: NODWYD yr adroddiadau.

2.2.11 Adroddiad Blynyddol ar gyfer yr Hwb Arloesi a Gwella Ymchwil

Penderfyniad: NODWYD yr adroddiad.

2.2.12 Adroddiad Blynyddol Gofalwyr

Penderfyniad: NODWYD yr adroddiad.

2.2.13 Diweddariad Datblygu Strategaeth

Penderfyniad: NODWYD y diweddariad.

2.2.14 Adroddiad Sicrwydd Bob Tair Blynedd 2018-2021 Lefelau Staff Nyrsio Deddf Lefelau Staff Nyrsio Cymru (2016)

Penderfyniad: NODWYD yr adroddiad.

2.2.15 Adroddiad Sicrwydd Blynyddol 2020-2021 Lefelau Staff Nyrsio Deddf Lefelau Staff Nyrsio Cymru (2016)

Penderfyniad: NODWYD yr adroddiad.

3. PRIF AGENDA

3.1 Materion sy'n Codi heb eu hystyried yn y Cofnodion Gweithredu

Nid oedd unrhyw faterion pellach sy'n codi a nodwyd.

4. CYD-GREU DIWYLLIANT DYSGU A THYFU GYDA STAFF A PHARTNERIAID

4.1 Cyd-adolygiad Arolygiaeth Gofal Iechyd Cymru/Archwilio Cymru o Lywodraethu Ansawdd – Crynodeb o'r Cynnydd a Wnaed – Adroddiad Dilynol Mai 2021

Cyflwynodd G Galletly, S Utley ac R Jones yr adroddiad i'r aelodau. Dywedodd G Galletly fod yr adroddiad wedi cael ei groesawu gan y Bwrdd Iechyd a theimlwyd bod y gwaith a wnaed gydag Arolygiaeth Gofal Iechyd Cymru ac Archwilio Cymru dros y 18 mis diwethaf wedi'i adlewyrchu'n dda yn yr adroddiad.

Nododd yr aelodau fod yr adroddiad yn cynnwys crynodeb o ganfyddiadau allweddol yn dilyn gwaith maes a wnaed rhwng mis Hydref a mis Rhagfyr 2020, ac estynnodd cydweithwyr o Arolygiaeth Gofal Iechyd Cymru ac Archwilio Cymru eu diolch i'r Bwrdd Iechyd am ei gydweithrediad yn yr adolygiad.

Estynnodd y Cadeirydd ei ddiolch i gydweithwyr am gyflwyno'r adroddiad a gofynnodd am eglurder ynghylch pa mor bwyllog y dylai'r Bwrdd fod ynghylch ei ganfyddiadau, o ystyried rhai o'r anawsterau a gafwyd wrth ymweld â safleoedd yn ystod y pandemig. Dywedodd R Jones fod y pandemig wedi effeithio ar y ffordd y cynhaliwyd yr adolygiad dilynol ac, ychwanegodd, er bod yr adroddiad yn gadarnhaol ar y cyfan, y byddai angen ei gymryd gyda nodyn o rybudd.

Dywedodd G Galletly fod gwaith pellach i'w wneud o hyd, er bod hwn yn adroddiad teg. Nododd yr aelodau fod myfyrio'n mynd rhagddo ar y 14 argymhelliad gwreiddiol a wnaed a'r camau a roddwyd ar waith i sicrhau bod cyflymder a ffocws yn cael eu cynnal. Nododd yr aelodau y byddai adroddiad diweddaru, gan gynnwys ymateb y rheolwyr, yn cael ei gyflwyno i gyfarfod y Bwrdd ym mis Gorffennaf.

Estynnodd y Cadeirydd ei ddiolch i gydweithwyr am gyflwyno'r adroddiad a dywedodd y byddai'r Bwrdd yn monitro'r cynnydd sy'n cael ei wneud gyda diddordeb.

Penderfyniad: NODWYD yr adroddiad.

4.2 Rhaglen Wella Gwasanaethau Newyddenedigol a Mamolaeth

Cyflwynodd G Dix ac N Lyons yr adroddiad i'r Aelodau.

Mewn ymateb i gwestiwn gan J Sadgrove ynghylch yr ôl-groniad o ddigwyddiadau difrifol a'r gofyniad am ymgysylltiad meddygol pellach, dywedodd N Lyons fod camau'n cael eu cymryd i sicrhau bod ymgysylltiad a chyfranogiad meddygol ar waith ac ychwanegodd y byddai penodi Arweinwyr Clinigol Newyddenedigol yn helpu i yrru hyn ymlaen. Nododd yr aelodau fod dau ddiwrnod arall o amser Ymgynghorydd wedi'u rhyddhau hefyd i ymrwymo i'r broses hon. Rhoddodd G Dix sicrwydd i'r Bwrdd bod cryn dipyn o arweinyddiaeth feddygol ar waith ar draws meysydd gwaith eraill.

Mewn ymateb i gwestiwn gan N Milligan ynghylch y Rhaglen Datblygu Arweinyddiaeth a phryd yr oedd hon yn debygol o gael ei gweithredu, dywedodd H Daniel fod hyn wedi'i drafod mewn cyfarfod a gynhaliwyd yn ddiweddar a chytunodd i geisio diweddariad i'r Bwrdd ynghylch canlyniad y trafodaethau hyn.

Mewn ymateb i gwestiwn gan y Cadeirydd ynghylch a oedd unrhyw feysydd pryder yn ddiweddar ynghylch profiadau menywod o ddydd i ddydd,

dywedodd G Dix mai un o'r prif feysydd pryder a godwyd oedd y diffyg cefnogaeth a oedd ar gael gan bartner o ganlyniad i gyfyngiadau ymweld, ac roedd rhai pryderon yn cael eu codi ynghylch agweddau staff; roedd y fframwaith gwerthoedd ac ymddygiadau'n cael ei ddefnyddio i fynd i'r afael â'r rhain ar unwaith. Nododd yr aelodau fod adborth calonogol yn cael ei dderbyn ar BUMP Talk trwy Blatfformau Cyfryngau Cymdeithasol.

Estynnodd y Cadeirydd ei ddiolch i gydweithwyr am y gwaith sy'n mynd rhagddo yn y maes hwn a, hefyd, estynnodd ei ddiolch i'r staff a oedd yn parhau i weithio yn y gwasanaeth hwn.

Penderfyniad: NODWYD yr adroddiad.

Cam Gweithredu: Bydd H Daniel yn gofyn am ddiweddariad y tu allan i'r cyfarfod yn gysylltiedig â chanlyniad y trafodaethau a gynhaliwyd ynghylch gweithredu'r Rhaglen Datblygu Arweinyddiaeth.

4.3 Proses Hunanasesu Gwelliannau Parhaus mewn ymateb i Ymyrraeth wedi'i Thargedu

Cyflwynodd R Morgan-Evans yr adroddiad i'r Aelodau.

Mewn ymateb i gwestiwn a godwyd gan y Cadeirydd mewn perthynas â'r cynllun ac a allai'r Bwrdd fod yn hyderus bod y cynllun yn ddigonol ac y gellid ei gyflawni, dywedodd R Morgan-Evans y byddai angen gosod targedau ac ychwanegodd na ddylai'r darn hwn o waith gael ei wneud ar wahân i feysydd gwaith eraill yn y sefydliad. Nododd yr aelodau y byddai angen rhoi ffocws ar y diffiniadau i sicrhau bod y Bwrdd Iechyd yn hunanasesu ei hun mewn ffordd briodol a nodont y byddai'r cynllun yn cael ei gyflwyno i'r Bwrdd ar ôl iddo gael ei drafod yn y Bwrdd Rheoli.

Dywedodd J Sadgrove bod y broses yr aeth y Bwrdd Iechyd drwyddi wedi rhoi cryn dawelwch meddwl yn ei barn hi ac ychwanegodd fod parodrwydd y Bwrdd Iechyd i driongli a newid ei hunanasesiad yn dangos rhywfaint o aeddfedrwydd ac yn dangos bod y Bwrdd Iechyd yn barod i fod yn dryloyw ac yn onest.

Penderfyniad: CYMERADWYWYD yr adroddiad

Cam Gweithredu: Cynllun i'w gyflwyno i gyfarfod o'r Bwrdd yn y dyfodol.

7. SICRHAU CYNALIADWYEDD ECONOMAIDD, AMGYLCHEDDOL A CHYMDEITHASOL YM MHOPETH A WNAWN

7.1 Diweddariad Cyllid ar gyfer Mis 12

Cyflwynodd M Thomas yr adroddiad. Nododd yr aelodau fod yr Archwiliad o gyfrifon 2020/2021 yn dod yn ei flaen yn dda, ac ni nodwyd unrhyw broblemau ar hyn o bryd.

Penderfyniad: NODWYD yr adroddiad.

7.2 Diweddariad Cyllid ar gyfer Mis 1

Cyflwynodd M Thomas yr adroddiad. Nododd yr aelodau fod cyfarfod yn cael ei gynnal gyda Llywodraeth Cymru yn fuan i drafod y cynllun ariannol drafft cyn ei gyflwyno'n derfynol ddiwedd Mehefin 2021.

Mewn ymateb i gwestiwn gan y Cadeirydd ynghylch a oedd unrhyw bryder ynghylch dychwelyd i ddisgyblaeth ariannol, dywedodd M Thomas fod yr adroddiad yn nodi nad oedd y Bwrdd Iechyd, o ganlyniad i Covid-19, wedi gallu cyflawni'r targed arbedion, ac ychwanegodd fod hyn wedi'i ariannu gan Lywodraeth Cymru ar sail anghylchol a oedd wedi effeithio ar sefyllfa gylchol y sefydliad. Nododd yr aelodau fod y cynlluniau a gyflwynwyd gan Grwpiau Lleoliad Integredig a Chyfarwyddiaethau ym mis Mawrth gryn bellter oddi ar y targed ac y byddai'r sefyllfa ddiweddaraf yn cael ei hasesu ar ôl derbyn y fersiwn nesaf o gynlluniau. Nododd yr aelodau y byddai dadansoddiad pellach o'r sefyllfa yn cael ei gyflwyno i'r Bwrdd yn ei gyfarfod nesaf.

Penderfyniad: NODWYD yr adroddiad.

5. GWAITH GYDA CHYMUNEDAU A PHARTNERIAID I LEIHAU ANGHYDRADDOLDEB, HYRWYDDO LLESIANT AC ATAL AFIECHYD

5.1 Diweddariad Gofal Sylfaenol

Cyflwynodd D Miller a J Denley ddiweddariad i'r Bwrdd ar wasanaethau Gofal Sylfaenol. Dywedodd y Cadeirydd ei fod yn falch iawn o weld yr adroddiad hwn ar yr agenda ac ychwanegodd ei fod o'r farn bod yr adroddiad yn ddefnyddiol iawn.

Mewn ymateb i gwestiwn gan P Roseblade ynghylch pam nad oedd yr adroddiad yn cynnwys diweddariad ar Wasanaethau Deintyddol Gofal Sylfaenol, o ystyried yr anawsterau y mae cleifion yn eu cael wrth sicrhau apwyntiadau ar hyn o bryd, dywedodd D Miller fod gwasanaethau deintyddol yn hynod bwysig i'r tîm ac ychwanegodd y byddai'n hapus i roi mwy o fanylion i'r Bwrdd am hyn mewn cyfarfod yn y dyfodol.

Mewn ymateb i gwestiwn gan P Roseblade ynghylch Diabetes ac a oedd y problemau y cyfeiriwyd atynt yn ymwneud ag adnabod, neu drin, cleifion â Diabetes, dywedodd D Miller y bu rhywfaint o bryder ledled Cymru ynghylch diagnosis amserol o Ddiabetes Math 1 yn ystod y pandemig ac ychwanegodd fod camau rhagweithiol wedi'u cymryd i raeadru negeseuon i feddygfeydd teulu i fod yn ymwybodol o gleifion sy'n cyflwyno symptomau diabetes. Ychwanegodd D Miller fod y Tîm Gofal Sylfaenol yn y broses o ddisgrifio sut y gallai gefnogi arferion i gyrraedd y lefelau monitro yr oeddent yn eu cynnal cyn Covid.

Croesawodd J Sadgrove yr adroddiad, a oedd yn amserol o ystyried bod trafodaethau'r Bwrdd yn cael eu cynnal mewn perthynas ag Iechyd y Boblogaeth, y mae gan Ofal Sylfaenol ran fawr ynddo. Mewn ymateb i gwestiwn a godwyd gan J Sadgrove mewn perthynas â materion cyllid a amlygwyd yn yr adroddiad, dywedodd D Miller nad oedd meddygfeydd wedi gweld cynnydd yn eu cyllid craidd i gyd-fynd â'u huchelgais ac ychwanegodd, er bod systemau cyllido yn eithaf cymhleth, roedd cryn dipyn o gyfleoedd ar gael. Ychwanegodd J Denley, er bod Clystyrau wedi bod ar waith ers blynyddoedd lawer, prin fu'r manylion am yr hyn y maent yn ei olygu. Nododd yr aelodau fod Grŵp Lleoliad Integredig Pen-y-bont ar Ogwr wedi mynegi diddordeb mewn dod yn fabwysiadwr cynnar rhywfaint o'r meddwl a oedd yn cael ei wneud yn genedlaethol ynghylch Clystyrau.

Croesawodd I Wells yr adroddiad a oedd yn ddiddorol yn ei farn ef, yn enwedig o ran cymaint o sylw gafodd technoleg ddigidol a'i mabwysiadu trwy gydol yr adroddiad. Mewn ymateb i gwestiwn gan I Wells ynghylch a fyddai rhai o'n hardaloedd difreintiedig dan anfantais oherwydd y defnydd cynyddol o dechnoleg ddigidol, dywedodd D Miller ei fod yn deall y pryderon a godwyd ynghylch cynwysoldeb digidol ac ychwanegodd na ddylid colli ymgynghoriadau wyneb yn wyneb wrth symud ymlaen. Nododd yr aelodau fod cryn dipyn o waith wedi'i wneud i sicrhau bod cleifion yn cael eu galluogi'n ddigidol gymaint â phosibl.

Mewn ymateb i gwestiwn gan I Wells ynghylch yr angen am un cofnod claf yng Nghymru a'r ffaith na chyfeiriwyd yn yr adroddiad at yr adnodd data cenedlaethol a oedd yn cael ei ddatblygu, dywedodd D Miller nad oedd yn gallu rhoi sylwadau penodol ar isadeileddau TG, er bod gan Ofal Sylfaenol gynrychiolaeth ar y Bwrdd Cenedlaethol, ac ychwanegodd nad yw'r Tîm Gofal Sylfaenol yn bwriadu cymryd cam annibynnol i ffwrdd oddi wrth unrhyw brosiectau cenedlaethol.

Nododd yr aelodau fod trafodaethau wedi'u cynnal ynghylch defnyddio faniau symudol a allai ymweld â chymunedau a oedd â llai o allu digidol er mwyn cynnig lleoliad iddynt gael at wasanaethau.

Dywedodd P Mears fod angen cydnabod y pwysau galw sy'n wynebu gwasanaethau Gofal Sylfaenol a'r effaith y byddai hyn yn ei gael ar ein hysbytai wrth symud ymlaen. Amlygodd P Mears yr angen am integreiddio agos rhwng gwasanaethau gofal sylfaenol ac eilaidd ac wrth i'r Bwrdd Iechyd ddatblygu ei strategaeth ymhellach, byddai angen mynegi hyn yn glir. Ychwanegodd P Mears fod iechyd y boblogaeth yn ffactor allweddol o fewn gofal sylfaenol ac o fewn cymunedau, ac ychwanegodd y byddai angen ystyried sut y gallai'r Bwrdd Iechyd ddangos yn ariannol ei newid i iechyd y boblogaeth a dywedodd y byddai technoleg yn gyfle sylweddol i symud hyn ymlaen.

Mewn ymateb i gwestiwn gan J Hehir ynghylch yr ôl-groniad o ran rheoli cyflyrau tymor hir a'r effaith a gafodd hyn ar les cleifion, mynediad amserol i wasanaethau a lleihau anghydraddoldebau iechyd, cadarnhaodd D Miller

fod gohirio derbyn gofal neu adolygiad rheolaidd yn cael effaith ar les cleifion ac ychwanegodd y byddai trafodaethau'n cael eu cynnal yn y Bwrdd Gofal wedi'i Gynllunio ynghylch y cynigion ar gyfer ailosod. O ran anghydraddoldebau iechyd, dywedodd D Miller fod iechyd y boblogaeth yn faes ffocws â blaenoriaeth i'r tîm Gofal Sylfaenol, er na chyfeiriwyd ato yn yr adroddiad.

Diolchodd M Jehu i'r tîm am yr adroddiad uchelgeisiol a nododd fod heriau a chyfyngiadau sylweddol ar waith yr oedd angen mynd i'r afael â hwy, a gofynnodd am eglurder ynghylch a oedd angen tynnu sylw'r Bwrdd at unrhyw rwystrau sy'n wynebu'r Tîm. Dywedodd J Denley y byddai angen ystyried hyn fel rhan o uchelgais y Bwrdd Iechyd i ddod yn Gwm Taf Morgannwg unedig ac ychwanegodd y byddai angen rhoi gweledigaeth lefel uchel gyffredin ar waith.

Mewn ymateb i gwestiwn gan M Jehu ynghylch sut y byddai cynnydd yn cael ei fonitro wrth symud ymlaen, dywedodd P Mears y byddai Gofal Sylfaenol yn rhan annatod o'r gwaith sy'n cael ei wneud parthed y Strategaeth Gwasanaethau Clinigol ac ychwanegodd y byddai angen ystyried datblygu cynllun trosfwaol a fyddai'n amlygu'r cynnydd sy'n cael ei wneud i Aelodau Annibynnol.

Cyfeiriodd N Milligan at weithlu a oedd dan straen sylweddol ar hyn o bryd a'r angen i baratoi at y dyfodol, a cheisiodd eglurder ynghylch yr hyn a oedd yn cael ei wneud i ddatblygu ein gweithlu gofal sylfaenol ar hyn o bryd a'r camau sy'n cael eu cymryd i recriwtio staff ychwanegol i'r gwasanaeth. Dywedodd D Miller fod y tîm wedi cael anhawster â'r maes hwn o'r blaen ac ychwanegodd y byddai angen cefnogaeth wrth symud ymlaen er mwyn symleiddio prosesau ac i ystyried sut i wneud Gofal Sylfaenol yn lle deniadol i weithio ynddo. Nododd yr aelodau bod angen cydnabod y rôl yr oedd nyrsys cymunedol wedi'i chwarae mewn cymunedau dros y flwyddyn ddiwethaf.

Estynnodd y Cadeirydd ei ddiolch i D Miller a J Denley am gyflwyno'r adroddiad.

Penderfyniad: Nodwyd y Diweddariad Gofal Sylfaenol.

5.2 Diweddariad Iechyd y Boblogaeth

Cyflwynodd K Nnoaham yr adroddiad. Croesawodd y Cadeirydd yr adroddiad a bod cyfrifoldebau arweiniol wedi'u cyflwyno ynddo.

Mewn ymateb i gwestiwn gan P Roseblade ynghylch sut y gallai'r Bwrdd Iechyd sicrhau ei fod yn darparu opsiynau bwyd iach i staff yn ystod cyfnodau y tu allan i oriau, dywedodd H Daniel fod y maes hwn yn cael ei archwilio ar hyn o bryd yn dilyn adborth a gafwyd gan staff. Cytunodd H Daniel i adolygu'r sefyllfa bresennol y tu allan i'r cyfarfod a byddai'n darparu adborth.

Ac yntau'n cyfeirio at dabl 6 yn yr adroddiad, dywedodd P Roseblade y byddai'n hapus i gyfrannu at hyn fel Aelod Annibynnol, ond byddai angen eglurder mai rôl yr Aelod Annibynnol fyddai craffu ar y sefyllfa a pheidio â rhoi pwysau gormodol o ran ble roedd adnoddau'n cael eu gwario/defnyddio. Cytunodd P Mears â'r sylwadau a wnaed gan P Roseblade ac ychwanegodd y byddai angen gwneud gwaith pellach o ran meddwl yn strategol yn y tymor hwy a buddsoddiadau tymor hwy, a beth fyddai hyn yn ei olygu yn ariannol i'r Bwrdd Iechyd.

Mewn ymateb i sylw a wnaed gan D Jouvenat ynghylch datblygu sgiliau ar gyfer staff ym maes Hybu Iechyd a'r angen i sicrhau bod rheolwyr yn derbyn yr hyfforddiant cywir i ddelio â hyn, dywedodd H Daniel y byddai angen ystyried hyn yn ofalus a chytunodd i drafod hyn ymhellach gyda K Nnoaham y tu allan i'r cyfarfod.

Mewn ymateb i gwestiwn gan I Wells ynghylch a oedd y targed a osodwyd ar gyfer lleihau lefelau gordewdra erbyn 2026 yn gyraeddadwy, dywedodd K Nnoaham fod hyn yn cyfateb i ostyngiad o 5%, a oedd yn hynod uchelgeisiol, ac ychwanegodd fod camau y gellid eu cymryd er mwyn cyflawni hyn, er enghraifft cyflwyno gwasanaeth gordewdra integredig a sicrhau bod gwasanaethau arlwyo yn fwy iach.

Croesawodd J Sadgrove yr adroddiad a dywedodd y byddai'n ddefnyddiol pe bai modd cynnwys ymrwymiadau lles a chenedlaethau'r dyfodol yn y sgyrsiau wrth symud ymlaen. Cyfeiriodd J Sadgrove at y cyflog byw a'r awgrym bod y Bwrdd Iechyd yn sicrhau ei fod yn gofyn, yn ei broses gaffael, bod y cyflog byw yn un o'i feini prawf. Gofynnodd J Sadgrove am eglurder ynghylch pam nad oedd y Bwrdd wedi ymrwymo i ddod yn gyflogwr cyflog byw. Dywedodd P Mears fod angen i'r Bwrdd Iechyd sicrhau ei fod yn arwain trwy esiampl ym mhob maes ac ychwanegodd fod graddfeydd cyflog yn cael eu gyrru'n genedlaethol. Dywedodd P Mears mai cyflogaeth oedd un o'r prif ysgogwyr dros iechyd a lles, ac ychwanegodd fod y Bwrdd Iechyd yn cynnig cyfleoedd i bobl ifanc ddod i weithio yn y sefydliad. Dywedodd P Mears y byddai angen rhoi mwy o ystyriaeth i dargedu grwpiau anodd eu cyrraedd a allai fod wedi bod yn ddi-waith ers cryn amser a grwpiau difreintiedig, fel pobl ag anableddau dysgu. Dywedodd H Daniel fod y Bwrdd Iechyd yn gyflogwr cyflog byw, er nad oedd wedi'i achredu, a chytunodd i edrych ar sut y gallai'r Bwrdd Iechyd gael ei achredu i gyd-fynd â Byrddau Iechyd eraill.

Nododd yr aelodau fod hwn yn ddarn sylfaenol o waith a oedd yn nodi deilliannau allweddol y byddai angen i'r Bwrdd cyfan eu datblygu. Nododd yr aelodau y byddai angen datblygu cynllun trosfwaol yn awr.

Estynnodd y Cadeirydd ei ddiolch i K Nnoaham am gyflwyno'r adroddiad ac ychwanegodd fod cefnogaeth sylweddol gan y Bwrdd i hyn gael ei ddatblygu. Croesawodd K Nnoaham y drafodaeth a gynhaliwyd, a oedd yn gadarnhaol a brwdfrydig iawn yn ei dyb ef, ac ychwanegodd y byddai trafodaethau pellach yn cael eu cynnal ymhlith y Tîm Gweithredol ynghylch sut y gallai hyn gael ei

ddatblygu yn awr. Nododd yr aelodau y byddai'r Pwyllgor Iechyd y Boblogaeth a Phartneriaethau yn monitro cynnydd y darn hwn o waith.

Penderfyniad: NODWYD Diweddariad Iechyd y Boblogaeth.

Cam Gweithredu: Cynnal adolygiad y tu allan i'r cyfarfod mewn perthynas â'r sefyllfa bresennol o ran Opsiynau Bwyd Iach i staff.

Cam Gweithredu: Cynnal trafodaeth y tu allan i'r cyfarfod mewn perthynas â datblygu sgiliau i staff ym maes hybu iechyd a'r angen i sicrhau bod rheolwyr wedi cael yr hyfforddiant priodol i fynd i'r afael â hyn.

Cam Gweithredu: Cynnal adolygiad y tu allan i'r cyfarfod i benderfynu sut y gallai'r Bwrdd Iechyd gael ei achredu fel cyflogwr cyflog byw.

5.3 Diweddariad ynghylch brechu rhag Covid 19

Cyflwynodd C Williams ddiweddariad llafar yn amlygu'r meysydd allweddol canlynol:

- Dosbarthu'r brechlyn – roedd 80% o'n poblogaeth gymwys wedi cael eu dos cyntaf a 40% wedi cael eu hail ddos;
- Roedd llythyrau'n gwahodd pobl am frechiad bellach yn cael eu hanfon i bobl 18-29 oed, gan olygu bod y Bwrdd Iechyd bellach yn agosáu at ddiwedd elfen graidd y rhaglen;
- Byddai gwaith yn parhau gyda chymunedau i annog pobl i gael y brechlynnau;
- O ran sefyllfa'r bobl na wnaethant fynychu, roedd 31,000 heb ddod i'w brechiad dros y rhaglen gyfan, sy'n cyfateb i gyfradd o 6.6%, a oedd ymhlith yr isaf yng Nghymru. Byddai gwaith yn parhau i fynd i'r afael â'r sefyllfa, gan ganolbwyntio'n benodol ar ardaloedd mwyaf difreintiedig ein poblogaeth. Roedd cydweithwyr Iechyd y Cyhoedd ac Awdurdodau Lleol yn gweithio'n agos gyda Thîm Cyfathrebu'r Byrddau Iechyd mewn perthynas â Chynllun Anghydraddoldebau'r Bwrdd Iechyd;
- O ran Amrywiolyn India, roedd Llywodraeth Cymru wedi rhoi caniatâd i Fyrddau Iechyd wneud penderfyniadau lleol ynghylch p'un ai i gynnig ail ddos yn gynt na'r bwriad yn wreiddiol i unigolion. Nododd yr aelodau fod penderfyniad lleol bellach wedi'i wneud i gynnig unrhyw slotiau gwag dros yr wythnosau nesaf lle nad oedd pobl wedi dod i'w hapwyntiad, ar gyfer ail ddos o'r brechlyn

Estynnodd y Cadeirydd ei ddiolch i C Williams am gyflwyno'r adroddiad ac am y cynnydd rhagorol a wnaed.

Penderfyniad: NODWYD y diweddariad ynghylch Brechu Rhag Covid 19.

5.4 Diweddariad E-Sigaréts – Adeiladau Ysbyty Di-Fwg

Cyflwynodd K Nnoaham yr adroddiad a oedd yn cynnig gwahardd defnyddio e-sigaréts ar dir ysbytai. Mewn ymateb i gwestiwn a godwyd gan y Cadeirydd ynghylch cysondeb ar draws y GIG, cadarnhaodd K Nnoaham y byddai'r cynnig hwn yn dod â'r Bwrdd Iechyd yn gyson i raddau helaeth â'r dull a ddefnyddir mewn Byrddau Iechyd eraill.

Mewn ymateb i gwestiwn gan P Roseblade ynghylch a oedd gwefru e-sigaréts yn peri mwy o risg tân na gwefru ffonau symudol, dywedodd K Nnoaham bod y dadleuon yn erbyn defnyddio e-sigaréts yn ddigonol, pan ystyriwch yr anfanteision, heb orfod ystyried hyn, er nad oedd y data ar gael ganddo.

Mewn ymateb i gwestiwn gan M Jehu ynghylch pwy fyddai'n gyfrifol am orfodi'r polisi hwn, nododd yr Aelodau mai cyfrifoldeb yr Awdurdod Lleol yn gyffredinol fyddai plismona hyn ac, o fewn y sefydliad, byddai cyfrifoldeb yn dod o fewn cylch gwaith y Staff Ystadau a Chyfleusterau yn bennaf. Ychwanegodd P Mears fod hwn yn fater dadleuol a dywedodd, pan fydd staff yn herio, y gallent wynebu camdriniaeth gan yr unigolyn sy'n cael ei herio, na ddylid ei oddef. Gofynnodd M Jehu am eglurder ynghylch effeithiolrwydd gorfodi'r mater hwn mewn cyfarfod yn y dyfodol.

Penderfyniad: CYMERADWYWYD yr adroddiad.

Cam Gweithredu: Darparu eglurder pellach mewn perthynas ag effeithiolrwydd gorfodi'r polisi hwn mewn cyfarfod yn y dyfodol.

5.5 Canlyniad Ymgysylltu Fasgwlaidd

Cyflwynodd C Williams yr adroddiad a dweud, er mai nifer isel o bobl a oedd wedi ymgysylltu, teimlwyd bod ymarfer ymgysylltu digonol wedi'i gynnal, gyda chydweithwyr o'r Cyngor Iechyd Cymuned yn cynghori nad oedd angen ymgynghori pellach.

Penderfyniad: CYMERADWYWYD yr adroddiad.

6. DARPARU GOFAL HYGYRCH O ANSAWDD UCHEL AR SAIL TYSTIOLAETH

6.1. Y Dangosfwrdd Perfformiad Integredig

Cyflwynodd C Williams yr adroddiad ac atgoffodd yr Aelodau fod yr adroddiad wrthi'n cael ei ailadrodd er mwyn sicrhau bod dull cerdyn sgorio cytbwys yn cael ei ddefnyddio ac ychwanegodd fod data ansawdd bellach yn cael ei gynnwys yn yr adroddiad hefyd.

O ran perfformiad y Gwasanaethau Strôc, nododd yr Aelodau fod y Pwyllgor Ansawdd a Diogelwch wedi derbyn adroddiad manwl ar yr heriau sy'n wynebu'r gwasanaeth ar hyn o bryd.

Mewn ymateb i gwestiwn gan y Cadeirydd ynghylch perfformiad thrombolysis, a oedd wedi'i raddio'n wyrdd, cytunodd C Williams i gynnal adolygiad o'r sefyllfa y tu allan i'r cyfarfod.

Croesawodd J Sadgrove y dull cerdyn sgorio cytbwys a oedd yn cael ei gymryd ac awgrymodd, yn dilyn trafodaethau a gynhaliwyd yn gynharach yn y cyfarfod ynghylch iechyd y boblogaeth a gofal sylfaenol, y byddai angen ystyried sut roedd gofal sylfaenol yn cael ei fesur. Nododd yr aelodau fod targedau cenedlaethol yn cael eu mesur ar hyn o bryd gan nodi bod y Tîm Gofal Sylfaenol wrthi'n nodi mesurau gofal sylfaenol lleol.

Penderfyniad: NODWYD yr adroddiad.

Cam Gweithredu: Cynnal adolygiad o berfformiad presennol thrombolysis y tu allan i'r cyfarfod i bennu'r sgôr perfformio gywir.

6.2 Diweddariad am y Cynllun Tymor Canolig Integredig ac Adborth

Cyflwynodd C Williams ddiweddariad llafar ac atgoffodd yr Aelodau fod y Bwrdd Iechyd wedi cyflwyno ei Gynllun Blynyddol drafft i Lywodraeth Cymru ddiwedd mis Mawrth 2021 ac ychwanegodd y byddai'r cynllun terfynol yn cael ei gyflwyno i Lywodraeth Cymru ddiwedd Mehefin 2021.

Nododd yr aelodau fod Llywodraeth Cymru yn cydnabod yr uchelgais yn y cynllun, y gwaith a wnaed ar Ymyrraeth wedi'i Thargedu a Mesurau Arbennig a'r gwaith sy'n cael ei wneud ar Weithio mewn Partneriaeth. Dywedodd C Williams fod Llywodraeth Cymru wedi nodi yr hoffent weld mwy o driongli rhwng agweddau'r gweithlu a chynllunio ariannol a mwy o bwyslais ar rywfaint o'r manylion ynghylch gwella gallu a'r hyn yr oedd y Bwrdd Iechyd yn bwriadu defnyddio'r gallu gwell ar ei gyfer.

Nododd yr aelodau y byddai'r cynllun terfynol yn cael ei gyflwyno i gyfarfod mis Mehefin y Pwyllgor Cynllunio, Perfformiad a Chyllid i'w gymeradwyo a bod holl Aelodau'r Bwrdd wedi cael eu gwahodd i fynychu'r cyfarfod hwn er mwyn cymeradwyo'r cynllun. Byddai'r cynllun terfynol hefyd yn cael ei gyflwyno i'r Bwrdd yn ei gyfarfod ym mis Gorffennaf.

Penderfyniad: NODWYD y diweddariad.

6.3 Sefyllfa Adfer y Gwasanaeth ar ôl Covid - Cyflwyniad

Cyflwynodd G Robinson ddiweddariad i'r Aelodau ar y meysydd allweddol canlynol:

- Gofal heb ei Drefnu a lansio'r rhaglen wella;
- Gofal wedi'i Gynllunio a strwythur y rhaglen a oedd wedi'i roi ar waith, a fyddai'n cael ei fonitro'n wythnosol;
- Canser a'r gwelliant mewn perfformiad o fis i fis a'r cynlluniau gwella a oedd wedi'u rhoi ar waith ar gyfer yr ardaloedd mwyaf heriol, a fyddai'n cael eu holrhain yn wythnosol trwy'r Grwpiau Lleoliad Integredig;

- Iechyd Meddwl a'r cynlluniau a roddwyd ar waith i adfer gwasanaethau yn sgil adleoli staff yn ystod Covid-19;
- Y gwasanaethau Gofal Sylfaenol a'r trawsnewid y byddai ei angen wrth symud ymlaen, gyda gofal sylfaenol yn chwarae rhan annatod yn y Rhaglen Adfer Gofal wedi'i Gynllunio.

Estynnodd y Cadeirydd ei ddiolch i G Robinson am gyflwyno'r diweddariad yn erbyn y maes gwaith pwysig hwn.

Penderfyniad: NODWYD y diweddariad.

6.4 Cofrestr Risg y Sefydliad

Cyflwynodd G Galletly yr adroddiad a dywedodd, yn dilyn sylwadau a dderbyniwyd gan Aelodau'r Bwrdd, fod rhoi gwybod am risgiau wrthi'n cael ei ad-drefnu ac ychwanegodd y byddai llinellau amser adrodd gwell ar waith o fis Mehefin ymlaen. Nododd yr aelodau fod hyfforddiant ymwybyddiaeth risg yn parhau i gael ei gynnal a nodont fod tua 200 aelod o staff wedi ymgymryd â'r hyfforddiant hyd yma, a chafwyd adborth cadarnhaol o'r sesiynau.

Mewn ymateb i gwestiwn a godwyd gan P Roseblade ynghylch risgiau 4253, 3826 a 4606, cytunodd G Robinson i adolygu'r sefyllfa bresennol yn erbyn pob risg a darparu ymateb i P Roseblade y tu allan i'r cyfarfod.

Hefyd, gofynnodd P Roseblade am eglurder ynghylch risgiau 4356, y cytunodd H Daniel i ymateb iddynt y tu allan i'r cyfarfod.

Nododd y Cadeirydd esblygiad parhaus yr adroddiad a'r llinellau amser gwell a fyddai ar waith o fis Mehefin ymlaen.

Penderfyniad: CYMERADWYWYD a NODWYD yr adroddiad.

Cam Gweithredu: Cynnal adolygiad o risg 4253, 3826, 4606 a 4356 ac ymateb i P Roseblade ynghylch y sefyllfa bresennol y tu allan i'r cyfarfod.

8 UNRHYW FATERION ERAILL

Ni nodwyd eitemau.

9 DYDDIAD AC AMSER Y CYFARFOD NESAF

Byddai'r cyfarfod nesaf yn cael ei gynnal am 12:30pm ddydd Mercher 9 Mehefin 2021.

10 DIWEDD Y CYFARFOD

Agenda Item Number: 3.1.2

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Wednesday 9th June 2021 as a Virtual Meeting Broadcast Live via Microsoft Teams

Members Present:	
Marcus Longley	Chair
Paul Mears	Chief Executive
Jayne Sadgrove	Vice Chair
Gareth Robinson	Interim Chief Operating Officer
Hywel Daniel	Executive Director for People
Dilys Jouvenat	Independent Member
Greg Dix	Executive Director of Nursing
Ian Wells	Independent Member
James Hehir	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Patsy Roseblade	Independent Member
Linda Prosser	Executive Director of Strategy & Transformation
Nick Lyons	Executive Medical Director
Steve Webster	Executive Director of Finance
Fiona Jenkins	Executive Director of Therapies & Health Sciences (Interim)

In Attendance:	
Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Christopher Turner	Chair, Emergency Ambulance Services Committee
Stephen Harrhy	Chief Ambulance Services Commissioner
Sian Lewis	Managing Director, Welsh Health Specialised Services Committee
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee
Jacqui Evans	Committee Secretary, Welsh Health Specialised Services Committee
Mark Jones	Audit Wales
Owen James	Head of Corporate Finance
Emma Walters	Corporate Governance Manager (Secretariat)

Agenda Item	
1	PRELIMINARY MATTERS
1.1	Welcome & Introductions

The Chair welcomed everyone to the meeting, including colleagues from the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

1.2 Apologies for Absence

Members noted apologies from Kate Eden, Chair of Welsh Health Specialised Services Committee.

1.3 Declarations of Interest

F Jenkins declared that she was also a Board Member at Cardiff & Vale University Health Board.

2 ANNUAL REPORT 2020-2021

2.1 CTMUHB Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2020-2021

G Galletly presented the report which had received significant scrutiny leading up to and at the Audit & Risk Committee meeting held earlier today.

Members noted that the Board were being asked to approve submission to Welsh Government subject to two minor amendments being made regarding related parties interests which were identified at the Audit & Risk Committee held earlier that day. Members noted that the Annual Report would be presented to the Annual General Meeting on 29 July 2021.

P Roseblade confirmed that both the annual report and annual accounts had received significant scrutiny and added that the Audit & Risk Committee were happy to recommend both reports, subject to some minor amendments, to the Board for approval.

2.1.1 Emergency Ambulance Services Committee (EASC) Annual Governance Statement 2020-2021

S Harrhy presented the report which had been supported by the Emergency Ambulance Services Committee and the Cwm Taf Morgannwg University Health Board Audit & Risk Committee. S Harrhy added that the document had also been reviewed by the Auditors who had no further comments to make.

2.1.2 National Imaging Academy

G Galletly presented the report which again had received significant scrutiny prior to the meeting today. Members welcomed receipt of a governance statement for the first time from the National Imaging Academy. .

2.1.3 Welsh Health Specialised Services Committee (WHSSC) Annual Governance Statement

J Evans presented the report which had been endorsed for Board approval by the Audit & Risk Committee. Members noted that the document had been signed by S Lewis, Managing Director on the 8th June 2021.

2.2.4 WHSSC and EASC Final Accounts 2020-2021

S Davies presented the accounts which had been endorsed for Board approval by the Audit & Risk Committee.

2.3 Audit Wales: Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinions)

M Jones presented the report and advised that Audit Wales intended to issue unqualified audit opinions and added that a full update had been provided to the Audit & Risk Committee held earlier that day.

Members noted that in relation to the Senior Clinicians pensions issue referenced within appendix 3 of the report, the Auditor General would be issuing a substantive report on this issue alongside his letter of representation, which would be applicable to all Health bodies, with the exception of Health Education Improvement Wales.

M Jones extended his thanks to all Health Board, EASC and WHSSC colleagues for the support they had provided over the last few weeks. The Chair also extended his thanks to Audit Wales colleagues for the support they had provided and to Health Board colleagues who had all worked incredibly hard to produce the final document.

Resolution: The Board APPROVED the CTMUHB Annual Report and Accounts for 2020-2021;
The Board APPROVED the Letter of Representation (included in the ISA 260);
The Board NOTED the Governance Statements received by the Health Board's Hosted Organisations.

4 ANY OTHER BUSINESS

No items were identified.

5 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 10.00am on Thursday 29 July 2021.

6 CLOSE OF MEETING

Cofnodion cyfarfod o Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) a gynhaliwyd ddydd Iau 9 Mehefin 2021 Ar-lein ac a darlledwyd yn fyw drwy Microsoft Teams

Aelodau'n bresennol:	
Marcus Longley	Cadeirydd
Paul Mears	Y Prif Weithredwr
Jayne Sadgrove	Is-gadeirydd
Gareth Robinson	Prif Swyddog Gweithredu Dros Dro
Hywel Daniel	Cyfarwyddwr Gweithredol Pobl
Dilys Jouvenat	Aelod Annibynnol
Greg Dix	Cyfarwyddwr Gweithredol Nyrsio
Ian Wells	Aelod Annibynnol
James Hehir	Aelod Annibynnol
Mel Jehu	Aelod Annibynnol
Nicola Milligan	Aelod Annibynnol
Patsy Roseblade	Aelod Annibynnol
Linda Prosser	Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid
Nick Lyons	Cyfarwyddwr Meddygol Gweithredol
Steve Webster	Cyfarwyddwr Gweithredol Cyllid
Fiona Jenkins	Cyfarwyddwr Gweithredol Therapïau a Gwyddorau Iechyd (Dros Dro)

Eraill yn bresennol:	
Georgina Galletly	Cyfarwyddwr Llywodraethiant Corfforaethol
Lee Leyshon	Cyfarwyddwr Cynorthwyol Ymgysylltu a Chyfathrebu
Cally Hamblyn	Cyfarwyddwr Cynorthwyol Llywodraethu a Risg
Christopher Turner	Cadeirydd, y Pwyllgor Gwasanaethau Ambiwlans Brys
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwlans
Sian Lewis	Rheolwr Gyfarwyddwr, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Stuart Davies	Cyfarwyddwr Cyllid, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Jacqui Evans	Ysgrifennydd y Pwyllgor, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Mark Jones	Archwilio Cymru
Owen James	Pennaeth Cyllid Corfforaethol
Emma Walters	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)

Eitem ar yr Agenda	
1	MATERION RHAGARWEINIOL
1.1	Croeso a Chyflwyniadau

Croesawodd y Cadeirydd bawb i'r cyfarfod, gan gynnwys cydweithwyr o Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru a'r Pwyllgor Gwasanaethau Ambiwlans Brys.

1.2 Ymddiheuriadau am Absenoldebau

Nododd Aelodau ymddiheuriadau gan Kate Eden, Cadeirydd Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru.

1.3 Datganiadau o fuddiannau

Datganodd F Jenkins ei bod hefyd yn Aelod o Fwrdd Iechyd Prifysgol Caerdydd a'r Fro.

2 ADRODDIAD BLYNYDDOL 2020-2021

2.1 Adroddiad Blynyddol BIP CTM gan gynnwys yr Adroddiad Atebolrwydd, yr Adroddiad Cydnabyddiaeth a Staff, ac Adroddiad Perfformiad 2020-2021

Cyflwynodd G Galletly yr adroddiad a oedd wedi bod yn destun craffu manwl cyn cyfarfod y Pwyllgor Archwilio a Risg a gynhaliwyd yn gynharach y diwrnod hwnnw.

Nododd yr Aelodau i'r Bwrdd gael cais i gymeradwyo cyflwyno'r adroddiadau i Lywodraeth Cymru ar yr amod y byddai dau fân ddiwygiad yn cael eu gwneud ynghylch buddiannau partïon cysylltiedig, a nodwyd yn y Pwyllgor Archwilio a Risg a gynhaliwyd yn gynharach y diwrnod hwnnw. Nododd yr Aelodau y byddai'r Adroddiad Blynyddol yn cael ei gyflwyno i'r Cyfarfod Cyffredinol Blynyddol ar 29 Gorffennaf 2021.

Cadarnhaodd P Roseblade fod yr adroddiad blynyddol a'r cyfrifon blynyddol wedi cael eu harchwilio'n fanwl, ac ychwanegodd fod y Pwyllgor Archwilio a Risg yn fodlon argymell bod y ddau adroddiad, yn amodol ar wneud ambell fân ddiwygiad, yn cael eu cyflwyno i'r Bwrdd i'w cymeradwyo.

2.1.1 Datganiad Llywodraethu Blynyddol y Pwyllgor Gwasanaethau Ambiwlans Brys (EASC) 2020-2021

Cyflwynodd S Harrhy yr adroddiad a gefnogwyd gan y Pwyllgor Gwasanaethau Ambiwlans Brys a Phwyllgor Archwilio a Risg Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg. Ychwanegodd S Harrhy fod y ddogfen hefyd

wedi cael ei hadolygu gan yr Archwilwyr ac nad oedd gan yr Archwilwyr hyn unrhyw sylwadau pellach i'w gwneud.

2.1.2 Yr Academi Ddelweddu Genedlaethol

Cyflwynodd G Galletly yr adroddiad a oedd unwaith eto yn destun craffu manwl cyn y cyfarfod heddiw. Croesawodd yr Aelodau ddatganiad llywodraethiant cyntaf yr Academi Delweddu Genedlaethol.

2.1.3 Datganiad Llywodraethu Blynyddol Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC)

Cyflwynodd J Evans yr adroddiad a gymeradwywyd ar gyfer cymeradwyaeth y Bwrdd gan y Pwyllgor Archwilio a Risg. Nododd yr Aelodau fod y ddogfen wedi'i llofnodi gan S Lewis, y Rheolwr Gyfarwyddwr ar 8 Mehefin 2021.

2.2.4 Cyfrifon Blynyddol 2020-2021 Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a'r Pwyllgor Gwasanaethau Ambiwlans Brys

Cyflwynodd S Davies y cyfrifon a gymeradwywyd ar gyfer cymeradwyaeth y Bwrdd gan y Pwyllgor Archwilio a Risg.

2.3 Archwilio Cymru: Adroddiad ynghylch yr Archwiliad o'r Datganiadau Ariannol (ISA 260) (gan gynnwys y Llythyr o Gynrychiolaeth a Barn yr Archwiliwr)

Cyflwynodd M Jones yr adroddiad a dywedodd fod Archwilio Cymru yn bwriadu cyhoeddi barn archwilio ddiamod. Ychwanegodd hefyd fod diweddariad llawn wedi'i roi gerbron cyfarfod o'r Pwyllgor Archwilio a Risg a gynhaliwyd yn gynharach y diwrnod hwnnw.

Nododd yr Aelodau y byddai'r Archwilydd Cyffredinol, mewn perthynas â mater pensiynau'r Uwch-glinigwyr y cyfeirir ato yn atodiad 3 i'r adroddiad, yn cyhoeddi adroddiad sylweddol ar y mater hwn ochr yn ochr â'i lythyr cynrychiolaeth, a fyddai'n berthnasol i bob corff Iechyd, ac eithrio Addysg a Gwella Iechyd Cymru.

Rhoddodd M Jones ei ddiolchiadau i holl gydweithwyr y Bwrdd Iechyd ac i'r ddau Bwyllgor fu'n bresennol am eu cefnogaeth dros yr wythnosau diwethaf. Diolchodd y Cadeirydd hefyd i gydweithwyr Archwilio Cymru am eu cymorth ac i gydweithwyr yn y Byrddau Iechyd a oedd i gyd wedi gweithio'n eithriadol o galed i lunio'r ddogfen derfynol.

Penderfyniad:

CYMERADWYODD y Bwrdd Adroddiad Blynyddol a Chyfrifon BIP CTM ar gyfer 2020-2021;

CYMERADWYODD y Bwrdd y Llythyr Cynrychiolaeth (wedi ei gynnwys yn ISA 260);
NODODD y Bwrdd y Datganiadau Llywodraethiant a dderbyniwyd gan Sefydliadau a Letyir y Bwrdd Iechyd.

4 UNRHYW FATERION ERAILL

Ni nodwyd eitemau.

5 DYDDIAD AC AMSER Y CYFARFOD NESAF

Byddai'r cyfarfod nesaf yn cael ei gynnal am 10.00am ddydd Iau 29 Mai 2021.

6 DIWEDD Y CYFARFOD

AGENDA ITEM
3.1.3

CTM BOARD

CHAIR'S REPORT

Date of meeting	29 July 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Director of Corporate Governance
Presented by	Marcus Longley, Health Board Chair/ Independent Member
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
N/A		NOTED

ACRONYMS	
	None

1. SITUATION/BACKGROUND

This report aims to provide an update to the Board on relevant matters in my capacity as Chair of the Health Board. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.

This overarching report highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Health Board Appointments

Chair - Colleagues will be aware that my term of office finishes at the end of September 2021. Welsh Government Public Appointments are leading the process to advertise and recruit a new Chair for the Health Board.

Independent Members - The Indpendent Member (Corporate Business) for the Board is out to advert with a closing date of the 3rd August 2021. I have also received a nomination for the Cardiff University representative Independent Member from the Vice Chancellor. I am delighted with the nomination and have written to the Minister seeking approval to appoint to replace Jayne Sadgrove who held the role until recently being appointed to Vice Chair. I am also awaiting confirmation from the Minister for the appointment of Anna Lewis as Associate Member of the Board since taking the Chair of the Clinical Advisory Group (formerly known as the Health Professionals Forum) as approved at the May Board meeting.

Executive Posts
An update on Executive appointments is included in the Chief Executive's Report to the Board.

2.2 Health Board Meeting

An extraordinary Board meeting was held on the 9 June in public to formally approve the Annual Accounts.

2.3 Board Sessions 17 & 24 June 2021

There were two sessions held in June, the first one was a Strategy Development session where Zayna Khayat, International Speaker gave a presentation on the Future of Healthcare 'Smashing the barriers to Innovation". The second session was a Board Development session where Board Members received training on Infection Prevention & Control.

2.4 His Royal Highness (HRH) Visit to Y Bwythyn

His Royal Highness The Prince of Wales visited Y Bwythyn Macmillan Specialist Palliative Care Unit at the Royal Glamorgan Hospital on the 7 July 2021. The visit was a great success. It was a very fitting occasion to mark the arrival on the RGH site of such an important service.

2.5 Diary Commitments/Meetings attended since the last Board Meeting.

- NHS Reset Chairs /Vice Chairs Meeting
- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1s Director of Governance
- Board Development Session
- Cwm Taf Morgannwg Public Service Board Meeting
- Committee Chairs Meeting
- 1:1s Chief Executive
- Consultant Panel Interviews
- 1:1s Vice Chair
- Remuneration Committee
- Cwm Taf Morgannwg Staff Q&A session
- Cwm Taf Morgannwg Board TI Self Assessment Meeting
- Meeting with CEO Healthcare Inspectorate Wales
- Meeting with Chair and Board Members of Digital Health & Care Wales
- Ministerial Meeting with Chairs
- Stakeholder Reference Panel

Meetings / discussions with Local Politicians

- AM/MP weekly meetings with Chair/CEO

2.6 Programme for Government & Well-being Statement

The Board have received details on the Welsh Government's Programme for Government and the associated Well-being Statement for this Senedd term, setting out the ambitious set of commitments which Welsh Ministers intend to deliver this term. The commitments are being reflected in the ambition of the Health Board in the development of the Organisational Strategy.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 COMMON SEAL

The Board is asked to ratify the use of the Common Seal applied since the last Board meeting;

- Agreement between CTMUHB and Maxime Partnership C5 Business Centre, North Road Bridgend Industrial Estate, Bridgend CF31 3TP - proposed alternations/works to form NIU cubicle and lobby at emergency Department PoW Coity Road Bridgend CF31 1RA.
- Agreement between CTMUHB Lorne Stewart Plc or Stewart House, 420 Kenton Road, Harrow, Middlesex HA3 9TU and Protect Fire Detection and John Weaver and Western Power Distribution and Power Electrics Generators - Trust Deed – Project Bank Account. To carry out building works : Phase 2 of the Electrical Infrastructure upgrades as described in the main contract documentation at RGH, Ynysmaerdy, Pontyclun.
- Agreement between Cwm Taf Morgannwg University Health Board and Lorne Stewart PLC - Standing Building Contract Without Quantities 2016 for Royal Glamorgan Hospital Electrical Infrastructure project.
- Tenant Warranty Agreement for sub-contractor in respect of Mountain Ash Surgery between Cardiff Lift Company Limited of CLC House, Dyfrig Road, Cardiff CF5 5AD and Cwm Taf Morgannwg UHB.

This requires endorsement by the Board as set out in the recommendations of this report.

3.6 CHAIR'S URGENT ACTION

There are no chair's urgent actions to note during this report period.

5 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes but within a Governance Framework.
Equality impact assessment completed	Not required
	No specific impact identified.
Legal implications / impact	Yes (Include further detail below)
	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

6 RECOMMENDATION

Members of the Board are asked to:

- NOTE the report.
- ENDORSE the Affixing of the Common Seal to the above listed documents.

AGENDA ITEM
3.1.4

CTM BOARD

PROPOSAL FOR HEALTH BOARD COMMITMENT TO CHILDREN'S RIGHTS

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Joanna North, Head of Strategic Planning and Commissioning
Presented by	Linda Prosser, Executive Director of Strategy and Transformation Greg Padmore-Dix, Executive Director of Nursing, Midwifery and Patient Care
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Management Board	16/06/2021	ENDORSED FOR APPROVAL
Partnerships and Population Health Committee	07/07/2021	ENDORSED FOR APPROVAL

ACRONYMS	
UNCRC	United Nations Convention for the Rights of the Child

SITUATION/BACKGROUND

1.1 Children's rights are enshrined in international law through the UNCRC, which was ratified by the UK in 1991.[1] The 54 Articles list the rights that children have to be safe, have a say in the decisions that affect them and to reach their full potential. In 2011 Wales became the first country in the UK to incorporate the UNCRC into domestic law through the Rights of Children and Young Persons (Wales) Measure.[2]

1.2 The Children's Commissioner for Wales has published a framework to help public bodies fulfil their statutory duty to integrate children's rights into decision-making, policy and practice. The Right Way: A Children's Rights Approach in Wales provides a model for public bodies to follow, with five principles[3] that can be put into practice.

1.3 Other NHS Wales organisations have undertaken a considerable amount of work to deliver their own version of a Children's Rights approach. Aneurin Bevan UHB were the first Health Board to adopt Welsh Government's Children and Young People's Participation Standards[4] and were awarded the National Children's Participation Kitemark by the First Minister. The former Abertawe Bro Morgannwg UHB were the first Health Board to publish a Children's Rights Charter, with Cardiff & Vale UHB following in 2018. These organisations have also established Youth Boards in a variety of formats.

1.4 CTM UHB began a programme of work in 2019 to embed a Children's Rights approach within the Health Board. As part of this, an engagement event was held with young people across the Health Board in February 2020 where feedback was obtained on how Health Board services currently deliver against the articles in the UNCRC. This was shared with Management Board in February 2020.

1.5 The impact of COVID and changes in staff roles meant that further work stalled until early 2021.

1.6 A small team convened in January 2021 to revive this work. In April 2021 the Executive Directors of Nursing, Midwifery and Patient Care and Planning and Performance gave a mandate for the programme of work to be revisited under the Children and Young People System Group governance structure, as well as seeking support from Independent Members. This approach was made and on the 18th May 2021 a presentation to the former and current Vice Chair was delivered, outlining the background to Children's Rights, the achievements to date, progress by other Health Boards and our request for their support at the highest level of the organisation.

[1] https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&clang=_en
[2] https://www.legislation.gov.uk/mwa/2011/2/contents
[3] https://www.childcomwales.org.uk/resources/childrens-rights-approach/right-way-childrens-rights-approach-wales/
[4] https://gov.wales/sites/default/files/publications/2018-02/Bilingual-Participation-Standards-poster2016.pdf

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 To successfully embed the Children's Rights programme within the Health Board and change culture, a public commitment to a Children's Rights Approach, meaning that "*organisations will prioritise children's rights in their work with children and families to improve children's lives*"[5] is essential. The advice from the Vice Chairs was that this needed Executive support prior to submission to a public board meeting of the Health Board.

2.2 A refreshed strategy has been drafted, with objectives to support the five principles introduced in section 1.2 of this paper. A visual representation of this strategy can be seen below:

Our Purpose	We want to change culture in Cwm Taf Morganwwg by placing Children's Rights at the core of everything we do		
Our Vision	Our Principles	Our Objectives	Our Outcomes
To enable children and young people to be meaningfully supported to influence health agendas that will shape and improve their lives and those of their communities	Embedding Children's Rights	Formal adoption of our Children's Charter by the Health Board	Our Children's Charter will be the starting point for all significant policy change in the Health Board
	Participation	Utilise the National Participation Standards	We will have a mechanism to measure our commitment to Children's Rights
	Empowering Children	Re-establish our links with local Youth Forums	Our policies will be informed by the people that they are designed to work for
	Equality and Non-discrimination	Develop a programme of impact assessments	We will become more aware of barriers impeding access to our services and can work to redress this
	Accountability	Invite young people to appraise our performance	We will be directly accountable to our children and young people

2.3 We are already progressing the outcomes listed in the visualisation of the strategy above, with the drafting of a Children's Charter for the Health Board being the first deliverable.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Health Board is lagging behind other Health Boards in our progress and public acknowledgment of Children's Rights. There is a risk to our reputation if we do not approach this matter at a strategic,

[5] The Right Way, Children's Commissioner for Wales, March 2017

whole Health Board level and have progress to report to the Children's Commissioner for Wales in the autumn.

3.2 In addition, as a public body, we have a statutory obligation to contribute to the realisation of Children's Rights, therefore there is a potential risk that the Health Board may be in breach of this obligation if we do not demonstrate our commitment and progress in this area.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Direct impact on the quality agenda
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staying Healthy Individual Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required at this stage
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 CTM Board is asked to APPROVE a commitment to a Children's Rights Approach.

AGENDA ITEM
3.1.5

CTM BOARD

BOARD COMMITTEE ANNUAL REPORTS

Date of meeting	29 July 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Wendy Penrhyn-Jones, Head of Corporate Administration & Board Business
Presented by	Georgina Galletly, Director of Corporate Governance / Board Secretary
Approving Executive Sponsor	Director of Corporate Governance / Board Secretary
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Mental Health Act Monitoring Committee	5th May 2021	ENDORSED FOR APPROVAL
Planning, Performance & Finance Committee	22nd June 2021	ENDORSED FOR APPROVAL
Remuneration Committee	24th June 2021	ENDORSED FOR APPROVAL
Population Health & Partnerships Committee	7th July 2021	ENDORSED FOR APPROVAL
Digital & Data Committee	12th July 2021	ENDORSED FOR APPROVAL
People & Culture Committee	14th July 2021	ENDORSED FOR APPROVAL

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 In line with Standing Order requirements each Board Committee is required to submit to the Board on an annual basis a report setting out its activities together with a review of its performance and any associated improvements being put into place as a result.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 A number of the Board Committees have considered these reports at their recent meetings; namely the Mental Health Act Monitoring Committee, Planning, Performance & Finance Committee, Remuneration Committee, the Population Health & Partnerships Committee; the Digital & Data Committee and the People & Culture Committee.

1.3 Each of the respective Committee Annual Reports relate to the period April 2020 – March 2021 and are attached for Board approval. Also appended, are the corresponding improvement plans that will be taken forward by the respective Executive Leads during 2021/22.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Details of the issues considered and the feedback received from the Annual Self-Assessment Survey undertaken by the respective Board Committees are set out in the appendices. There are no key risks for escalation to the Board.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	This is an annual report – it is not a policy.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 The Board is asked to APPROVE the following Board Committee Annual Reports for the period 2020/2021:

- Mental Health Act Monitoring Committee
- Planning, Performance & Finance Committee
- Remuneration Committee
- Population Health & Partnerships Committee
- Digital & Data Committee
- People & Culture Committee.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Appendix 1

Mental Health Act (MHA) Monitoring Committee

Annual Report 2020-2021

MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE ANNUAL REPORT 2020-21

1. FOREWORD

I am pleased to present the draft Annual Report of the Mental Health Act Monitoring Committee. The purpose of this report is to formally report on the work of the Committee for the year ending 31 March 2021 in accordance with the Committee's Terms of Reference.

I would like to express my thanks to all the officers of the Health Board, Local Authorities and South Wales Police who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines.

2020-2021 has been very challenging during the ongoing Covid-19 pandemic with the Health Board having to move to different ways of working. I would like to extend my thanks to the Mental Health team for adapting so quickly to new processes such as the implementation of electronic documentation and using Microsoft Teams to facilitate hearings and enable the Health Board to meet the requirements of the MHA and Code of Practice.

The Committee has continued to foster and promote a culture of working in partnership for ongoing improvement. As Chair, I have ensured that the work of the Committee progresses in line with its Terms of Reference and also ensured that crossover work is seamless with the Together for Mental Health Partnership Board which I also chair.

Due to my pending retirement, a new Chair of the Committee has been elected and I am pleased to advise that the new Chair will be Jayne Sadgrove and would like to wish her every success for the future.

Maria K Thomas
Chair, Mental Health Act Monitoring Committee/ Vice Chair, CTMUHB.

2. INTRODUCTION

The MHA Monitoring Committee is chaired by the Vice Chair of the Health Board and monitors the Health Board's compliance with the statutory requirements of the MHA. The work of this Committee, including its Terms of Reference, has been reviewed and refreshed during the year being reported (2020/21). The Committee has continued to evolve with changes to report format and agenda content during the year.

The papers for the meeting are routinely published on the organisation's website

The Committee meets on a quarterly basis and following each meeting produces a highlight report which is then submitted to the next Board meeting to highlight key issues and risks. Broader mental health issues are discussed and taken forward via other established fora such as the Together for Mental Health Partnership Board (which is chaired also by the Vice Chair of the Health Board).

The purpose of the MHA Monitoring Committee is to ensure that all the requirements of the MHA 1983 (as amended) are met by the Health Board.

The Committee considers:

- how the delegated functions under the MHA are being exercised (for example using the Annual Audit) and in line with the 'Code of Practice' requirements
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- the operation of the 1983 Act within the Cwm Taf Morgannwg area
- issues arising from the operation of the hospital managers' power of discharge
- suitable mechanisms for reviewing multi agency protocols / policies relating to the 1983 Act
- trends and patterns of use of the MHA 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

3. MEMBERSHIP

The membership of the MHA Monitoring Committee comprises both Independent and an Executive Director Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership during 2020-21 was as follows:

- Maria K Thomas, Vice Chair of the Health Board (Chair of the Committee)
- Mel Jehu, Independent Member
- James Hehir, Independent Member
- Phillip White, Independent Member

During 2020/21 the Executive Director Committee Member was Alan Lawrie, Executive Director of Operations (until December 2020). Alan Lawrie delegated his representation to Julie Denley, Director of Primary, Community and Mental Health also attended meetings.

Gareth Robinson, Interim Chief Operating Officer replaced Alan Lawrie from January 2021 (although due to Covid-19 it was necessary to cancel the meeting due to have taken place in February 2021)

4. MEETINGS

Due to the Coronavirus Pandemic of 2020/21 a number meetings of Board Committees were paused, initially in the Spring of 2020 and then again just before the end of the financial year. The MHA Monitoring Committee therefore met on three occasions during 2020/21 and as a consequence its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The three dates on which it met during 2020/21 were as follows:

- 21 August 2020
- 4 November 2020
- 10 December 2020

Mental Health Act Monitoring Attendance 2020-2021		21 Aug 2020	4 Nov 2020	10 Dec 2020	Total
Maria Thomas (Chair)	Vice Chair, Independent Member	√	√	√	3 / 3
Mel Jehu	Independent Member	√	√	√	3 / 3
James Hehir	Independent Member	√	√	√	3 / 3
Phillip White	Independent Member	√	√	√	3 / 3
Alan Lawrie	Director of Primary, Community & Mental Health (until December 2020)	X	X	X	0 / 3
Julie Denley	Director of Primary, Community & Mental Health Services	√	√	√	3 / 3
Gareth Robinson	Interim Chief Operating Officer (from January 2021)				-
Kishore Kale	Clinical Director	X	√	X	1 / 3
Phil Lewis	Head of Nursing (Acute Mental Health)	√	√	√	3 / 3
Sam Shore	Senior Nurse	X			1 / 1
Robert Goodwin	Service Group Manager, Mental Health		√	√	2 / 2
Fiona Thomas	Localities Manager Mental Health	√	√	√	3 / 3
Jeremy Burgwyn	Head Administrator, Mental Health Team	√	√		2 / 2
Peter Thomas	South Wales Police Advisor for Mental Health	√	√		2 / 2
Colin Hatherley	South Wales Police Mental Health Officer	X	X		0 / 2
Karen Thomas	Superintendent, South Wales Police	X	√		2 / 1
Alyson Jones	Representative Merthyr Tydfil County Borough Council	X			0 / 1
Angela Edavene	Representative Merthyr Tydfil County Borough Council		√		1 / 1
Frances Hall	Representative Rhondda Cynon Taff CBC	X	√		1 / 1
Alex Beckham	Representative Rhondda Cynon Taff CBC	√	X		1 / 1

Mental Health Act Monitoring Attendance 2020-2021		21 Aug 2020	4 Nov 2020	10 Dec 2020	Total
Jackie Davies	Representative Bridgend CBC	X	√		1 / 1
Julie Cude	Head of Nursing CAMHS	√			1 / 1
Ceri William-Price	Consultant, CAMHS		X	X	0 / 2
Gregory Lloyd	Welsh Ambulance Services Trust	X	√		1 / 2
Wendy Penrhyn-Jones	Head of Corporate Administration	√	√	√	3 / 3

All of the above meetings were quorate.

The Committee's Terms of Reference were reviewed and approved by the Board in July 2020. A minor further amendment requested by the MHA Monitoring Committee in August 2020 and the terms of reference were reapproved by the Board September 2020. The Terms of Reference can be accessed via the Health Board's website.

5. MAIN AREAS OF MHAM COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in five main parts:

- Part 1 - Preliminary Matters
- Part 2 - Items for Approval/Discussion
- Part 3 - Governance, Performance and Assurance
- Part 4 - For Information / Other Matters.

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB. This includes the action log which captures all areas for attention following the meeting.

Part 2 - Items for Approval / Discussion

This section has included receiving the:

- Committee Annual Report 2019/2020 and self-assessment questionnaire
- Results of the Committee Self-Assessment
- Self-Assessment Action Plan

Part 3 - Governance, Performance and Assurance

This section has included reports throughout the year which included:

- Mental Health Act – Quarterly Activity Statistical Report
- Report from Mental Health Operational Group
- Strategic update from South Wales Police (Section 13,15 & 136) - including mental health staff in police control centre
- Mental Health Act Breaches Relating to the Mental Health Act
- Risks related to the Monitoring of the Mental Health Act
- Crisis Care Concordat
- South Wales Police Mental Health APP
- Impact of Covid-19 on Patients in relation to the Mental Health Act
- Conclusions from the Section 136 Audit

Part 4 - For Information / Other Matters

There were no items shared with the Committee for information sharing purposes.

The 'Forward Look' plan for the Committee was reviewed at each meeting to ensure its content remained appropriately focused.

The Committee Highlight Report is produced following each meeting and subsequently presented to the next available Board meeting.

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

In order to monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation. The Terms of Reference for the Committee provide a robust commitment to monitor the application of the MHA.

8. ASSURANCE TO THE BOARD

Like many service areas mental health services were impacted by the pandemic and Welsh Government made provision for how the Mental Health Act could be applied and administered should the pandemic have warranted

this. The committee was updated as regards these provisions which did not prove necessary and it was assured that patients' needs were met and full compliance with legislation maintained.

The Committee continued to receive updates regarding ongoing audit work and changes put into place to improve the application of the MHA and work to integrate approaches and policies in relation to the Act have again continued in year.

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2020-2021, there are effective measures in place to scrutinise and monitor the application of the MHA.

Appendix 1

Planning, Performance & Finance (PPF) Committee

Annual Report 2020/21

PLANNING, PERFORMANCE & FINANCE (PPF) COMMITTEE ANNUAL REPORT 2020/21

1. FOREWORD

I am pleased to present the Annual Report of the Cwm Taf Morgannwg UHB Planning, Performance & Finance (PPF) Committee for 2020-2021. The purpose of this report is to formally report on the work of the PPF Committee for the year ending 31 March 2021 in accordance with the Committee's Terms of Reference.

During the year my fellow Independent Members - Paul Griffiths, Ian Wells, Nicola Milligan and Philip White once again offered considerable knowledge and wide-ranging experience to the Committee. We were delighted to welcome our newest Committee Member, Patsy Roseblade in 2021, who has added to the range of expertise available via this Board Committee. Patsy has replaced Paul Griffiths as the Independent Member due to his recent retirement and I would like to extend my thanks to Paul for the valuable and extensive contribution he has made to the Committee during his period of membership.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members.

2020-2021 has been very challenging during the ongoing Covid-19 pandemic with the standing down of some Committee meetings during this period and having to move to different ways of working virtually via Microsoft Teams and moving to consent agendas.

During July 2020, the Board approved changes to the Committee structures and remits. The Committee has now been renamed the Planning, Performance and Finance Committee with the Workforce element now being considered at the new People & Culture Committee.

During 2020/21 given the level of escalation having increased from 'Enhanced Monitoring' to 'Targeted Intervention' (as well as 'Special Measures' for the former Cwm Taf's Maternity Services) the Committee has continued to robustly scrutinise and challenge to ensure it continues

to provide the necessary assurances required by the Board around service performance in line with its remit.

In February 2021 the Committee extended a wider invitation to all Members of the Board who joined the meeting to ensure that there was a robust discussion and scrutiny of the Integrated Medium Term Plan and Annual Plan priorities responding to the continuing escalation status and the immediate recovery and resetting agenda, prior to its submission to Welsh Government at the end of March 2021.

The Annual Committee Cycle of Business was approved by the Committee at the meeting held in February 2021, which outlined the forward planning for the work of the Committee for 2021-2022.

I continue to advocate the promotion of a culture of continual improvement, and as usual look forward to the learning that will come from the self-assessment which is undertaken each year to reflect on the Committee's effectiveness.

Mel Jehu
Chair
Planning, Performance and Finance Committee

2. INTRODUCTION

The key function of the Planning, Performance & Finance Committee (PPF) is to provide scrutiny on behalf of the Board on all matters relating to Planning, Performance and Finance. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

As of July 2020 and due to the revised structures and remit of the Board Sub Committees, the newly formed Planning, Performance and Finance Committee was established with the Workforce element now being reviewed and considered at the People and Culture Committee.

The Committee meets on a bi-monthly basis following the Management Board where the initial management debate / scrutiny / action is taken. The Committee Chair presents exceptional issues to the Integrated Governance Committee (IGC). There is also the opportunity to refer key risks back to the Management Board or through reports from Committee Chair at full Health Board meetings.

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board website. The Committee aims to meet up to six times per annum to scrutinise the Health Board's planning, performance and financial management aligned to its Integrated Medium Term Plan commitments.

Key areas of activity for the Committee during 2020-2021 are outlined below:

- Active involvement in the development and approach to the 2021-2022 Integrated Medium Term Plan and Annual Plan.
- Routinely reviewed and scrutinised the Health Board's integrated performance dashboard.
- Reviewed and scrutinized the response and associated decisions made by the Covid-19 Gold, Silver and Bronze Command meetings of CTMUHB.
- Routinely, reviewed and scrutinised financial performance, such as the development of savings plans, budget setting, delivery of agreed savings plans including efficiency savings and the Monthly Monitoring Returns to Welsh Government.
- Reviewed and scrutinised a report on the establishment of a non Covid-19 Essential Services Cell.
- Reviewed and scrutinised a report on the early opening of the Grange University Hospital.

- Reviewed and scrutinised a report on the NHS Wales Covid-19 Operating Framework for Re-Setting of CTM Services.
- Reviewed assigned organisational risks.

Interim Changes to our Board and Committee Framework due to Covid-19

Over the spring period of 2020 the frequency of Board meetings was increased to ensure any business critical matters were received. The reduction in Board Committee meetings initially applied to all of the Board Committees with the exception of the Audit and Risk Committee and Quality and Safety Committee, as these were felt to have a critical role in scrutinising decisions to ensure actions relating to the pandemic were quality and risk assessed. However the Planning, Performance and Finance Committee resumed its meetings initially in May 2020, to review financial decisions relating to CTMUHB's response to Covid-19.

Over the summer and autumn period of 2020, the remainder of the Board Committees began to meet again as levels of Covid-19 decreased. In response to a Covid-19 infection rate surge in December 2020, a decision was taken to once again stand down the majority of the Board's Committees during January and February 2021. As previously, the Audit and Risk and Quality and Safety Committee continued to meet during that period and there was also a meeting of the Planning Performance and Finance Committee in February 2021 to consider business critical matters that related to finance and the development of the CTMUHB Integrated IMTP.

The stood-down Committees were reinstated from the 1st March 2021.

3. MEMBERSHIP

Only the Independent Members are formal members of the Committee, however, they are joined at the meeting by Executive Directors and other Senior Officers as appropriate. Other Independent Members from other Health Boards, representatives from Internal Audit, Audit Wales and Welsh Government have also attended the meetings on occasions.

The role of the Independent Member of the Committee is to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes. The tables below outline the membership of the PPF Committee during 2020/21:

Table 1 – Composition of Independent Members

Independent Member
Mel Jehu (Chair)

Paul Griffiths (Until December 2020)
Ian Wells
Nicola Milligan
Philip White
Patsy Roseblade (From 1st March 2021)

3.1 MEETING ATTENDANCE

The Planning, Performance & Finance Committee met on five occasions during 2020/21:

Name:	19/5/20	21/7/20	20/10/20	21/12/20	25/02/2021
Core Membership					
Mel Jehu	√	√	√	√	√
Paul Griffiths			√	√	
Ian Wells	√	√	√	√	X
Nicola Milligan	√	√	√	√	√
Philip White	√	V	√	X	X
Patsy Roseblade					X Observing prior to commencement on the 1st March 2021
In Attendance Only					
Marcus Longley	√				√
Maria Thomas	√				√
Dilys Jouvenat	√				√
James Hehir	√				√
Jayne Sadgrove					√
Alan Lawrie	√	X	X	X	
Gareth Robinson					√
Clare Williams	√	√	√	√	√
Georgina Galletly	√	√	√	√	√

Steve Webster	√	X	√	√	√
Mark Thomas		√			
Ruth Treharne	√				
Emma Samways	√		√	√	√
Paul Dalton		√			
Mark Jones	√				
Sara Utley	√	√	√	√	√
Cally Hamblyn	√	√	√		

4. MAIN AREAS OF FINANCE PERFORMANCE & WORKFORCE COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down generally into six main parts:

- Preliminary Matters
- Planning
- Performance Dashboards
- Finance report
- Items for exception reporting, information or update
- Forward Work Programme, Highlight Report and items to be referred to other Committees

PART 1

Preliminary Matters

This section provides the apologies for absence, welcome and introduction, declarations of interest, previous meeting minutes, matters arising and the action log.

PART 2 – MAIN AGENDA

Planning

This section of the meeting reviews and monitors the process for the development of the Integrated Medium Term Plan (IMTP), scrutinises strategic

or major service plans, monitors and scrutinise the efficient prioritisation of capital schemes, capital plans, capital programmes and business cases.

Performance

This section of the meeting reviews the Integrated Performance Dashboard, which covers all Tier 1 targets set by the Welsh Government as well as critical, local targets.

The dashboard accompanied by a covering report highlights key performance areas which include those:

- under formal escalation with Welsh Government,
- where a cause for concern to the Committee has been raised due to fluctuations in performance levels being attained,
- demonstrating considerable improvements in performance.

The Dashboard is reviewed for changes from the previous month, trends throughout the year and determines the areas that will be discussed in more detail. The report highlights areas that will be brought forward onto the 'Forward Look', which is generally determined by those areas that have shown deterioration over two consecutive months. The Director of Planning and Performance or a suitably nominated deputy presents the Integrated Performance Dashboard. Key areas for further detailed discussion are then produced for exception reporting or are requested as part of a 'deep dive' financial presentation or for clinical efficiency review and discussion. Comparative information is also presented and discussed on a quarterly basis.

As of June 2020 the Workforce Dashboard is being scrutinised by the newly formed People and Culture Committee, in line with the revised changes to Sub Committees of the Board.

Finance

This section of the meeting monitors risk to financial delivery including mitigating actions to manage risk. Monitors the delivery of financial plans and savings programmes. Monitors activity and productivity including operational efficiency and effectiveness.

Items for exception reporting, information or update

Throughout the year, various high profile issues have been presented to the Finance, Performance & Workforce Committee by way of exception. These include reports produced by Wales Audit Office on an all-Wales basis.

Other reports included:

- Covid-19 Response and Associated Decisions
- NHS Wales Operating Framework and Non Covid Essential Services Cell

- Re-setting CTM Operating Framework
- Organisational Risk Register
- Update on Balance Sheet Reporting
- Early Opening of the Grange University Hospital

Forward Work Programme and items to be referred to other Committees

Items for Information/Update

Items that have previously been presented may be placed on a future agenda for a written update or further information. These are received at this point by the Committee. In addition, papers of interest to members may be included in this section.

Forward Look

The 'Forward Look' plan for the Committee is reviewed at each meeting to ensure that it is still targeted at the appropriate risk areas. Issues raised during the Health Board's monthly meetings with Welsh Government's "Quality and Delivery Group" are presented as required.

Links with Other Committees/Boards

The Directors on the Committee provide this linkage to the Executive Board. Key risk areas from the Planning, Performance & Finance Committee were highlighted at Integrated Governance and/or full Board meetings by the Committee Chair.

Key elements, including any patient specific risks, were also taken into account at the Quality and Safety Committee; an important link is made by the Chair of the Quality and Safety Committee and lead directors as appropriate.

The Committee Chair is able to refer items to other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

During this period the following referrals were made:

- Performance Dashboard – Return to Work Compliance – Referred to People and Culture Committee.

5. ACTION LOG AND REPORTS TO BOARD

In order to monitor progress and any necessary follow up action, the Committee has developed an action log that captures all agreed actions. This has provided an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Health Board. Following each meeting of the Committee a summary report is submitted to the next Board meeting to update all Board Members as to any decisions made, referrals to other committees or particular concerns the Committee had. These are available via our website.

6. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation and intends to develop its function still further in the forthcoming year.

The Terms of Reference for the Committee provide a robust commitment to monitor performance, workforce and finance via the following methodologies:

- a formal escalation protocol, which allows the Committee to deal with concerns in relation to key areas of performance, ultimately bringing a matter to the attention of the UHB Board if necessary;
- the presentation of the most recent data (even where this is an un-validated position) to allow the organisation's performance to be benchmarked where necessary;
- scrutiny of efficiency measures and targets on a quarterly basis.

It is important to note at the time of writing this report terms of reference have been developed to support the Planning, Performance & Finance Committee.

7. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via Survey Monkey. This year's self-assessment will be completed in June 2021 and the outcome will be received at the August 2021 meeting.

8. CONCLUSION AND ASSURANCE TO THE BOARD

The Planning, Performance & Finance Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2020/21 there are effective measures in place both to ensure the delivery of the key financial, planning and performance targets and to effectively scrutinise and

monitor this important area. There are no outstanding issues that the Committee wishes to bring to the attention of the Board.

In terms of its financial responsibilities, The Organisation reported a draft surplus of £0.1m in 20/21 and has achieved the financial duty to break even against its Revenue Resource Limit over the 3 year period 2018/19 to 2020/21 with a cumulative surplus of £1.0m.

During 2020/21, the Health Board received £101.7m of Welsh Government Revenue funding and £11.1m of capital funding to deal with the impact of Covid-19. Total revenue funding of £128.6m was made available to the Health Board but £26.9m was forecast as unable to be utilised, largely due to workforce availability constraints, and was therefore returned to the Welsh Government.

The Health Board's recurrent deficit position has increased over the planned level during 2020/21 and, as at 31 March 2021, this is now estimated at £33.9m. This deterioration is mainly due to shortfalls in savings delivery due to focus on the response to Covid-19.

To support the Health Board's response to the Covid-19 Pandemic where non-essential work was necessarily reduced in order to free capacity and allow staff to focus on the emergency response to COVID-19, a Planned Care Recovery Programme has been developed to restart elective services. An Elective Care Recovery Programme Board has been established to deliver the recovery plan, meeting weekly to agree detailed activities and monitor delivery.

In terms of the Integrated Medium Term (Annual) Plan (IMTP), the Health Board submitted its draft Annual Plan to Welsh Government at the end of March 2021. Welsh Government has recognised the ambition within the plan and the work currently being undertaken on partnership working. Further work is planned on greater triangulation between workforce and financial planning aspects and more emphasis on some of the detail regarding improving capacity and how this would be utilized prior to submitting the final plan to Welsh Government at the end of June 2021.

Remuneration & Terms of Service Committee

Annual Report (April 2020 – March 2021)

FOREWORD

I am pleased to present the 2020/2021 Annual Report of the CTMUHB Remuneration and Terms of Service Committee which outlines the activity for the period April 2020 – March 2021.

Marcus Longley, Committee Chair / CTM Health Board Chair

Remuneration and Terms of Services Committee Annual Report 2020-2021

1. Introduction

1.1 This report summarises the key areas of business activity undertaken by the Committee between 1st April 2020 and 31st March 2021 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

1.2 A Committee Annual 'Business Cycle' which has been approved by the Committee will act as a key component in ensuring that the Committee effectively carries out its role.

1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework.

2. Role and Responsibilities

2.1 The primary purpose of the committees is to:

- Provide advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government
- Seek assurance on behalf of the Board in relation to the CTMUHB's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales

The Committee also receives reports relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers (VSMs) of hosted bodies, e.g. Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the meeting agenda for each meeting.

3.2 Due to the Coronavirus Pandemic, it was necessary to hold these Board Committee meetings virtually due to lockdown restrictions and the need to observe social distancing.

3.3 The secretariat for the meeting is provided through the Director of Corporate Governance/ Board Secretary.

3.4 The agenda and corresponding reports are disseminated to Committee members in advance of each meeting. Where appropriate, reports are accompanied by a coversheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 Minor amendments were made to the Terms of Reference and Operating arrangements during 2020 which were submitted to the Board for approval in November 2020. The current Terms of Reference are available via the Health Board's website.

4.2 A Committee Cycle of Business was developed towards the end of the 2020/21 and was considered by the Committee and was approved by the Committee at its meeting on 4th March 2021.

4.3 The agendas for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 Whilst some changes were made the majority of Independent Members (IMs) were assigned as Committee Members for the period being reported, a proposal was made in the autumn of 2020 that all IMs should be Committee Members going forward. This change was approved by the Board at its meeting in November 2020.

5.2 During the year the Committee met on ten occasions with member attendance as follows:

Name	Level of Attendance at relevant meetings*
Marcus Longley	10 out of 10
Maria Thomas	10 out of 10
Paul Griffiths	5 out of 5
Dilys Jouvenat	9 out of 10
Mel Jehu	7 out of 8
Ian Wells	7 out of 10
Nicola Milligan	7 out of 8
Jayne Sadgrove	7 out of 8
Phillip White	4 out of 10
James Hehir	9 out of 10
Keiron Montague	7 out of 10

Patsy Roseblade	2 out of 2

* the number of meetings held reflects the membership period relevant to the IM.

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 During the year the Committee received and considered reports relating to the recruitment, remuneration and appointment arrangements for members of the Executive Team and other individuals along with applications for the Voluntary Early Release Scheme. The Committee also received an update on a matter relating to payments made to locum consultants and discussed changes that were being implemented for recruitment to medical staff posts.

6.2 The Committee has reviewed its terms of reference to clarify aspects of its remit and membership arrangements which were subsequently approved by the Board in November 2020.

7. Committee Effectiveness & Performance

7.1 A committee effectiveness questionnaire was issued prior to the completion of this Annual Report which is due for consideration under a separate agenda item at the June 2021 meeting of the Remuneration Committee.

8. Reporting the Committee's Work

8.1 The Committee Chair reports to Board the key issues discussed at each of its meetings by way of a 'Highlight Report'.

9. Conclusion and way forward

9.1 The Committee is grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed.

9.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice. This will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Appendix 1

Population Health & Partnerships Committee

Annual Report 2020-2021

POPULATION HEALTH & PARTNERSHIPS COMMITTEE ANNUAL REPORT 2020-21

1. FOREWORD

As Chair of the Population Health & Partnerships Committee, I am pleased to commend this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year ending 2020-2021.

2020-2021 has been very challenging during the ongoing Covid-19 pandemic with the Committee having several meetings cancelled during this period and having to move to different ways of working virtually via Microsoft Teams and moving to consent agendas.

Independent Members continue to offer the benefit of their considerable knowledge and wide-ranging experience to aid the important role played by this Committee and I would like to take this opportunity to express my thanks and gratitude to Maria Thomas, Vice Chair and former Chair of this Committee who has recently retired, for her outstanding contribution and commitment to the work of the Committee over many years.

In 2020 the Committee revised its name and membership to become the Population Health & Partnerships Committee and to focus on the role played by the Committee in terms of population health across primary, community and secondary care and an increased importance of working in partnership, which has been reflected in the revised terms of reference.

I would like to welcome our new members on the Committee as of April 2021 – Gareth Robinson, Chief Operating Officer (interim), Sharon Richards, Associate Board Member and Chair of the Healthcare Professional Forum, Chris Davies, Chair of the Regional Partnership Board and Rowena Myles, Chair of the Cwm Taf Morgannwg Community Health Council.

Philip White
Chair, Population Health & Partnerships Committee

2. INTRODUCTION

The Committee was constituted in 2014, initially to support the development of a Strategy for Primary Care. The key function of the Committee which meets quarterly has been to act as the main driver for the oversight and scrutiny of all issues relating to Population Health across primary, community and secondary care. The Committee also has a role in receiving reports on the Transformation Fund.

The papers for the meeting are routinely published on the organisation's Website.

Following each meeting of the Committee, a Board Highlight report is prepared setting out the key matters considered, issues for assurance as well as any risks or topics that need to be escalated for Board consideration.

2020-2021 has seen much work in considering the role of the Committee in terms of population health across primary, community and secondary care and the increased importance of robust partnership working arrangements. The change in focus has been reflected in the revised terms of reference that were approved by the Board on 25 March 2021.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

3. MEMBERSHIP

The membership of the Committee comprises both Independent and an Executive Director Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership during 2020-21 was as follows:

- Philip White, (Chair of the Committee)
- Keiron Montague (Vice Chair of the Committee)
- Maria Thomas, Independent Member
- Ian Wells, Independent Member

During 2020/21 the Executive Director Committee Member was Alan Lawrie, Executive Director of Operations (until December 2020). Alan Lawrie delegated his representation to Julie Denley, Director of Primary, Community and Mental Health.

4. MEETINGS

Due to the Coronavirus Pandemic of 2020/21 a number meetings of Board Committees were paused, initially in the Spring of 2020 and then again just before the end of the financial year. The Committee therefore met on one occasion during 2020/21 – 23 November 2020, and as a consequence its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The meetings scheduled for 2020/21 that were cancelled were as follows:

- 9 June 2020
- 2 September 2020
- 7 October 2020
- 25 January 2021

Name:	23 November 2020
Philip White	√
Keiron Montague	√
Maria Thomas	√
Ian Wells	√
In Attendance Only	
Alan Lawrie	√
Kelechi Nnoaham	√
Clare Williams	√
Julie Denley	√
Anthony Gibson	√
Kevin Thomas	√
Kimberley Cann	√
Suzanne Scott-Thomas	√
Jayne Howard	√
Marcus Longley	√
Georgina Galletly	√
Wendy Penrhyn-Jones	√
Kathrine Davies	X
Sarah Bradley	X
Alison Lagier	X
Mandy Pady	X

The above meeting was quorate.

5. MAIN AREAS OF PHP COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in five main parts:

- Part 1 - Preliminary Matters
- Part 2 - Items for Approval/Endorsement
- Part 3 - Governance, Performance and Assurance
- Part 4 - Items for exception reporting, information or update
- Part 5 - Forward Work Programme and Items to be referred to other Committees

Part 1 - Preliminary Matters

This section of the meeting provides the introductory elements to the meeting including apologies for absence, declarations of interest, minutes matters arising and action log.

Part 2 - Items for Approval / Endorsement

This section has included receiving the:

- Committee Annual Report 2019/2020 and self-assessment questionnaire
- Revised Committee Terms of Reference
- Self-Assessment Action Plan

Part 3 - Governance, Performance and Assurance

This section has included reports throughout the year which included:

- Organisational Risk Register
- Transformation Fund Update
- Contact First
- Regional Partnership Board Annual Report
- Regional Partnership Board Winter Protection plan
- Population Health Management
- Immunisation, Flu and Covid-19 Vaccination Programme

Part 4 - For Information / Other Matters

There were no items shared with the Committee for information sharing purposes.

The 'Forward Look' plan for the Committee was reviewed at each meeting to ensure its content remained appropriately focused.

The Committee Highlight Report is produced following each meeting and subsequently presented to the next available Board meeting.

Links with Other Committees/Boards
Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

In order to monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

The Committee has four scheduled meetings each year with additional meetings being held as required. The role of the Committee secretariat is crucial to the ongoing development and maintenance of a strong governance framework for CTMUHB, and is a key source of advice and support for the Chair and Committee members.

The purpose of the Committee effectiveness survey is to comply with the Health Board's Standing Orders and evaluate the performance and effectiveness of:

- the Committee Members and the Chair of the Committee
- the quality of the reports presented to Committee
- the effectiveness of the Committee secretariat

8. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee needs to complete an annual self-assessment. In line with arrangements put in place for all Board Committees during 2020-21, this will be managed through Survey Monkey. The full results of the feedback will be made available to the Committee and an action plan will be developed to address any issues that the self-assessment highlights.

9. TERMS OF REFERENCE

The existing Terms of Reference approved most recently by the Board in March 2021 (which were therefore in operation at the time this Annual Report was drafted) are available to review on the website.

DIGITAL & DATA COMMITTEE

Annual Report
2020-2021

FOREWORD

I am pleased to present this initial Annual Report of the CTMUHB Committee which outlines the activity between 1st April 2020 to 31st March 2021.

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information & data with a view to support health improvement and enabling high quality healthcare. Its also in being to seek assurance on behalf of the Board around arrangements for appropriate and effective management and protection of information (both patient and personal) as well as to provide advice and assurance to the Board in relation to the direction and delivery of CTMUHB's Digital and Data Strategies.

The Committee was formed in February 2020 but was unable to meet during the spring/summer period due to the impact of the Covid-19 Pandemic. When meetings resumed in September 2021, they were held virtually via Teams enabling the Committee to resume its important remit. I would like to take this opportunity to thank all those who have attended the Committee thus far, and for their individual contributions in this regard which are essential to the effectiveness of the Committee.

One of the outcomes seen from the pandemic was that CTMUHB's digital work programmes were brought forward. Covid also heightened everyone's awareness of the key importance of digital technology in supporting all aspects of our everyday lives.

I commend this first Annual Report to you.

Ian Wells,
Chair of the Digital & Data Committee/ Independent Member

Digital & Data Committee
Annual Report 2020/2021

1. Introduction

1.1 This report summarises the key areas of business activity undertaken by the Committee between April 2020 and March 2021 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

1.2 The Committee's Annual 'Business Cycle' was reviewed and approved at its March 2021 meeting and is a key component in ensuring that the Committee effectively carried out its role.

1.3 This report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to digital and data issues.

2. Role and Responsibilities

2.1 The primary purpose of the Committee is to:

- oversee the development of strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales

- oversee the direction and delivery of the Health Board's Information Communication Technology (ICT), Data and Information Governance Strategies to drive change and transformation in line with the Health Board's Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology

- consider implications arising from the development of corporate strategies and plans or those of its stakeholders and partners

- consider the implications of internal and external reviews and reports

- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation)

- seek assurance through monitoring the Cyber Security Action plan

- review organisational risks assigned to the Committee by the Board and advise on the appropriateness of the scoring and mitigating actions in place.

- complete an annual self-assessment exercise in respect of the effectiveness of the Committee. (The output from this work is due to be considered as a separate agenda item).

- seek assurances that strategies and arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of CTMUHB's activities.

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Committee Vice-Chair, Executive Lead and Meeting Secretariat develops the final agenda and Committee meeting dates being set out in advance.

3.2 The secretariat for the meeting is provided through the Director of Corporate Governance.

3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 Given the Committee was only established in February 2020 only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements and these were approved by the Board in July 2020. These are attached as a separate agenda item as these are now due for annual review.

4.2 Whilst the Committee Cycle of Business was approved in March 2021 the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

5.2 During the year the Committee met on three occasions with Independent Member attendance as follows:

Name	Digital & Data Committee
Ian Wells (Committee Chair)	2 out of 3
Dilys Jouvenat (Committee Vice-Chair)	2 out of 3
Jayne Sadgrove	3 out of 3
James Hehir	3 out of 3

5.3 The Committee has been delighted to have representation from the NHS Wales Informatics Service (now known as DHCW – Digital Health & Care Wales) at all of its 2020/21 meetings.

5.4 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.5 Mirroring other Board Committees, the Digital and Data Committee now operates a Consent Agenda system for routine business consideration.

5.6 The vast majority of meeting papers are available publically via the CTMUHB website. Only one item during 2020-21 required the Committee to meet 'in-Committee reflecting circumstances where the matter cannot be legitimately considered in the public domain.

6. Committee Activity 2020/2021

6.1 Due to Covid-19 the Committee had to reprioritise is work plan due to the need to pause meetings in April and July 2020. The following topics were considered at its three meetings of 2020/21:

- Presentations: ICT Service Delivery Pre/Post Covid-19; National Data Resource; E-White Board Project; Digital Enablers; Digital Business Continuity
- Highlight Reports: Digital Health Strategy Steering Group (now known as Digital Delivery Board); Information Governance Group.
- Information Commissioner: Planned Audit Protection Practices
- Audit Wales: Clinical Coding Report
- Internal Audit: Cyber Security; Records Digitisation; IT Service Management; IT Assessment.
- NWIS Report: Clinical Coding (in the former) Cwm Taf Health Board
- Other Reports: Digital Inclusion in Health & Care Wales; Risk Register; Information Governance Activity Report.
- Thematic Reports: Public Service Ombudsman – Lost & Mislaid Records; Cyber Security; Once for Wales – Concerns Management System.
- Policy Approval: Clinical Coding; Freedom of Information Policy; All-Wales Information Governance Policy; All-Wales Internet Use Policy; All-Wales Information Security Policy.

6.2 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our website.

7. Achievements and Plans

7.1 Despite not being in a position to meet during the spring/summer period the Committee reprioritised its work programme on resuming meetings in September 2020 and approved its Annual Cycle of Business attached at Appendix 1 for information. This being its first annual report, the Committee is continuing to mature in terms of the responsibilities it has defined within its Terms of Reference (available at Agenda item 2.1.6 of its July 2021 meeting) and is currently finalising its forward work plan for 2021/22. The Committee will be receiving updates on matters initially considered in 2020 as well as receiving reports and presentations on new areas of work such as the All-Wales Information Governance Tool-kit and CTMUHB's Digital Infrastructure.

8. Committee Effectiveness & Performance

8.1 The Committee is committed to reviewing its effectiveness by completing this report on an annual basis, reviewing its cycle of business setting out the basis on which it will monitor its progress during the year as well as providing clarity for all of those who contribute to the agenda as to the expectations of them. The outcome of the survey undertaken in May 2021 is being considered at its meeting in July 2021.

8.2 A committee effectiveness questionnaire will be issued again in April 2022 the outcome will be reported to the Committee as part of its second Annual Report in the summer of 2022 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'Highlight Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 This will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Visit the Health Board's website to access Digital & Data Committee papers.

Digital & Data Committee

(DRAFT FOR APPROVAL) Cycle of Business

(1st April 2021 – 31st March 2022)

The Digital & Data Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st April 2021 to 31st March 2022.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all matters relating to digital & data. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Digital & Data Committee Cycle of Business (1st April 2021 – 31st March 2022)

Strategic Objectives	Provide high quality, evidence based and accessible care	Work with Communities and partners to reduce inequality, promote well-being and prevent ill health	Ensure sustainability in all that we do, economically, environmentally and socially	Co-create with staff and partners a learning and growing culture
Threats to the Strategic Objectives	• Failure to deliver a high quality, safe and effective service that improves population health • Failure to provide timely health and wellbeing care & services • Failure to deliver a service user and carer focussed service.	• Failure to engage effectively with our communities to inform, develop and deliver an effective, safe and responsive service that meets the health needs of our communities • Failure to engage, listen and act on issues / feedback that would help to reduce inequalities, promote wellbeing and prevent ill health within our communities.	• Failure to make robust, informed decisions for our communities and execute them within a sound system of Governance • Failure to deliver and maintain financial sustainability • Failure to continually adapt and respond to a changing environment. • Failure to adopt new technology and innovations to enable change and sustainability	• Failure to listen, learn and respond appropriately to the views of our staff and partners to enable continual improvement in our services and culture. • Failure to engage, listen and act on feedback to shape services and culture. • Failure to engage constructively with partners and have a mutual understanding of each other's issues. • Failure to sustain an engaged and effective workforce.
Principal Risks	1. If: there is a significant deterioration in standards of patient safety and care provided by the Health Board. Then: there could be an increase in incidents across the Health Board Resulting In: Potentially avoidable harm and poor clinical outcomes, reduction in trust and confidence in the service, and regulatory action and intervention. 2. If: demand exceeds capacity Then: service quality, safety and performance could deteriorate. Resulting in: Potentially avoidable harm and poor clinical outcomes, reduction in public trust and confidence in the service. Regulatory action and intervention.	1. If: engagement and collaboration with the Health Board's communities does not fully deliver the required outcomes Then: it may have failed to effectively understand the health needs of its communities and reflect them in its services. Resulting In: the inability to reduce inequalities, promote wellbeing and prevent ill health in its communities.	1. If: the Health Board's financial strategy / objectives are not met Then: it will have failed to achieve its agreed financial plans Resulting In: Qualification of the accounts, potential regulatory action, adverse impact on longer term financial sustainability and reduced ability to invest in improvement and take associated financial risks. 2. If: the Health Board fails to recognise and adopt advances in digital technology and innovations in the design of its business and clinical services. Then: it its ability to remain competitive and sustainable will be affected. Resulting In: the inability to deliver high quality, safe, effective and robust sustainable services for the future (WBFGA).	1. If: the Health Board does not embed its values and behaviours and develop an engaged and motivated workforce / collaboration with its partners 2. Then: there is likely to be a deterioration in patient, staff and partner experience, wellbeing and morale. 3. Resulting In: an adverse impact on patient care and the recruitment and retention of an engaged and effective workforce.

Item of Business	Executive Lead	Reporting period	Mar 2021	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Preliminary Matters															
Minutes of the previous Board Meeting	Director of Corporate Governance	Every Meeting	✓				✓			✓			✓		
Action Log	Director of Corporate Governance	Every Meeting	✓				✓			✓			✓		
Internal Control & Risk Management															
Digital & Data Committee Annual Report	Director of Corporate Governance	Annually					✓								
Digital & Data Committee Annual Self-Assessment	Director of Corporate Governance	Annually					✓								
Digital & Data Committee Terms of Reference	Director of Corporate Governance	Annually					✓								

Item of Business	Executive Lead	Reporting period	Mar 2021	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Digital & Data Committee Annual Cycle of Business	Director of Corporate Governance	Annually	✓												✓
ICT															
DHSSG – Highlight Report to Committee	Director of Planning & Performance	Quarterly	✓				✓			✓			✓		
ICT Business Continuity	Director of Planning & Performance	Annually	✓												
Information Governance															
IGG – Highlight Report to Committee	Director of Corporate Governance	Quarterly	✓							✓			✓		
Governance & Assurance															
Organisational Risk Register	Director of Governance	Quarterly	✓				✓			✓			✓		
Internal & External Audit Reports	Director of Planning & Performance / Director of Corporate Governance	Following finalisation of the report findings (as appropriate)	✓				✓			✓			✓		
SIRO Annual Report 2020/21	Director of Planning & Performance	Annually								✓					

PEOPLE & CULTURE COMMITTEE

Annual Report
2020-2021

FOREWORD

I am pleased to present this initial Annual Report of the CTMUHB Committee which outlines the activity between 1st April 2020 to 31st March 2021.

The purpose of the Committee is to advise the Board on all matters relating to staff and workforce planning, the delivery of the organisational development and other related strategies to drive continuous improvement.

The Committee was to have been established in the Spring of 2020/21 but this was not possible due to the Covid-19 Pandemic. It was therefore not until July 2020 that it held its inaugural meeting. That meeting and each meeting since that time has been held virtually via Teams.

I would like to take this opportunity to thank all those who have attended the Committee thus far, and for their individual contributions in this regard which are essential to the effectiveness of the Committee.

Having the right people, in the right place, at the right time, is key to the effective and efficient operation of CTMUHB. Hand-in-hand with this is the issue of organisational culture. The People & Culture Committee is continuing to mature its newly assigned remit, however I feel the contribution made thus far in terms of providing the Board with assurances in this regard has been important.

I commend this first Annual Report to you.

Jayne Sadgrove
Chair of the People & Culture Committee 2020/2021/ Independent Member

People & Culture Committee
Annual Report 2020/2021

1. Introduction

1.1 This report summarises the key areas of business activity undertaken by the Committee for the year 2020/2021 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.

1.2 The Committee's Annual 'Business Cycle' was drafted in March 2021 and considered and approved by the Committee shortly afterwards. This is an important component in ensuring that the Committee effectively carried out its role.

1.3 The Annual Report reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

2. Role and Responsibilities

2.1 The primary purpose of the Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board, and enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.

The Committee also provides advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Committee Vice-Chair, Executive Lead and Meeting Secretariat develop the final agenda and Committee meeting dates being set out in advance.

3.2 The secretariat for the meeting is provided through the Director of Corporate Governance.

3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 The Committee held its inaugural meeting in July 2020 and its Terms of Reference and Operating arrangements were approved by the Board at its meeting later that month. These are now due for their annual review which will be undertaken as part of its meeting in July 2021.

4.2 Whilst the Committee Cycle of Business was approved at its first meeting in 2021, the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of 4 members of the Board.

5.2 During the year the Committee met in July and October 2020 and was due to meet again in January 2021 but this meeting was cancelled due to Covid-19.

Independent Member attendance at these two meetings was follows:

Name	Digital & Data Committee
Jayne Sadgrove (Committee Chair)	2 out of 2
Nicola Milligan (Committee Vice-Chair)	2 out of 2
Mel Jehu	2 out of 2
Dilys Jouvenat	1 out of 2

5.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.5 Mirroring other Board Committees, the People & Culture Committee operates a Consent Agenda system for routine business consideration.

5.6 All of the meeting papers for this Committee during 2020/2021 are available publically via the CTMUHB website. If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. It was however not necessary to hold an in-Committee meeting in 2020/2021.

6. Committee Activity 2020/2021

6.1 Due to the impact of Covid-19 the Committee prioritise is work plan particularly when it was unable to meet in January 2021 due to the need to pause certain Board Committee meetings. The following topics were considered at its two meetings during 2020/21:

- Values & Behaviours Framework
- Workforce Metrics Analysis
- Employee Experience & Wellbeing
- Managing Equality Issues – Covid-19
- Statutory & Mandatory Training Compliance
- Overseas Nurse Recruitment

- Employee Relations
- Process for Management of Anonymous Concerns
- Policy for Reserve Forces Training & Mobilisation.

6.2 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our website.

7. Achievements and Plans

7.1 Despite not being in a position to hold its inaugural meeting until July 2020 and then its meeting of January 2021 being cancelled due to Covid-19 the Committee considered and approved an Annual Cycle of Business at its first meeting of 2021 in April. This being its first annual report, the Committee is continuing to mature in terms of the responsibilities it has defined within its Terms of Reference available on the Health Board's website for information and is currently finalising its forward work plan for 2021/22.

7.2 The Committee will be receiving updates on matters initially considered in 2020 as well as receiving reports and presentations on new areas of work such as workforce related risks, medical and dental rostering systems, progress in terms of cultural change, management and leadership development and equality, diversity and Welsh language.

8. Committee Effectiveness & Performance

8.1 The Committee is committed to reviewing its effectiveness by producing an Annual Report, reviewing its cycle of business setting out the basis on which it will monitor its progress during the year as well as providing clarity for all of those who contribute to the agenda as to the expectations of them. The outcome of the survey undertaken in May 2021 is being considered at its meeting in July 2021.

8.2 A committee effectiveness questionnaire will be issued again in April 2022 the outcome will be reported to the Committee as part of its second Annual Report in the summer of 2022 in order that recommendations and aligned actions can once again be developed and implemented in terms of areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'Highlight Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 This will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

AGENDA ITEM
3.1.6

CTM BOARD

CWM TAF MORGANNWG (CTM) SMOKE FREE ENVIRONMENT POLICY

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	CTM Local Public Health Team in collaboration with CTM Smoke Free Environment Group
Presented by	Professor Kelechi Nnoaham, Executive Director for Public Health & Lead for R&D and Innovation
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Smoke Free Environment Group	09/06/2021	SUPPORTED
Organisational wide consultation via SharePoint	09/06/2021 to 23/06/2021	
Population Health & Partnerships Committee	07/07/2021	APPROVED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 Smoking continues to be the largest single cause of avoidable ill health and early death in Wales and a leading cause of inequality. Exposure to second-hand smoke (passive smoking) increases the risk of lung cancer, heart disease and other illnesses.

The Tobacco Control Plan for Wales (Welsh Government, 2017-2020) has a vision of a smoke-free society for Wales, in which the harm from tobacco is eradicated. Various legislation has been implemented in Wales to reduce the harm from smoking. Smoking was prohibited in enclosed and substantially enclosed public places by the Smoke-free Premises etc. (Wales) Regulations 2007 and the Public Health (Wales) Act 2017 expanded the range of smoke-free premises, to include school grounds, public playgrounds and hospital grounds.

The Smoke-free Premises and Vehicles (Wales) Regulations 2020 came into force 1st March 2021, making it illegal to smoke on hospital grounds and that people who smoke on hospital grounds can be issued with a fixed penalty notice by the Local Authority.

CTMHB has had a Smoke Free Environment Policy in place since 2015, which required all health board sites to be smoke free. This policy has now been updated to reflect the requirements of Chapter 1, Part 3 of the Public Health (Wales) Act 2017 and the Smoke-free Premises and Vehicles (Wales) Regulations 2020.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Engagement on this Policy has taken place with:

Name Title	*Date Consulted/Completed*
Equality Impact Assessment	16th June 2021
Informal Consultation with interested parties	27th May 2021
Formal Consultation	9th June – 23rd June 2021
Population Health & Partnerships Committee – For approval	7th July 2021

2.2 The policy has been reviewed and is consistent with the approach across other health boards, NHS Wales and Welsh Government legislation.

2.3 The Smoke Free Environment Group has supported the update on this policy. It has been shared with Integrated Locality Groups and the Workforce Policy Group for comment. It has also been subject to an organisational wider consultation via SharePoint, support with communications about the consultation across the organisation.

2.4 Organisational values and behaviours have been reflected within the policy.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Only minor typographical amendments were made as a result of the various consultation stages.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
	This will however be monitored as work continues to prepare for the introduction of further regulations in Mental Health settings in September 2022
Related Health and Care standard(s)	Staying Healthy
	Governance, Leadership, Accountability Safe Care Staff and Resources
Equality impact assessment completed	Yes
	16th June 2021
Legal implications / impact	Yes (Include further detail below)

Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

5.1 The CTM Board are asked to APPROVE the Cwm Taf Morgannwg (CTM) Smoke Free Environment Policy.

CWM TAF MORGANNWG (CTM) SMOKE FREE ENVIRONMENT POLICY

Policy Details:

Ref:	
Policy Author:	CTM Local Public Health Team in collaboration with CTM Smoke Free Environment Group
Executive Sponsor:	Director of Public Health Director of Corporate Governance / Board Secretary
Approval / Effective Date:	29th July 2021
Review Date:	July 2024 (or if any legislative or operational changes require)
Version:	v0

Target Audience:

People who need to know this document in detail	Head of Health, Safety and Fire, Facilities leads, CTM Smoke Free Environment Group, ILG leads and all Senior Managers
People who need to have a broad understanding of this document	Board Members, Management Board, Primary Care & Population Health Committee
People who need to know that this document exists	All staff, students, patients, partners, contractors, visitors, volunteers and anyone else who are required for whatever reason to be present upon Cwm Taf Morgannwg University Health Board managed sites

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 23rd June Outcome: No impact has been identified but the EIA must be monitored over time particularly in relation to Mental Health Services and the regulations coming in to force Sept 2022
Welsh Language Standard 82	
Date of approval by Equality Team:	16th June 2021

Aligns to the following Wellbeing of Future Generation Act Objective	• Work with communities and partners to reduce inequality, promote well-being and prevent ill health • Provide high quality, evidenced based and accessible care • Ensure sustainability in all that we do, economically, environmentally and socially

Policy Approval Route:

Where	When	Why
Smoke Free Environment Group	27th May 2021	Working group that co-produced the policy
ILGs	27th May 2021	Will have a role in implementing the policy at a locality level
Workforce Policy Group	27th May 2021	Required for ratification of the update policy
Organisational wide consultation via Sharepoint	9th June 2021 – 23rd June 2021	To ensure opportunity for comment from all staff across the organisation
Primary Care & Population Health Committee	7th July 2021	Endorsed for Approval
Management Board	21th July 2021	Endorsed for Approval
Health Board	29th July 2021	Approval

Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Contents

Introduction

Smoking continues to be the largest single cause of avoidable ill health and early death in Wales and a leading cause of inequality. Exposure to second-hand smoke (passive smoking) increases the risk of lung cancer, heart disease and other illnesses.

The Tobacco Control Plan for Wales (Welsh Government, 2017-2020) has a vision of a smoke-free society for Wales, in which the harm from tobacco is eradicated. Various legislation has been implemented in Wales to reduce the harm from smoking. Smoking was prohibited in enclosed and substantially enclosed public places by the Smoke-free Premises etc. (Wales) Regulations 2007 and the Public Health (Wales) Act 2017 expanded the range of smoke-free premises, to include school grounds, public playgrounds and hospital grounds.

The Smoke-free Premises and Vehicles (Wales) Regulations 2020 came into force 1st March 2021, making it illegal to smoke on hospital grounds and that people who smoke on hospital grounds can be issued with a fixed penalty notice by the Local Authority.

CTMHB has had a Smoke Free Environment Policy in place since 2015, which required all health board sites to be smoke free. This policy has now been updated to reflect the requirements of Chapter 1, Part 3 of the Public Health (Wales) Act 2017 and the Smoke-free Premises and Vehicles (Wales) Regulations 2020.

1. POLICY STATEMENT

1.1 This policy aims to protect all employees, patients, relatives and visitors from exposure to second hand smoke. This policy guarantees the right of everyone to breathe smoke free air on all health board sites.

1.2 The health board will provide the message that smoking, both active and passive, is a major cause of preventable ill health, and is prohibited on all health board sites, with certain exemptions for specific patient groups in line with the Smoke-free Premises and Vehicles (Wales) Regulations 2020.

1.3 The focus is on encouraging a cultural shift, so it becomes unthinkable that anyone, staff, patients and visitors, would smoke on health board sites contributing to the vision of a smoke free Wales.

2. SCOPE OF POLICY

2.1 This policy applies:

- to all areas of health board property, including: all buildings, common

areas, restrooms, foyers, car parks, vehicles parked on health board property, outdoor seating areas, walkways and all other areas within the boundaries of all grounds owned or leased by the health board
- to all people present on CTM premises and grounds, including all CTM staff, bank and agency staff, students, tenants, contractors, patients/clients, volunteers and visitors and anyone else who are required for whatever reason to be present upon health board sites.
- to all people travelling in CTM-owned vehicles or in a lease car during working hours;
- to all external service provider sites outside of CTM (commissioned services)
- to all staff wearing a CTM uniform or badge at any time, or representing the health board on or off CTM premises or grounds during their working hours, providing services to patients/clients for CTM in any place, including a patient's/client's home.
- to all tobacco products, electronic cigarettes and ENDS products

3. AIMS AND OBJECTIVES

3.1 The purpose of this policy is to ensure that:
- All Health Board owned and managed premises and grounds are completely smoke-free and compliant with the Public Health (Wales) Act 2017 and the Smoke Free Premises and Vehicles (Wales) Regulations 2020.
- Ensure the safety of all those in the health boards care
- Set an exemplar role to partners in the statutory, community and voluntary sector by promoting and reinforcing smoke-free as the norm
- Make no smoking an integral part of the main Workplace Safety & Health Policy
- Provide support and encouragement to help those who wish to give up smoking through delivery and promotion of the Help Me Quit (Smoking Cessation) Service
- Introduce, implement, monitor and evaluate the Smoke Free Environment Policy

4. IDENTIFYING THE NEED FOR A DOCUMENT

4.1 Smoking continues to be the largest single cause of avoidable ill health and early death in Wales and a leading cause of inequality. Exposure to second-hand smoke (passive smoking) increases the risk of lung cancer, heart disease and other illnesses.

4.2 The Tobacco Action Plan for Wales (Welsh Government, 2011) has a vision of a smoke-free society for Wales, in which the harm from tobacco is eradicated. Various legislation has been implemented in Wales to reduce the harm from smoking. Smoking was prohibited in enclosed and

substantially enclosed public places by the Smoke-free Premises etc. (Wales) Regulations 2007. The Public Health (Wales) Act 2017 expanded the range of smoke-free premises, to include school grounds, public playgrounds and hospital grounds.

4.3 The Smoke-free Premises and Vehicles (Wales) Regulations 2020 came into force 1st March 2021, making it illegal to smoke on hospital grounds and that people who smoke on hospital grounds can be issued with a fixed penalty notice by the Local Authority.

4.4 These Smoke-free Regulations aim to protect people from harmful second-hand smoke and reduce the number of young people taking up smoking in order to saves lives. This legislation applies to smoking tobacco products and does not cover e-cigarettes. However, as per the previous CTM Smoke Free Environment Policy (2015) this updated policy does not permit the use of e-cigarettes on CTM sites, enforceable through the implementation of this policy but not subject to financial penalties permitted within the legislation. Financial penalties only apply to those found to be smoking tobacco products on CTM sites.

4.5 Smoking causes a major fire risk in hospitals, approximately one third of all hospital fires are due to smokers or smoker's materials and Smoking cessation has been a Tier 1 target for all Health Boards in Wales for some years now.

4.6 The provision of a smoke free environment provides a clear message that the health board is a population health organisation and that the health board is committed to supporting our communities to become smoke free and reduce health inequalities.

5. IMPLEMENTATION/POLICY COMPLIANCE

5.1 Smoking is not permitted in all areas up to the boundaries, and including car parks and vehicles parked on health board property, outdoor seating areas, doorways, walkways and all other areas. It applies to all staff (on and off duty), patients, visitors, contractors, volunteers and students

5.2 The Smoke Free Environment Policy also applies to all staff (on or off duty), patients, relatives and visitors. Patients, relatives, and visitors found smoking on health board sites will be asked to put out their cigarette, or move off the health board site. In addition, patients, relatives and visitors can be issued with a £100 Fixed Penalty Notice if they are found to be smoking on a hospital site by a Local Authority Enforcement Officer.

5.3 There are offences in relation to smoking in hospital grounds and for failing

to take reasonable steps to stop a person smoking. Authorised officers within each Local Authority will be responsible for enforcing the new law across Wales. These offences and fine levels are:

- offence of smoking in a smoke-free premises or vehicle - £100, discounted to £75
- offence of failing to display a sign - £200, discounted to £150
- offence of failing to prevent smoking in a smoke-free premises or vehicle– if found guilty of an offence, a person is liable on summary conviction to a fine not exceeding level 4 on the standard scale

5.4 Staff found smoking on health board sites will be asked to put out their cigarette, or move off the health board site. In addition, staff can be issued with a £100 Fixed Penalty Notice if they are found to be smoking on a hospital site by a Local Authority Enforcement Officer. Deliberate and consistent breach of this policy will be addressed in accordance with the Cwm Taf Morgannwg University Health Board Disciplinary Policy.

5.5 Staff wishing to smoke during their working hours can only do so during their official unpaid break times. Additional smoking breaks must not be taken outside of official unpaid break times. Managers are responsible for ensuring that all employees have equitable access to unpaid breaks and each employee has a responsibility to be available for work during their paid contracted hours and to not be away from their work on unauthorised breaks.

5.6 Staff identifiable as CTM employees must not smoke off-site within public view while wearing a CTM uniform or badge and must adhere to the All Wales NHS Dress Code (2010). Staff across all sites will be made aware of Help Me Quit services (smoking cessation services) that are able support them to make a quit attempt (Appendix 2).

5.7 Staff should refrain from escorting patients outside to smoke or use e-cigarettes. Instead, inform patients that if they go outside in the hospital grounds to use e-cigarettes, or leave the hospital grounds to smoke, it is at their own risk

5.8 It is against the law to smoke in a vehicle that is used wholly or mainly for work purposes or that carries members of the public. Therefore, health board owned vehicles must be smoke free at all times. Vehicles leased or hired through arrangements with the health board are to remain smoke free when being used for health board business

5.9 Privately owned vehicles are to be smoke free when carrying one or more passengers travelling on health board business (i.e. claiming travel

expenses) or when providing voluntary services to another person in the vehicle (i.e. a volunteer taking a passenger to an appointment).

5.10 All vehicles when parked on health board premises are to be smoke free.

5.11 Health board staff visiting clients in their home are not directly covered by the provisions of the Health Act (2006); however, the organisation aims to ensure that employees are protected when visiting clients in their homes.

5.12 At the assessment stage, staff should inform clients about the health board's Smoke Free Environment Policy, which aims to provide safe work environments for all staff. Clients that are visited in their homes will be politely requested not to smoke for an hour before and at all times during a staff member's arrival. This would be applicable to the client and their family members or guests.

5.13 If a member of staff enters a smoke-filled room in a patient's home, they should assess whether it is a safe environment for them to provide services. They have the discretion to make alternative arrangements for the provision of services ensuring at all times that the safety and welfare of the patient is not compromised. Staff will have the full support of the health board to make decisions about services in these circumstances. Each case should be judged on individual circumstances and staff should discuss these issues with their manager.

5.14 Staff that are smokers are not permitted to smoke whilst with a client.

5.15 The legislation enables the person in charge of the hospital premises to designate an area in the hospital grounds where smoking is allowed, if they wish to do so. The hospital may choose not designate an area if that is their local policy. However, CTM has maintained the position that smoking shelters will not be permitted or reinstalled on CTM sites.

5.16 If it is decided that a designated smoking area is put in place, the location within the hospital grounds needs to be carefully considered and would need to comply with the requirements as detailed in the legislation.

5.17 The smoke-free requirements will not apply to a dwelling within the hospital grounds. For example if a member of staff has accommodation provided to them within the grounds of the hospital, the garden of their home will not be required to be smoke-free.

5.18 The use of electronic cigarettes and ENDS products is not permitted in outdoor or indoor areas on Cwm Taf Morgannwg University Health Board sites.

6. RESPONSIBILITIES

6.1 All health board staff have a responsibility for the successful implementation of the policy and have a duty to fully comply with this policy and it's supporting documents. This policy will form part of the health board's Terms and Conditions of Employment of all employees, including employees from external agencies, voluntary workers, students, and contractors working on site.

6.2 Staff are responsible for informing patients/clients, visitors and other CTM employees, where they are seen smoking, that the health board has a Smoke-Free Policy in line with Welsh Government Smoke Free regulations 2020 and that smoking is not permitted. The health board recognises that this is not an easy task and will any employee politely informing someone smoking on the grounds about the policy will receive the full support of the Executive Board.

6.3 Employees should not place themselves at risk of abuse as a consequence of implementing the policy. Where staff encounter problems this must be recorded and reported to their manager. There are policies that can be evoked to deal with abuse including Dignity at Work, Violence and Aggression or Disciplinary. Under no circumstances should staff engage in confrontation with smokers.

6.4 The responsibility for the implementation of this policy rests with all line managers. Managers must make staff aware of their duty to comply with this policy and rational for its implementation. All managers are responsible for monitoring this policy in their departments. All managers are asked to encourage and support staff who wish to access smoking cessation services.

6.5 By Law, the person responsible for the hospital grounds must take reasonable steps to stop smoking there. For CTM this is the Head of Health, Safety and Fire. Responsibilities as detailed in the legislation include:

- Ensuring Smoke Free signage is compliant with legislative requirements, monitored and maintained
- Ensuring that reasonable steps are taken to prevent smoking in hospital grounds.

6.6 CTM Smoke Free Group is responsible for managing and monitoring smoking related issues within the health board's premises in order to comply with this Smoke Free Environment Policy and Smoke Free Premises and Vehicles (Wales) Regulations 2020.

6.7 Integrated Locality Groups, Clinical Service Groups, SystemGroups and Corporate Functions/Departments have responsibility to oversee the implementation and monitoring of this policy at a locality level.

6.8 Overall responsibility for policy implementation and review rests with the Director of Public Health and the Director of People. The Director of People holds the responsibility under the Smoke Free Environment Policy to:

- Provide support, advice and assistance to managers in order to assist them with implementing the policy
- Monitor breaches of policy and advise managers accordingly where this may contravene any other Health Board polices e.g. the organisation's Disciplinary Policy.

6.9 Cwm Taf Morgannwg Health Board Executive Board, Chief Executive and Executive Directors and all Senior Managers have the responsibility of ensuring that the Smoke Free Environment Policy is adhered to at all levels within the organisation and act as policy "champions".

7. INFORMATION, INSTRUCTION AND TRAINING

7.1 Health board statutory training courses on Violence and Aggression and Fire Safety include sections on this policy. This will equip staff with skills and confidence to inform smokers of the policy.

7.2 All health board staff are encouraged to access Making Every Contact Count (MECC) Level 1 e-learning. This offers practical advice on how to carry out opportunistic chats, signpost to other services and encourage people to make positive steps towards making a lifestyle change. MECC Level 1 e-learning should equip staff with skills and confidence to have conversations with people about lifestyle changes, including discussions around smoking and signposting to Help Me Quit.

7.3 Further support to have successful conversations around quitting smoking and complying with the smoke free legislation will be available on the CTM Sharepoint pages and as part of a Smoke Free training package.

8. CONSULTATION / APPROVAL PROCESS

8.1 The consultation/approval process is outline in the table below:

CONSULTATION PROCESS	DATE
Smoke Free Environment Group	27th May 2021
ILGs	27th May 2021
Workforce Policy Review Group	27th May 2021
Organisational Wide consultation	9th June 2021 – 23rd June 2021
APPROVAL PROCESS	
Primary Care and Population Health Committee	7th July 2021
Management Board	21th July 2021
Health Board	29th July 2021

9. PUBLICATION AND DISSEMINATION

9.1 Supporting the introduction of the Smoke-free Premises and Vehicles (Wales) Regulations 2020 and the implementation of this policy is an organisation wide communications plan overseen by the Smoke Free Environment Group through the Smoke Free Implementation Plan. The Implementation Plan is detailed in Appendix 4.

10. REVIEW PROCESS

10.1 This policy will be reviewed within a 3 year period. The following criteria will trigger the need for an earlier review:

- Regulatory/statutory changes
- Results/effects of critical incidents
- Any other relevant, compelling reasons.

10.2 The Smoke Free Environment Group shares reports and updates as required to:

- ILG Health, Safety and Fire Groups
- CTM Violence and Security Co-ordinating Group
- Primary Care and Population Health Committee
- Health, Safety and Fire Committee

11. RELATED POLCIES

11.1 This policy must be read in conjunction with the following corporate policies:

- Security and Management of Violence Strategy (2018- 2021)
- Health and Safety Policy
- Fire Safety Policy
- Occupational Health Policy
- Dignity at Work,
- Violence and Aggression or

12. LEGISALTION/REFERENCES

12.1 The Smoke Free Environment Policy supports the implementation of:

- CTM Integrated Medium Term Plan (2019-2022)
- CTM Tobacco Control Plan (2019-2021)
- Welsh Government Smoke-free Premises and Vehicles (Wales) Regulations (2020)
- Welsh Government (2017) Public Health (Wales) Act 2017
- Wellbeing of Future Generations (Wales) Act (2015)
- Tobacco Control Plan for Wales (2017-2020) – new strategy delayed due

to COVID

- National Institute for Health and Care Excellence (2013) Smoking cessation in secondary care: acute, maternity and mental health services. NICE
- Welsh Assembly Governments Smoke-Free Premises etc (Wales) Regulations (2007
- Health Act (2006) Chapter 1 part 1. Parliament of the United Kingdom.
- Care Standards Act (2000)
- The Management of Health and Safety at Work Regulations (1999)
- The Human Rights Act (1998)
- Employment Tribunal and Employment Rights Act (1996)
- The Workplace (Health, Safety and Welfare) Regulations (1992)
- Mental Health Act (1983)
- Health & Safety at Work Act (1974)

APPENDICES

The following appendices are held separately to the policy for ease of use.

Appendix 1 Equality Impact Assessment

Appendix 2 Help Me Quit (Smoking Cessation Services) Provision

Appendix 3 List of designated smoking rooms/areas across CTM

Appendix 4 CTM Smoke Free Implementation Plan

AGENDA ITEM
3.1.7

CTM BOARD

REQUEST FOR SUPPORT: WHSSC PET PROGRAMME BUSINESS CASE

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report

Prepared by	Chris Coslett, Assistant Director of Planning (Interim)
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation

Report purpose	ENDORSE FOR BOARD APPROVAL	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Management Board	21/07/2021	ENDORSED FOR APPROVAL

ACRONYMS	
PET	Positron Emission Tomography
PBC	Programme Business Case
OBC	Outline Business Case
NIPSB	National Imaging Programme Strategy Board
CEG	Chief Executives Group

1. SITUATION/BACKGROUND

1.1 Positron emission tomography (PET) is a scanning technique that produces detailed 3D images inside of the body and allows for more accurate identification of the location, size and shape of tumours.

1.2 Welsh Government (WG) published the 'Imaging Statement of Intent' in March 2018. The All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) then produced a report 'Positron Emission Tomography (PET) in Wales – Overview and Strategic Recommendations' in November 2018. One of the recommendations was that Welsh Health Specialised Services (WHSSC) be commissioned to produce a Programme Business Case

(PBC) for PET-CT capacity in Wales, considering demand projections, estates, staffing and research.

1.3 WHSSC has therefore led the All Wales PET Programme and produced the attached PBC (Appendix 1), which justifies investment in the All Wales PET service. There has been wide engagement on the Programme with representation from each Health Board and Velindre on the PET Programme Board, in addition to regular updates at the National Imaging Programme Strategy Board.

1.4 The PBC sets out that demand for PET-CT is growing, with England realising an approximate 18% rise in demand per annum, but Wales lower by comparison, estimated to be performing approximately 40% of the PET scans per head of population compared to England in 2020. NHS Wales has a limited list of funded indications for PET-CT when compared to England and Scotland. The picture is bleaker when comparing performance with the rest of Europe and beyond.

1.5 The PBC projects are continuing to meet growing demand by relying on external providers will cost an additional £25.6 million per annum by 2031/32. This approach is expensive and delivers no improvements to existing services, likely relying on expensive external providers, using mobile scanners, losing the opportunity to build a future-proofed network of centres of excellence.

1.6 The PBC provides a ten-year strategic view of service delivery and identifies a preferred way forward, which involves investing in four fixed PET-CT scanners with projected reduction in future cost pressure by £6.8 million per annum, by providing sufficient capacity for NHS Wales and the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC) to meet demand. The PBC seeks capital funding of £24.881 million from WG over five years to invest in equipment and building works to deliver this.

1.7 The Chief Executive Group (CEG) of the NHS Wales Health Collaborative confirmed their support for the PBC on 18 May 2021. At this meeting, the Chief Executives agreed to a request for letters of support from their organisations to accompany submission of the PBC to WG.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The location of 3 of the proposed 4 fixed scanners are confirmed as Swansea, Cardiff and North Wales, with the fourth 'to be confirmed'. There may, therefore, be future opportunity to pitch to host in CTM,

however geography may make Aneurin Bevan Health Board (ABHB) a preferable option.

2.2 The request is for Health Boards to confirm support for the PBC to proceed to WG for consideration for capital investment. In relation to revenue, the PBC assumes that the funding for the future increase in demand will be managed through the annual WHSSC Integrated Commissioning Plan (ICP) process. The preferred option is projected to reduce the future cost pressure by £6.8m per annum. It should be noted, however, that a large part of the reason for the projected cost per scan under the new model (£577) being lower than current costs per scan (£850-£900) is due to capital charges not being reflected in the tariffs in Wales.

2.3 It is important to note that this case has not been approved through the usual WHSSC processes e.g. Management Group, meaning that there has not been the usual opportunities to scrutinise and feedback. A review of the PBC has identified a number of areas where further scrutiny will be required as this progresses. These can be broken down into those that relate to the PBC and further points in relation to the subsequent Outline Business Cases that are anticipated will need to be developed.

Regarding the PBC-

- The revenue cost and Value for Money benefits of the purchase of NHS PET scanners identified in the business case are recognised. However, given the known capital constraints identified across Wales, the preferred option may not be deliverable. In this context, it was noted that the alternative option of longer term contracts with commercial providers for fixed units was not explored. However, this could be further considered as necessary depending on WG support for the capital case.
- It was not clear from the case why, given the greater value for money and lower cost of NHS run units, the much higher existing PETIC pricing is assumed to continue for the Cardiff unit, even after NHS capital investment in replacing the equipment. Why would the pricing then not be much more comparable with the estimated £577 per scan for the other units?

Regarding the anticipated OBC-

- Can WHSSC confirm that this OBC or OBCs will come through the WHSSC scrutiny process (Management Group etc.), recognising this PBC has not gone through that process?
- Particular aspects flagged for the further development of the case as it proceeds to OBC (subject to WG approval of the PBC), are as follows:-
  - Is the staffing model proposed robust and deliverable, noting the reported variation across the existing sites?

- Are there any additional costs that need to be included e.g. integration of ICT / existing systems?
- Assurance of costs for Radiopharmaceutical costs which are currently estimated and comparative information to support any other estimated costs within the PBC.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 To note projected future growth in demand for PET and associated revenue costs, to be managed through the WHSSC ICP process.

3.2 To note the areas highlighted above that will require greater scrutiny as the PBC and associated OBC(s) progress.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	PET is a key diagnostic tool therefore increased availability and enhanced provision would have positive implications for quality, safety and patient experience
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	All such assessments will be undertaken by WHSSC as part of their role in leading this Programme
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	This does not commit resource but supports this case progressing
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 APPROVE: the attached letter of support for the PBC (see appendix 2), to be sent to WHSSC and WG, noting the areas identified for

further review and scrutiny as part of the assessment process.

Programme Business Case
for an All Wales Positron Emission Tomography (PET) Service

May 2021

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

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Document control

Title	Programme Business Case for an All Wales Positron Emission Tomography (PET) Service
File ref	Y:\WHSSC Y Drive\Medical 08\PET Programme\PET Programme\2. Programme Business Case\PBC for All Wales PET_FINAL.docx
Prepared by	Sarah McAllister
Date	10.05.2021
Checked by	
Date	

Version control

Version	Date	Description of change/s	by

Glossary of Abbreviations and Acronyms

ABUHB	Aneurin Bevan University Health Board
AML	Alliance Medical
ARSAC	Administration of Radioactive Substances Advisory Committee
AWPET	All Wales PET Advisory Group
BCUHB	Betsi Cadwaladr University Health Board
CRB	Cash Releasing Benefit
CSFs	Critical Success Factors
CT	Computerised Tomography
CUBRIC	Cardiff University Brain Research Imaging Centre
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
EA	Environment Agency
EPSRC	Engineering and Physical Sciences Research Council
FBC	Full Business Case
HDUHB	Hywel Dda University Health Board
GDNF	Glial cell-derived neurotrophic factor
GIRFT	Getting It Right First Time
GMP	Good Manufacturing Practices
HCA	Health Care Assistant
HEIW	Health Education and Improvement in Wales
IMP	Investigational Medicinal Product
IPEM	Institute of Physics and Engineering in Medicine
LSHW	Life Sciences Hub Wales
MA	Marketing Authorisation
MDT	Multi-Disciplinary Team
MHRA	Medicines and Healthcare Products Regulatory Agency
MPE	Medical Physics Expert
MRC	Medical Research Council
MRI	Magnetic Resonance Imaging
NCRI	National Cancer Research Institute
NIAW	National Imaging Academy Wales
NIPSB	National Imaging Strategic Programme Board
NRW	National Resources Wales
NWIS	NHS Wales Information Service
OBC	Outline Business Case
ONS	Office for National Statistics

PACS	Picture Archive System
PBC	Programme Business Case
PET	Positron Emission Tomography
PET-CT	Positron Emission Tomography combined with Computerised Tomography
PETIC	Positron Emission Tomography Imaging Centre
PTHB	Powys Teaching Health Board
QA	Quality Assurance
RCR	Royal College of Radiologists
RCP	Royal College of Physicians
RD&I	Research, Development and Innovation
RIS	Radiology Information System
RISPP	Radiology Information System Procurement Programme
RPA	Radiation Protection Adviser
RWA	Radioactive Waste Adviser
SLA	Service Level Agreement
SOC	Strategic Outline Case
SBUHB	Swansea Bay University Health Board
SPB	Strategic Programme Board
SPECT	Single-Photon Emission Computerised Tomography
SRO	Senior Responsible Officer
SWOT	Strengths Weaknesses Opportunities Threats
UHB	University Health Board
VUT	Velindre University NHS Trust
WSAC	Welsh Scientific Advisory Committee
WHSSC	Welsh Health Specialised Services Committee
WTE	Whole Time Equivalent
18F-DOPA	Flouro-3,4-dihydroxyphenylalnine - radiopharmaceutical
18F-FDG	Flourodeoxyglucose – radiopharmaceutical
18PSMA	Prostate-specific membrane antigen – radiopharmaceutical

Executive Summary

Introduction

PET-CT has become a central diagnostic tool in the management of cancer, and increasingly in many non-cancer conditions. Its role and the evidence base continue to evolve. Although it is a relatively expensive investigation, when used appropriately, PET-CT can significantly improve clinical decision making, particularly with respect to the appropriate use of complex and expensive specialist treatments.

This is supported by an increasing body of high-quality evidence outlining the contribution of PET to improved patient outcomes. There are many studies that demonstrate the role PET-CT has in accurately determining the staging of certain cancers and subsequent treatment plans, which enables reduction of inappropriate patient management and allows for best prognosis and patient care.

Demand for PET-CT is growing with England realising an approximate 18% rise in demand per annum. However, in Wales, scanning activity levels are low compared with the rest of the UK. It is estimated that in 2020 Wales was performing approximately 40% of the PET scans per head of population compared to England. In addition, NHS Wales has a list of funded indications for PET-CT which is limited compared to England and Scotland. The picture becomes bleaker when comparing performance with the rest of Europe and beyond.

Continuing to meet growing demand by relying on external providers is likely to cost an additional £25.6 million p.a. revenue by 2031/32. This approach would not only prove expensive but would deliver no improvements to the existing service structure. Indeed, without investment, the PET service in Wales would likely be served by expensive external providers, using mobile scanners, and the Welsh NHS would miss the opportunity to build a future-proofed network of centres of excellence.

Shortly after the Welsh Government published the Imaging Statement of Intent (March 2018), the All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) produced a report “Positron Emission Tomography (PET) in Wales – Overview and Strategic Recommendations” (November 2018). One of its five key recommendations was that WHSSC should be commissioned to produce a Programme Business Case for PET-CT capacity in Wales that considers increased demand projections, estates, staffing requirements and research.

These reports clearly demonstrate that much like other imaging modalities in Wales, there is an obvious and clear need to address the multifactorial issues facing the PET service including staffing, equipment age, facilities and research, development and innovation (RD&I).

In March 2019, the Director General, Health and Social Service/NHS Wales Chief Executive, Welsh Government endorsed the 2018 AWPET/WSAC report recommendations and outlined the expectations for NHS Wales to collaborate on their implementation. As there was recognition that additional capital investment would be required to develop the service, the Director General requested that WHSSC develop the PBC, with support from the National Imaging Strategic Programme Board (NIPSB), to guide the development of future service provision for the whole of Wales.

WHSSC has led the All Wales PET Programme development and produced this Programme Business Case (PBC) which justifies the rationale to invest in the All Wales PET service.

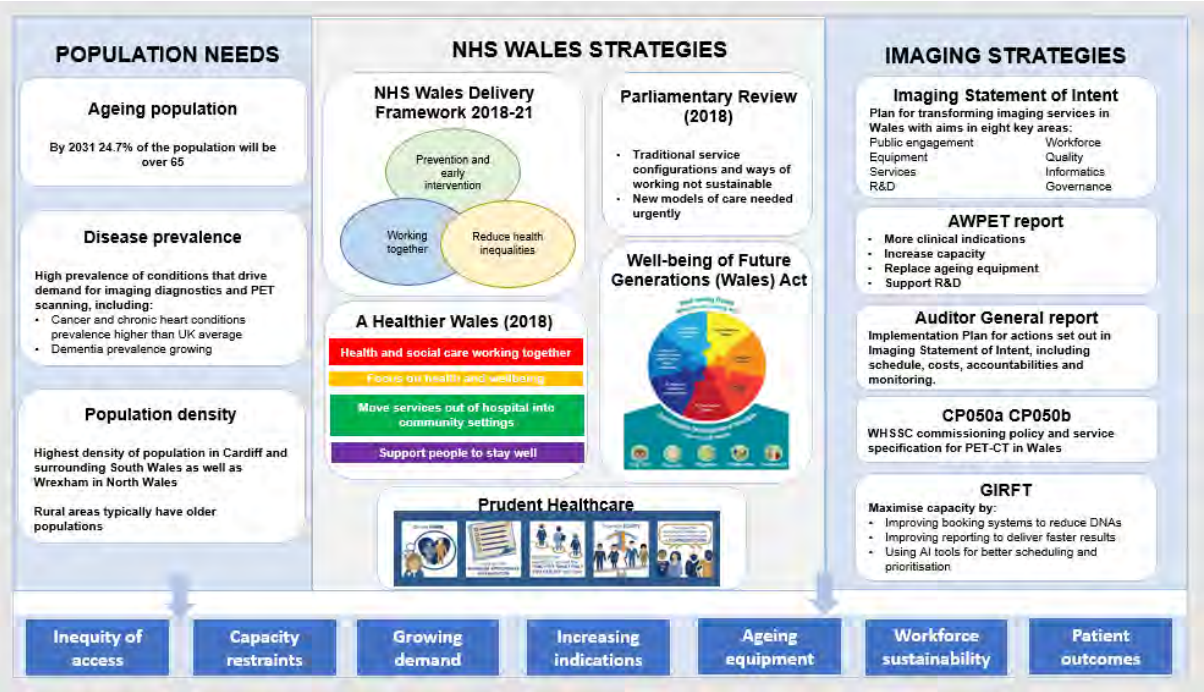
The resulting PBC assesses future Welsh PET scanning demand needs and focuses on the surrounding infrastructure of PET scanning delivery. As such, it provides a ten-year strategic view of service delivery, in addition to describing the business change and technical aspects of implementation.

Following a robust assessment of options, the PBC identifies the preferred way forward which involves investing in four fixed PET-CT scanners which will reduce the cost pressure by £6.8 million p.a. by providing sufficient capacity for NHS Wales and PETIC to meet demand. WHSSC therefore seeks capital funding of £24.881 million from Welsh Government over five years to invest in equipment and building works required to deliver the preferred way forward.

The Strategic Case

The Strategic Context

There are multiple strategic drivers for this Programme of work, which have been summarised in the figure below.



The Case for Change

The programme has run workshops and set up specific task and finish groups with subject matter experts to fully understand business requirements from clinical and operational perspectives. These have allowed the Programme to identify its core Spending Objectives and has defined programme planning for implementation.

Spending Objectives

The Programme identified five spending objectives which articulate what the programme is seeking to achieve.

- **SO1** - To improve the quality of PET service provision for Welsh patients by delivering better patient outcomes.
- **SO2** - To ensure a sufficient workforce to deliver a high-quality service.
- **SO3** - To improve delivery of the All Wales PET Service by efficient use of PET-CT scanners, facilities, processes and infrastructure.
- **SO4** - To ensure that the future All Wales PET service provides a cost-effective service for patients and NHS Wales.
- **SO5** - To widen the scope of the All Wales PET service, to meet recognised international best practice.

Current Service provision

WHSSC commission and approve funding of PET scans for the population of Wales in line with the criteria presented in commissioning policy CP50a and service specification CP50b (which covers requirements for both fixed site and mobile scanners). WHSSC is committed to regularly reviewing and updating all of its clinical commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

NHS Wales currently has three providers delivering PET-CT services:

- A fixed site at the University Hospital of Wales in Cardiff (the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre; PETIC).
- A mobile service at Wrexham Maelor Hospital (2 days per week).
- A mobile service at Singleton Hospital, Swansea (2 days per week).

Patients are referred for a range of PET-CT scans by members of the relevant multi-disciplinary team (MDT).

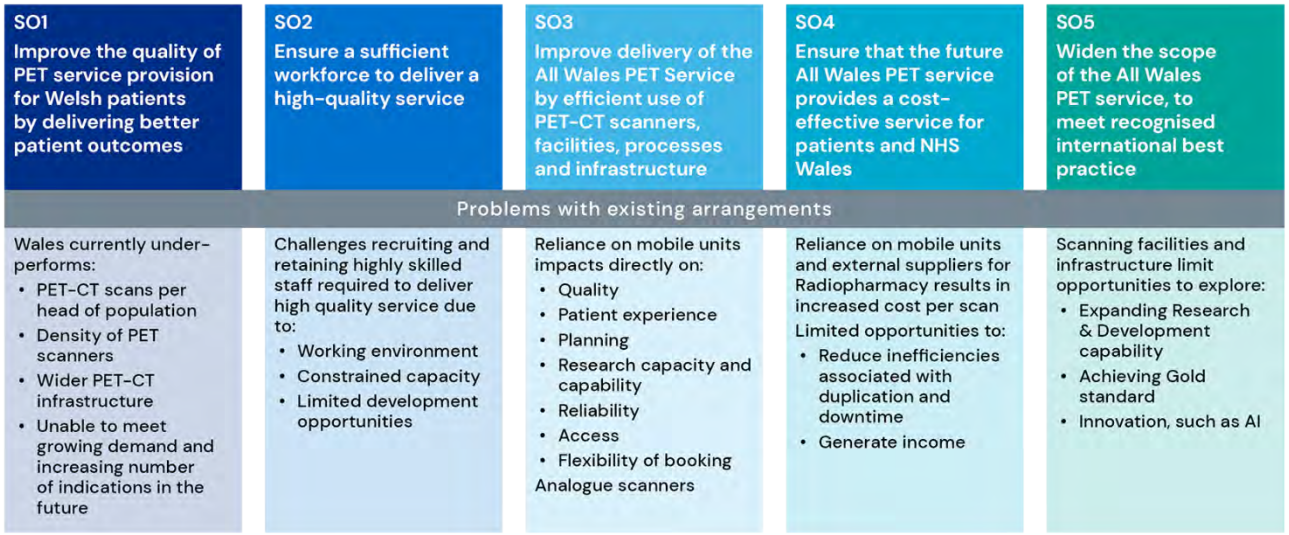
Business Needs

Continuing with existing arrangements is not feasible because there are some significant business needs which will result in deterioration of the service, growing costs and impact on clinical outcomes and patient experience. Specifically, these include:

- There is a growing and aging population, thus the demand for PET-CT is increasing substantially in countries across the world. Critically, in his 2020 report ‘Diagnostics: Recovery and Renewal’, Professor Sir Mike Richards indicated that between 2014/15 and 2018/19 demand for PET-CT in England increased by 18.7% per annum in England. He recommended that scanning equipment should, as a minimum, be expanded in line with current growth rates and that all imaging equipment older than 10 years be replaced.
- However in Wales, scanning activity levels are low compared with the rest of the UK. It is estimated that Wales is currently performing approximately 40% of the PET scans per head of population compared to England (2020). In addition, NHS Wales has a list of commissioned indications for PET-CT which is limited compared to England and Scotland. Furthermore, Wales has just 0.6 scanners per million population versus ~1.0 scanners per million population in other devolved nations. The picture becomes bleaker when comparing performance and infrastructure with the rest of Europe and beyond.
- Several other significant considerations for this programme are:

- there are patient experience and quality issues associated with mobile scanners that are currently used in South West and North Wales,
- the analogues fixed scanner at PETIC is older than its useful life, causing a significant service delivery risk,
- there are critical workforce issues facing the wider imaging and nuclear medicine professions, with staffing levels low and many core personnel being close to retirement,
- there are issues facing the assurance of radiopharmaceutical supply across Wales, with some but not all radiopharmaceuticals being produced at PETIC in Cardiff and the production facility requiring investment to update equipment, and
- there is a clear need for equitable patient access to research, development and innovation activity in Wales.

The spending objectives are therefore not achievable under current arrangements. Problems with the existing arrangements are described in relation to each of the spending objectives in the figure below.



Addressing the business needs and delivery of the spending objectives will deliver a range of benefits including:

- Improved quality and reduction in patient harm
- Workforce resilience
- Improved efficiency and economy
- Improved access reducing patient travel time
- Cost effective service supported by income generation
- Provide capacity that meets population needs in line with international best practice
- Increased opportunities for Research and Development
- Increased opportunities for innovation

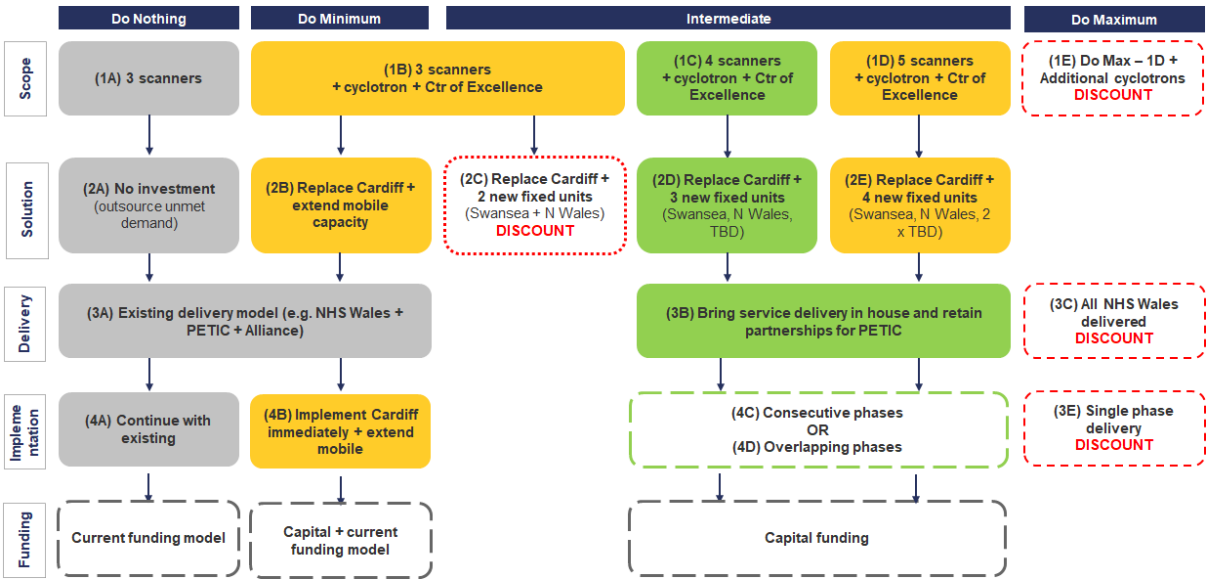
The PBC has a detailed benefits log as part of its appendices.

The Economic Case

In accordance with HM Treasury's Green Book 2020 (A Guide to Investment Appraisal in the Public Sector) and Better Business Case guidance, a wide range of options have been considered that could deliver the agreed spending objectives for the following five categories of choice:

- Scope (service and geographical coverage)
- Solution (including services and required infrastructure)
- Service delivery (who will deliver the required services)
- Timing and phasing of delivery
- Funding of the investment

Stakeholders identified a long list of options for each of these categories and assessed them in relation to how well each meets the agreed spending objectives and critical success factors. An overview of the long list is shown in the diagram below.



The results of this were aggregated into a shortlist of options as shown in the table below.

Options	Option 1 Business as Usual	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Scope	**3 Scanners (Core scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales	**3 Scanners (Core + Desirable scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff • Centres of Excellence facilities (with new scanners)	**4 scanners (Core + Desirable scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff • Centres of Excellence facilities • 1 additional PET-CT or PET-MR scanner (aligned to clinical model/demand)	**5 scanners (Core + Desirable + Optional scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff Centres of Excellence facilities • 2 additional PET-CT or PET-MR scanner (aligned to clinical model/demand)
Solution	**No investment (Outsource unmet demand to mobile providers)**	**Replace Cardiff equipment + extend mobile capacity in Swansea and North Wales**	**Replace Cardiff equipment + 3 new fixed units (Swansea, North Wales, 1 location to be determined)**	**Replace Cardiff equipment + 4 new fixed units (Swansea, North Wales, 2 locations to be determined)**
Delivery	**Existing delivery model** (e.g. NHS Wales + PETIC + Alliance)	**Existing delivery model** (e.g. NHS Wales + PETIC + Alliance)	**Bring service delivery in house and retain partnerships for PETIC**	**Bring service delivery in house and retain partnerships for PETIC**
Implementation	**Continue with existing arrangements**	**Deliver Cardiff replacement + extend mobile provision**	**Phased approach** • Cardiff 2021/22 • North Wales 2023/24 • Swansea 2023/24 • 4th scanner 2026/27	**Phased approach** • Cardiff 2021/22 • North Wales 2023/24 • Swansea 2023/24 • 4th scanner 2026/27 • 5th scanner 2028/29
Funding	**Current funding model**	**Capital and revenue**	**Capital funding**	**Capital funding**

The following shortlist was therefore carried forward to the economic appraisal to evaluate the costs, benefits and risks in order to identify the option that is most likely to offer best public value for money:

- Option 1 – Business as Usual: Do nothing.
- Option 2 – Do Minimum: Retain 1 fixed scanner and extend capacity of 2 mobile scanners.
- Option 3 – Preferred Way Forward: Provide 4 fixed scanners (10-year programme).
- Option 4 – More Ambitious: Provide 5 fixed scanners (10-year programme).

At Project business case stage, the development of detailed designs which will determine patient flows and resource requirements will allow costs, benefits and risks to be estimated with a greater degree of certainty. For the purposes of the PBC, indicative capital costs have been estimated by SES and indicative revenue costs, benefits and risks have been estimated based on high-level assumptions which are outlined in detail in the Economic Case.

Based on these assumptions, the Comprehensive Investment Appraisal (CIA) model has been prepared to estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option. An overview of the results is presented in the table below.

	Option 1 **Business as Usual (BAU)**	**Option 2** **Do Minimum**	**Option 3** **Preferred Way Forward**	**Option 4** **More Ambitious**
Description	Do nothing	Retain 1 fixed and extend capacity of 2 mobile scanners	Provide 4 fixed scanners (10-year programme)	Provide 5 fixed scanners (10-year programme)
Incremental NPSV	-	£4.4m	£54.0m	£68.3m
Benefit Cost Ratio	-	0.00	2.30	2.38
Average cost per scan (10 year period)	£935	£898	£729	£708
Sensitivity and risks	Consistently ranks as worst value for money even with significant changes in assumptions	Consistently ranks as second worst value for money even with significant changes in assumptions	Ranks as best value for money if demand growth is lower than 17.5% year on year	If demand growth is lower than predicted 5th scanner will be significantly underutilised

The analysis concluded that although Option 4, which involves a programme to provide five fixed scanners within the next 10 years, results in the highest NPSV and Benefit Cost Ratio, this is relatively sensitive to changes in the demand growth assumptions. Option 3, which involves a programme to provide four fixed scanners within the next 10 years, delivers the second highest NPSV and Benefit Cost Ratio, while providing greater flexibility to review requirements as more evidence emerges about demand growth in the future.

It is therefore recommended that Option 3 is carried forward as the preferred way forward for delivering the programme and the potential need for a fifth scanner assessed at a later date.

The Commercial Case

The Programme will look to acquire four fixed, digital (Artificial Intelligence enabled) PET-CT scanners and install these key items of equipment at four locations across Wales. This procurement includes ancillary equipment, radiotherapy adaptations, in addition to an ion source and hot cell replacement for the cyclotron at the Cardiff site.

In line with clinical demand and workforce availability, the implementation of the Programme will need to be carried out in a phased manner. Dependent upon the timings of the phases and or the available funds, it may be possible to aggregate NHS Wales' purchasing requirements so as to generate additional value.

There are multiple procurement routes that can be followed, however all of the major items of equipment are available on a compliant pre-approved framework. NHS Wales has direct access to this framework and at the time of writing it is thought that Cardiff University can, through its own procurement department, access this same agreement.

Given the scale and impact on current Welsh NHS services that the All Wales PET Programme will deliver, it is imperative to ensure appropriate governance is in place for procurement. As such we propose that a multidisciplinary team will make up membership of a Procurement Workstream that will support the Programme.

The Procurement Workstream will be made up of specialist colleagues from both NWSSP-SES and NWSSP-PS, in addition to local procurement and estates and facilities teams to ensure that expertise and information is shared effectively and efficiently.

The Financial Case

Delivery of the preferred way forward, which involves implementing a programme that will deliver four fixed digital scanners in Wales requires capital investment of £24.881m for which funding is sought from Welsh Government.

As well as delivering a wide range of non-financial benefits in relation to service improvements and patient experience and outcomes, this will enable three of the scanners to reduce the average cost per scan to £572, compared with an average cost from external providers of £935. This will result in an overall average cost per scan for all four scanners over a 10-year period to £729.

Indicative modelling suggests that revenue costs could increase by £25.6m by 2030/31 based on predicted demand growth. This investment will contribute to mitigating the ongoing cost pressure associated with growing demand including:

- Reduction in average cost per scan resulting in £6.6m annual financial benefit by 2030/31.
- Opportunities to deliver system-wide financial benefits due to increased PET-CT scanning reducing the need for high-cost late stage interventions. There is insufficient detail available on specific demand by patient pathway to calculate this at this stage.
- Opportunities for income generation from RD&I activities which, based on 7% of predicted demand, is estimated at around £3.3m by 2030/31.

Revenue funding for PET scanning is currently provided via WHSSC on a price-per-scan basis, with existing service providers charging WHSSC an agreed price for each scan carried out. WHSSC has

included projected growth in PET scanning demand within the WHSSC ICP plan. It is expected that each local organisation that will host a PET-CT scanner will make clear how they, as service providers commissioned by WHSSC, will incorporate the additional revenue implications i.e. staff and running costs, into the price-per-scan that they charge WHSSC.

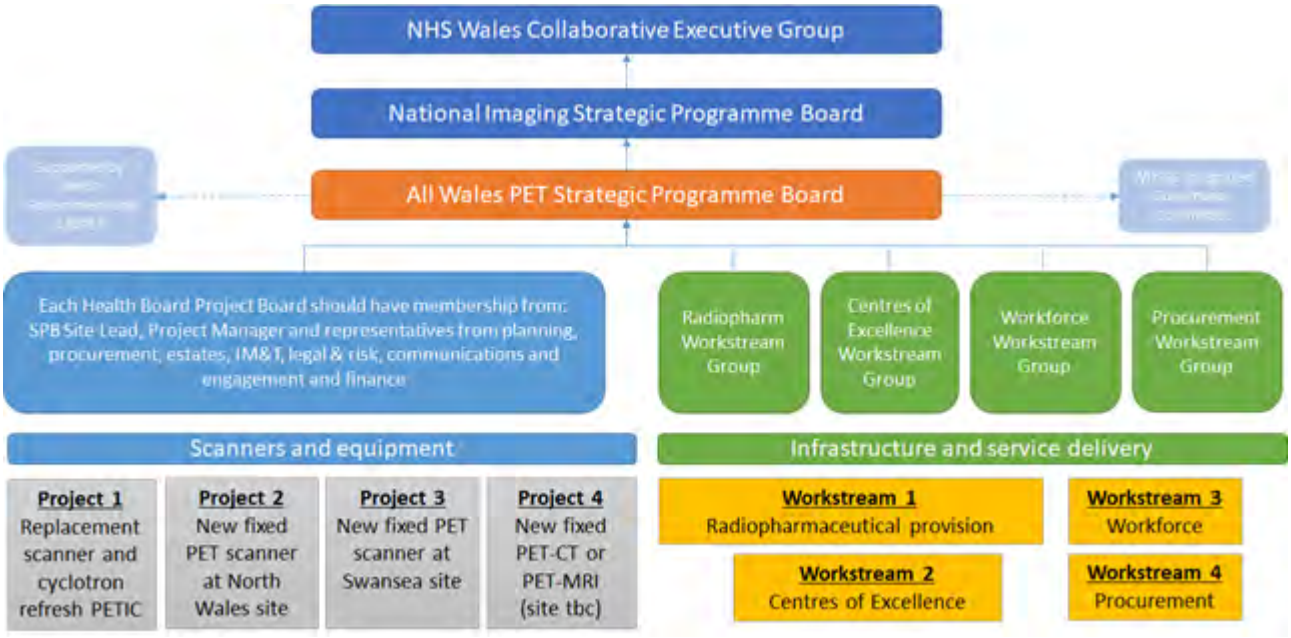
The Management Case

Programme structure

The All Wales PET Programme is a strategic Programme that is hosted by WHSSC and sits within the "Strategic Resource Planning" category of the National Imaging Programme Strategic Board (NIPSB). The NIPSB is hosted and supported by the NHS Wales Collaborative and the NHS Wales Collaborative Executive Group (CEG).

The All Wales PET Strategic Programme Board (SPB) is the formal decision making forum for the programme, and is chaired by the NHS Senior Responsible Officer (SRO), the Managing Director of WHSSC, Dr Sian Lewis.

The Programme structure as set out below ensures clear accountability and also deploys mechanisms to facilitate decision making, escalation, communication and alignment.



The scope of this Programme is limited to procurement of the following list of equipment:

- Four digital PET-CT Scanners (Artificial Intelligence enabled; one scanner at each site);
- Ancillary equipment and phantoms (robotic radiotracer dispenser);
- Radiotherapy adaptions (laser bridge, flat table top).

The equipment is to be located at Cardiff (replacement scanner), Swansea (new scanner) and North Wales (new scanner). The fourth scanner (new) placed at a location to be defined at a later date will be based upon clinical demand and population density. Associated build works for the PET site

facilities are also within scope. Furthermore, refresh of equipment connected with the cyclotron at Cardiff is within scope of this Programme, thus requiring procurement of:

- Ion source replacement within the cyclotron
- Hot cell replacement and associated GMP build.

Supporting infrastructure to PET has been identified as an essential consideration to the success of the PET Programme delivery, including workforce and research and development. As such, these elements have been considered as within scope and are addressed in the Programme structure, with a series of sub projects for implementation works and supporting workstreams.

Programme Plan

Programme implementation will be phased so that sufficient time is given to scrutinise supporting business cases for Projects. This will ensure supporting infrastructure requirements are solved at appropriate timings, in order to optimise delivery and ultimately PET service provision.

Identifier	Business Case (BC)	Proposed date of Welsh Gov. approval of BC	Proposed "go live" date	
Tranche 1				
Project 1	BJC	July 2021	PET Scanner	March 2022
			Ion Source replacement	March 2022
			Hot Cell replacement	March 2023
Tranche 2				
Project 2	SOC1	July 2021	January 2024	
	OBC/FBC	March 2022		
Project 3	OBC2	November 2021	November 2023	
	FBC2	July 2022		
Tranche 3				
Project 4	SOC2	September 2023	August 2026	
	OBC3	June 2024		
	FBC3	May 2025		
Tranche 4				
			January 2027	

Further to endorsement of the PBC, the programme will expand to provide the capacity to procure, prepare and implement the programme solution. At the time of writing, the NHS Wales Collaborative fund a programme manager that is hosted by WHSSC on a fixed-term basis. This role forms the core of the All Wales PET Programme Management arrangements and is funded until at least March 2022.

The anticipated annual staffing cost of the Programme Implementation is £115k and will consist of a national programme manager and administrator, providing a total cost of £575k over the five year total implementation and evaluation period. Local organisations that will host a PET-CT scanner will

need to source a project manager from within their existing resource for the duration of local implementation and these arrangements should be outlined in subsequent business cases.

External Programme Review and Assurance

This Programme has clearly defined internal governance arrangements and will be subject to the OGC Gateway™ Review processes. The Programme will also be subject to audit by the NWSSP (Audit and Assurance Services).

Benefits realisation

A detailed Benefits Register is included in the full Management Case, alongside detailed Benefits Maps. On endorsement of this PBC, the baselining of these benefits will begin in advance of implementation of scanners.

Risk Management

The All Wales PET Programme will utilise its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from Project boards and Workstream groups, through to the Strategic Programme Board and/or the Health Board/Trust, as appropriate.

Post Programme Evaluation

The All Wales PET Programme is committed to ensuring that a thorough Post-Programme Evaluation (PPE) is undertaken after the Programme has concluded, to ensure that positive lessons can be learnt. This is noted in tranche 4 of the Programme Plan.

The All Wales PET Programme is also committed to ensuring that lessons are learned at all key stages during implementation, so these can be fed into the wider Programme.

As such, there will be two Evaluation sessions held after each Tranche:

- **Lessons learned and post tranche review** – to be held two to three months post tranche completion.
- **Evaluation of benefits, outcomes & spending objectives** – to be held six to twelve months post tranche completion.

1 Strategic Case

1.1 Introduction

1.1.1 Purpose

The purpose of the Programme Business Case (PBC) is to set out the case for an All Wales Positron Emission Tomography (PET) Programme with sufficient capacity to meet the projected increased demand for PET scanning over the next ten years. It considers the requirements in terms of infrastructure, workforce, and research, development and innovation (RD&I).

This introductory section of the PBC provides an overview of:

- The context of the proposed investment.
- The governance arrangements for the programme.
- The structure and the content of the PBC.

1.1.2 Context of proposed investment

A PET-CT scan is where Positron Emission Tomography is combined with Computerised Tomography (CT) to produce a highly detailed image. This combination is the most commonly used approach in PET scanning and as such, scanning may be referred to as either PET or PET-CT throughout this document.

PET-CT scanning services in Wales are commissioned by the Welsh Health Specialised Services Committee (WHSCC) [1, 2]. NHS Wales currently has three providers delivering PET-CT services, and the respective University Health Board (UHB) where these are located are responsible for managing the service:

- A fixed site at the University Hospital of Wales in Cardiff (the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre; PETIC) (Cardiff and Vale UHB).
- A mobile service at Wrexham Maelor Hospital (2 days per week) (Betsi Cadwaladr UHB)
- A mobile service at Singleton Hospital, Swansea (2 days per week) (Swansea Bay UHB).

PET-CT has become a central diagnostic tool in the management of cancer, and increasingly in many non-cancer conditions. Its role and the evidence base continue to evolve. Although it is a relatively expensive investigation, when used appropriately PET-CT can significantly improve clinical decision making, particularly with respect to the appropriate use of complex and expensive specialist treatments.

There is an increasing body of high-quality evidence to demonstrate the contribution of PET to improved patient outcomes. There are many studies that have demonstrated the role PET-CT has in accurately determining the staging of certain cancers and subsequent treatment plans, which enables reduction of inappropriate patient management and allows for best prognosis and patient care [3, 4, 5].

Demand for PET-CT is growing, however in Wales, scanning activity levels are lower compared with the rest of the UK. It is estimated that in 2019 Wales was performing approximately 33% of the PET scans per head of population compared to England. In addition, NHS Wales has a list of funded

indications for PET-CT which is limited compared to England and Scotland. The picture becomes bleaker when comparing performance with the rest of Europe and beyond.

In November 2018, the All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) produced a report "Positron Emission Tomography (PET) in Wales – Overview and Strategic Recommendations" [6].

A detailed summary of this report is available in section 2.11. One of its five key recommendations was that WHSSC should be commissioned to produce a PBC for PET-CT capacity in Wales that considers increased demand projections, estates, staffing requirements and research.

In March 2019, the Director General, Health and Social Service/NHS Wales Chief Executive, Welsh Government endorsed the report recommendations and outlined the expectations for NHS Wales to collaborate on their implementation. As there was recognition that additional capital investment would be required to develop the service, the Director General requested that WHSSC develop the PBC, with support from the National Imaging Strategic Programme Board (NIPSB), to guide the development of future service provision for the whole of Wales.

This document sets out the PBC which:

- Explores the case for change in terms of the gap between existing arrangements and future business needs.
- Describes the appraisal undertaken to identify a preferred option for the future service model that will address this gap and deliver optimum public value for money.
- Assesses alternative procurement routes available to deliver the preferred way forward.
- Determines the overall capital and revenue requirements and assesses affordability.
- Sets out the programme management arrangements to deliver the preferred option.

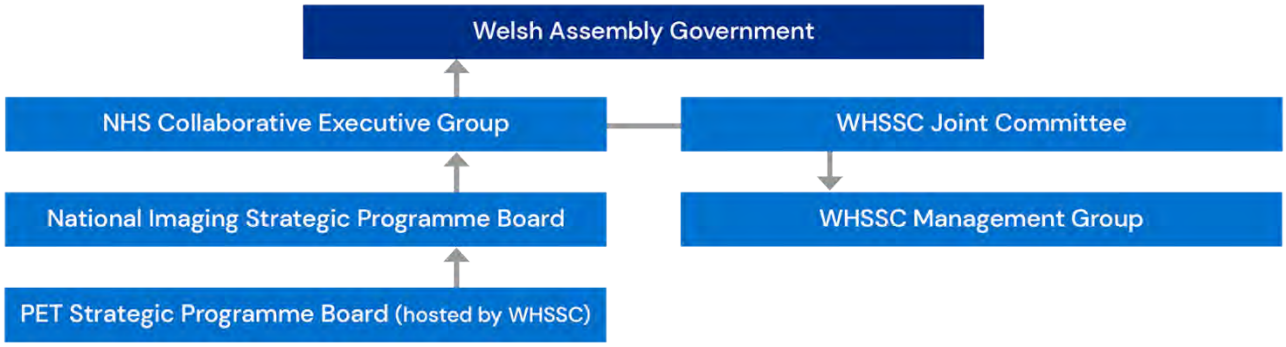
1.1.3 Programme governance

The PET Strategic Programme Board (SPB) was established to develop and implement the recommendations from the AWPET report (see section 1.3.8).

The Senior Responsible Officer (SRO) of the Programme Board is Dr Sian Lewis, Managing Director, WHSSC and Deputy SRO is Dr Andrew Champion, Assistant Director, Evidence Evaluation and Effectiveness, WHSSC.

The SPB is accountable to the National Imaging Strategic Programme Board (Figure 1).

Figure 1: Programme governance structure



1.1.4 Structure and content of the PBC

This PBC follows the Five Case Model in line with HM Treasury Green Book and Welsh Government best practice guidance as set out in 'Better Business Cases: Guide to Developing the Programme Business Case'1. The structure of the PBC is outlined in the table below.

Table 1: Structure of the Programme Business Case

Case	Section		Purpose
Strategic Case	1.1	Introduction	Sets out the background and programme governance.
	1.2	PET Scanning Context	Provides context for the proposals by describing what PET is, the steps involved in a PET-CT scan, an overview of the production of radiopharmaceuticals and specialist workforce.
	1.3	Strategic Context	Provides an overview of current services and explains how the programme is strategically placed to contribute to the delivery of organisational goals.
	1.4	Case for Change	Establishes the case for change by outlining the spending objectives, existing arrangements and business needs.
	1.5	Potential Scope	Identifies the potential scope of the programme in terms of the operational capabilities and service changes required to satisfy the identified business needs.
	1.6	Benefits and Risks	Identifies the benefits, risks, constraints and dependencies for the project.
Economic Case	2.1	Options Identification	Explores the preferred way forward by agreeing critical success factors (CSFs), determining the long list of options, and undertaking a SWOT analysis to identify a shortlist of options.
	2.2	Economic Appraisal	Appraises the economic costs, benefits and risks for the shortlisted options. Identifies the preferred way forward by reviewing the outputs of the economic appraisal, as well as consideration for the benefits and risks of each of the three shortlisted options to determine which option offers the best value for money
Commercial Case	3	Procurement Arrangements	Outlines the procurement strategy and the contractual arrangements for development of the deal that is required to deliver the preferred solution for the programme.
Financial Case	4	Financial Appraisal	Sets out the forecast financial implications of the preferred way forward.
Management Case	5	Management Arrangements	Sets out the arrangements put in place to manage the programme to successful delivery.

[1] https://gov.wales/better-business-cases-investment-decision-making-framework

1.2 PET scanning Context

1.2.1 Introduction

This section of the PBC provides context to the All Wales PET Programme by providing an overview of PET including:

- A description of PET.
- The steps involved in PET-CT scans.
- The production of radiopharmaceuticals.
- Specialist workforce for PET scanning.

1.2.2 What is PET?

Positron emission tomography (PET) is a scanning technique that produces detailed 3-dimensional (3D) images of the inside of the body. The images can clearly show the part of the body being investigated, including any abnormal areas, and can highlight how well certain functions of the body are working.

A PET-CT scan is most commonly used where PET is combined with Computerised Tomography (CT) to produce an even more detailed image. The main clinical benefit of using PET-CT scanning lies in its ability to link changes in metabolic activity (PET), with anatomical imaging (CT), allowing for more accurate identification of the location, size and shape of tumours through identifying abnormal cellular activity. PET can also be used alongside Magnetic Resonance Imaging (MRI).

PET-CT scans are particularly helpful for investigating cases of cancer, for example to determine how far the cancer has spread and how well it is responding to treatment. As PET is a functional technique, it can detect tumours and metastatic spread of cancer much earlier than other anatomical imaging techniques such as CT or MRI. Indeed, PET is more sensitive than either CT or MRI in the detection of cancer and results in more accurate staging and typically changes patient management in 30-40% of patients that are scanned.

The breadth of application of PET-CT scanning is expanding and it is increasingly being used to help plan operations, such as a coronary artery bypass graft or brain surgery for epilepsy. Some specific scanning can assist in the diagnosis of conditions such as dementia, Alzheimer's or Parkinson's disease.

PET scanners work by detecting the radiation given off by a substance that has been injected into the body as it is metabolised in different parts of the body. This substance is called a radiopharmaceutical. Radiopharmaceuticals consist of two components: a radionuclide and a biological molecule or "carrier". The radionuclide is chosen on the basis of the radioactive decay characteristics.

Positron emitting radionuclides decay via emission of positrons (particles with the mass of electrons but with a positive charge). Positrons interact with surrounding electrons in the body. This electron and positron interaction causes the annihilation of both particles, releasing energy in the form of two 511keV gamma photons which travel in opposite directions. The resulting gamma rays are detected by a ring of detectors - the PET camera - that surround a patient during a scan. The ring of detectors feeds into computer software that creates a 3D image of the radiopharmaceutical presence in the body.

The carrier molecule, for example glucose, is chosen to match a particular function within the body. Therefore, altering the carrier molecule means that clinicians are able to target specific organs, tissues or cells within the human body. In most PET scans a radiopharmaceutical called

fluorodeoxyglucose (18F-FDG) is used. The 18F is the radionuclide and the DG (deoxyglucose) is the carrier.

The deoxyglucose is metabolised by the human body in a similar manner to glucose. Tumours often demonstrate increased metabolism and as a result will show up as areas of increased 18F-FDG uptake on the PET scan.

By analysing the areas where the radiopharmaceutical is metabolised, it is possible to visualise how well certain body functions are working and identify any abnormalities. For example, a concentration of 18F-FDG in the body's tissues can help identify cancerous cells because cancer cells use glucose at a much faster rate than normal cells.

1.2.3 Steps involved in a PET-CT scan

Before the scan, the radiopharmaceutical is injected into a vein in the patient's arm or hand. The patient needs to wait quietly and keep warm for about an hour to give the radiopharmaceutical time to be absorbed by the cells in the body, a process known as 'uptake'. It is important to relax while waiting because moving and speaking can affect how and where in the body the radiopharmaceutical is absorbed.

Figure 2: a PET-CT scanner

During the scan, the patient lies on a flatbed that is moved into the centre of the scanner.

The duration of a scan depends on which part of the body is requested for imaging, and which radiopharmaceutical is being used.

On average and in general, scans typically take between 30 minutes for an 18F-FDG scan and 45 minutes for an 18F-PSMA scan.

Following the scan, a patient is asked to make use of a "hot toilet" where any radioactive material that may be present in the patient's body, may be safely expelled and managed.

For more details on the steps involved, please see Appendix 1: Service Operating Model.

1.2.4 Production and management of radiopharmaceuticals

Approximately 95% of PET-CT scans are currently performed using a radiopharmaceutical called fluorodeoxyglucose or 18F-FDG. Many other radionuclides are under development and are likely to see widespread use, both in the clinic and for research, within the next five years.

The decay of a radioactive substance is termed "half-life" and this refers to when the unstable radioactive nuclei has decayed. Typical half-life is a matter of hours, some are within minutes, and such preparations therefore have very short "shelf-lives". 18F has a two-hour half-life and, as a result, radiopharmaceuticals labelled with 18F require manufacture and use on the same day. Furthermore, the shelf-life of a radiopharmaceutical is dependent on the radiochemical stability and impurities

within the preparation. For example, 18F based preparations such as 18F-FDG and 18F-PSMA are normally intended to be used within 10 hours of preparation.

As a result of this short half-life, radiopharmaceuticals must be produced immediately prior to use in patients. This is a significant factor for consideration when planning the location of a PET scanner as it needs to be easily accessible for delivery of the radioactive material, to ensure that a sufficient dosage arrives in time for a patient's scan.

Radionuclides for PET radiopharmaceuticals are produced in cyclotrons. A cyclotron is a particle accelerator, an electrically powered machine which accelerates charged particles in a spiral path and produces a beam of charged particles. These particles are then processed in a clean room and combined with a pharmaceutical molecule to produce a radiopharmaceutical for use in patients.

The proximity of the PET-CT scanner to the cyclotron has a bearing on 'recovery' plans should the cyclotron or scanner fail at a given session. If a scanner is located near to a cyclotron, the more feasible it is for a rapid second delivery of radiopharmaceutical should the first batch be wasted due to scanner delays or faults or should the cyclotron fail to manufacture a first batch of suitable quality.

The production of radiopharmaceuticals is strictly controlled. Production centres must have a licence from the Medicines and Healthcare Products Agency (MHRA) to manufacture and supply radiopharmaceuticals for PET-CT imaging for both clinical and clinical trial use. There are three types of license:

- **Marketing Authorisation (MA):** supplying the product commercially. For example, ^{18}F-FDG.
- **Investigational Medicinal Product (IMP):** supplying the product to sites carrying out a research trial (cannot be administered to a patient outside of a clinical trial)
- **Specials License[2]:** this is where a production centre can manufacture to a specification, satisfy itself of the quality and supply other sites where a marketing authorisation is not in place. For example, ^{68}Ga or ^{18}F-PSMA and ^{18}F-DOPA.

The handling of radioactive materials and disposal of radioactive waste is also strictly controlled and is an important consideration in the planning and design of PET-CT facilities.

The radiological installation or operator organisations that use radioactive substances will inevitably produce such waste following the administration of PET radiopharmaceuticals to patients.

The keeping and use of radioactive materials, and the accumulation and disposal of radioactive waste or activities will be detailed in site-specific permits issued by the Environment Agency (EA) (Natural Resources Wales (NRW) in Wales). Radiological risk assessments will be required as part of the permit application process. An overarching procedure for managing PET radioactive waste at a radiological installation should describe the best available techniques to minimise the impact on the public and the environment from the use and disposal of such waste.

Operators who accumulate, dispose or manage radioactive waste must appoint a suitable radiation protection expert. Radioactive Waste Advisors (RWA) are specialists in radioactive waste management and environmental radiation protection. In particular, a designated 'hot' toilet is required for PET patients and a lockable shielded safe is required to decay-store PET radioactive waste.

[2] The Medicines Act 1968 allows a GMP facility to produce and sell unlicensed radiopharmaceuticals as 'specials' if they are not licensed in the jurisdiction of the UK. If they are licensed (have a MA) they can be made for local use but cannot be sold (or given) to another institution. All 'specials' radiopharmaceuticals can furthermore be subjected to a MA which (once granted) would preclude existing facilities to manufacture the product for sale

1.2.5 Specialist workforce for PET scanning

PET-CT is a complex imaging modality (sub-speciality of nuclear medicine) that requires a specialist skill mix for a service to run. The reasons that necessitate such a specialist skill mix include the handling and administration of radioactive material, dealing with radioactive waste and operating highly technical equipment. As such, it is a tightly regulated field of work (note IR(ME)R 2017, IRR17, Environmental Permitting Regulations 2016). These regulations govern the practice of PET-CT as well as the rest of nuclear medicine. Given the level of specialisation within PET-CT, most staff members start their careers in general SPECT nuclear medicine and specialise later in PET-CT. Therefore there is transferability of skills between PET and nuclear medicine.

It is a legal requirement under IR(ME)R 2017 for employers to hold an Administration of Radioactive Substances Advisory Committee (ARSAC) licence at each medical radiological installation (hospital, etc.) where radioactive substances are to be administered to humans, and additionally for practitioners to hold individual ARSAC licences in order to justify the administration of those substances. A nuclear medicine service cannot therefore operate without these licences in place.

It is the ARSAC who provides advice to the relevant licensing authority on the issue of these licences. Practitioners who wish to apply for a licence to enable them to support a comprehensive diagnostic nuclear medicine imaging service should have satisfactorily completed the Royal College of Radiologists (RCR) Radionuclide Radiology Subspecialty Training Programme, the Royal College of Physicians (RCP) Nuclear Medicine Speciality Training Programme or demonstrate an equivalent level of training.

1.3 Strategic Context

1.3.1 Introduction

This section of the PBC outlines the strategic context for the All Wales PET Programme by providing an organisational overview and explaining how the proposals are strategically placed to support the delivery of organisational goals. It includes:

- An overview of the lead organisation and stakeholders.
- An analysis of population needs including demographic growth and disease prevalence.
- An outline of how the programme is essential to achieving the overall business strategies and aims of NHS Wales.
- A description of how the programme contributes to strategic goals within the context of the Imaging service.
- An overview of interdependencies with other relevant programmes and strategies.

1.3.2 Organisation overview

The All Wales PET Programme is led by Welsh Health Specialised Services Committee (WHSSC). WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of local health boards in Wales.

WHSSC Commissioning policies define the specialised services commissioned by WHSSC on behalf of the seven Welsh health boards and the criteria that must be met for Welsh patients to access the treatment.

WHSSC Service specifications are important in clearly defining what WHSSC expects to be in place for providers to offer evidence-based, safe and effective services and importantly, sets equitable access to services for Welsh patients.

WHSSC supports NHS Wales and the Health Boards by ensuring that there is equitable access to safe, effective, and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources. WHSSC has an established Prioritisation Process and Risk Management Framework to help identify the priorities for the WHSSC Integrated Commissioning Plan (ICP) [7].

WHSSC must ensure that any new investment decisions are affordable, offer value for money and are supported by convincing evidence of safety and effectiveness. To do this WHSSC runs an annual prioritisation process to determine the relative prioritisation of new interventions within specialised services. The process is facilitated by the WHSSC Clinical Impact Assessment Group (CIAG) and their recommendations (or priorities) are subsequently presented in the WHSSC ICP.

The WHSSC ICP 2020-23, which was approved by Joint Committee in February 2021, included investment in a number of new key clinical areas recommended by CIAG. This included a recommendation to support 20 new or updated PET indications across six disease areas that will account for an additional 679 scans per year across Wales.

Other stakeholders for the programme are:

- All Health Boards in NHS Wales;
- Velindre University NHS Trust;
- Cardiff University;
- PET providers in NHS England commissioned by WHSSC;
- National Imaging Strategic Programme Board (NIPSB);
- Welsh Government;
- Imaging Workforce and Education Group (IWEG);
- NHS Health Collaborative;
- Wales Cancer Network and other relevant specialist groups or organisations (e.g. Royal College of Radiologists);
- National Imaging Academy Wales (NIAW);Health Education and Improvement Wales (HEIW);
- Digital Health and Care Wales (DHCW; formerly the NHS Wales Information Service).

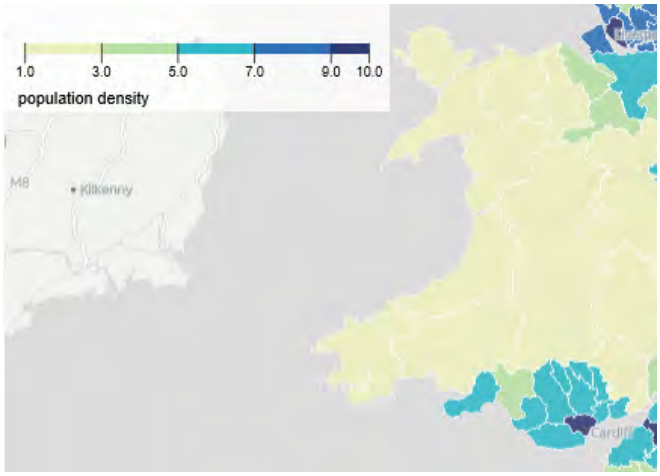
Collaboration with:

- Consultant Radiologists;
- Nuclear Medicine;
- Medical Physics;
- Cancer MDTs and non-cancer MDTs;
- Planning and Estates departments.

1.3.3 Population needs: Demographic growth

The mid-2019 population of Wales was 3,152,879 (1,554,678 males at 49.3%, and 1,598,201 females at 50.7%) (Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, ONS, June 2020).

Figure 3: Population density



Map sourced from Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, ONS, June 2020

Predicted population growth for Wales over the next 10 years is 0.25% p.a. (“Stats Wales: Population projections by local authority and year”, 2018), which suggests that the population of Wales is likely to be 3.2 million by 2031.

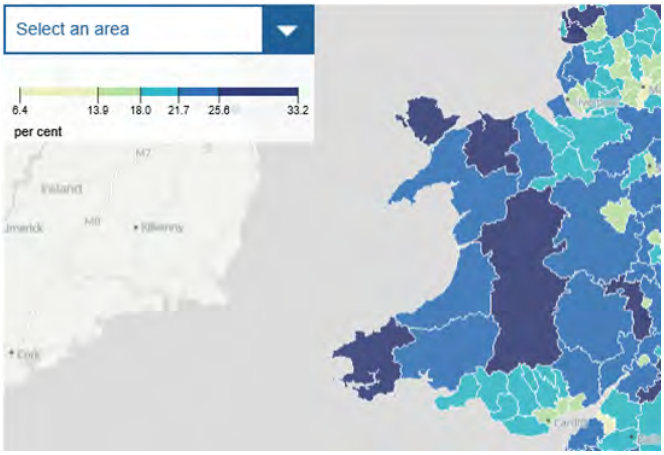
This is a modest growth and is in line with the 2018 National Population Projections by the Office of National Statistics.

The 2020 population density across Wales can be seen in Figure 3, where Cardiff and the surrounding South Wales areas have the highest density of people. The highest density of Welsh citizens in North Wales is centred on Wrexham.

The population aged 65 years and over experienced the highest level of growth of any broad age group in 2019 (ONS, Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland). There was a relatively uniform increase in the number of people aged 65 years and over in the year to mid-2019 across the constituent countries of the UK, with England

(1.7%), Scotland (1.8%), Wales (1.6%) and Northern Ireland (2.1%) all experiencing a similar proportion of growth.

Figure 4: Proportion of population 65 or older



Map sourced from Dataset: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, ONS, June 2020

The 2019 ONS Dataset critically demonstrated how Welsh rural areas typically have older populations than cities. This is an important consideration in service provision and access to key clinical services (Figure 4).

More detail on population growth estimates can be found in Appendix 2.

1.3.4 Population needs: Disease Prevalence

Although Welsh population growth over the next 10 years will be modest, Wales is projected to realise growth in the 65+ population of around 130,000 by 2031, which is a significant demographic shift. An aging population will mean increased overall demand for health and care services (Future of an Ageing Population, Government Office for Science, 2016).

Population ageing will mean a greater prevalence of age-related conditions, such as dementia and chronic conditions affecting the heart, musculoskeletal and circulatory system. Data from Cancer Research UK correlates increased incidence of cancer with age at diagnosis (Cancer Research UK, https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Zero, Accessed January 2021).

Wales has a higher prevalence of cancer and chronic heart disease than the UK average. Although dementia in Wales is at a slightly lower prevalence to the UK average, projections are for a substantial increase in the overall number of cases from 822,000 to 940,000 by 2031 in the UK, and more than 1.7 million by 2051 (Alzheimer's Society (2014) Dementia UK: Update, https://www.alzheimers.org.uk/dementiauk, Accessed January 2021). Therefore dementia rates in Wales will likely rise in line with the rest of the UK, and as a marker of an aging population of Wales.

This disproportionate demand on services will include increased requests for imaging diagnostics, which is an important consideration when looking to predict future demand for PET-CT scans. In particular, conditions such as cancer, chronic heart disease and dementia are believed to be the biggest drivers for future PET scanning.

1.3.5 NHS Wales business strategy and aims

The proposals outlined within this PBC are aligned with the national strategic context, supporting a broad range of national strategies and policies. An analysis of these is provided in the table below, showing how the programme will support their delivery.

Table 2: Programme alignment with national strategies

Strategy/Policy	Summary	How the All Wales PET Programme supports this
The NHS Wales Planning Framework 2020-23 [8]	The Framework sets high quality as a key priority which underpins all aspects of services, settings and contacts with the NHS in Wales. It states the need for health organisations to focus on the populations for which they are responsible, with an emphasis on prevention and early intervention, reducing health inequalities, timely access to care and working with wider partners to deliver the best possible services for citizens in Wales.	Patients across Wales will have equitable access to PET-CT services. There will be sufficient capacity within the service to cope with anticipated demand for PET-CT. High-quality, detailed scanning will lead to more accurate diagnosis, improved treatment planning and improved outcomes for patients.
The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018) [9]	The Parliamentary Review set out a vision for the future, to include health and social care moving forward together and developing primary care services out of hospitals. The Review's recommendations focus on key themes around seamless care, a great place to work and maximising the benefits of technology and innovation.	Providing seamless care. Improving facilities. Providing greater opportunities in order to attract a highly skilled workforce Maximising the benefits of technology and innovation.
A Healthier Wales: Our Plan for Health and Social Care (June 2018) [10]	'A Healthier Wales' is the Welsh Government's response to the Parliamentary Review. It sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. It focuses on 'providing more joined-up services, in community settings', and shifts the emphasis from treating illness to prevention and supporting people to stay well and lead healthier lifestyles.	Addressing the recommendations set out in the Parliamentary Review as described above Focusing on improving access to services that will enable earlier interventions.
The Wellbeing of Future Generations (Wales) Act 2015 [11]	The Wellbeing of Future Generations Act is about improving the social, economic, environmental, and cultural wellbeing of Wales. It makes the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.	Deliver a sustainable service that focuses on Addressing health inequalities Improving outcomes for patients Attracting and developing a highly skilled workforce.

1.3.6 Imaging Service strategic aims

There are a range of strategic aims related specifically to Imaging services that are relevant to the programme including:

- Positron Emission Tomography (PET) in Wales - Overview and Strategic Recommendations, All Wales PET Advisory Group (AWPET) and the Welsh Scientific Advisory Committee (WSAC) (November 2018) [6].
- Imaging Statement of Intent, Welsh Government (March 2018) [12].
- Radiology Services in Wales, Auditor General for Wales (November 2018) [13].

- Specialised Services Commissioning Policy: CP50a Positron Emission Tomography, WHSSC and Specialised Services Service Specification: CP50b Positron Emission Tomography - Fixed and Mobile Site [1, 2].

An overview of each of these is provided in sections 1.3.7-10 below.

1.3.7 Imaging Service strategic aims: Imaging Statement of Intent

Imaging services in Wales face a number of significant challenges, for example:

- Increasing demand for non-invasive and accurate imaging modalities.
- Workforce issues related to recruitment, training, and retirement.
- The need to diagnose conditions quicker.
- New imaging techniques and technologies.

Such challenges can lead to unnecessary delays in diagnoses and treatment and there is compelling evidence of the need to transform the provision of imaging services in Wales. To respond to these challenges, it is essential that a coordinated implementation plan for imaging services in NHS Wales is developed. To prepare the ground for this, a Welsh Government-led Imaging Taskforce prepared a strategic, forward looking, Statement of Intent [12].

The table below shows how the All Wales PET Programme supports some of the Statement's key priorities.

Table 3: Programme alignment with Imaging Statement of Intent priorities

Statement of Intent Priority	How the All Wales PET Programme supports this
Workforce development	Makes the case for a well-trained and highly qualified PET-CT workforce, which is flexible and has the correct skill mix. Ensures that the PET-CT service in Wales can attract, retain and develop staff.
Equipment	Sets out the case for new, state-of-the-art equipment to replace ageing facilities, including latest generation digital PET-CT scanners to meet forecast demand for services and a new cyclotron to support the supply of radiopharmaceuticals.
Quality	Improves access to services that will enable earlier interventions and improve clinical outcomes. Provides, through new digital scanners, high quality, detailed images leading to more accurate diagnosis, improved treatment planning and improved clinical outcomes.
Services	Ensures that patients across Wales will have equitable access to PET-CT services. Increases capacity to meet the forecast growth in demand for scanning services.
Research, development and innovation	Provides modern and updated facilities that will create centres and a network of RD&I excellence for staff and will ensure that patients have equitable access to participate in clinical trials.

1.3.8 Imaging Service strategic aims: the AWPET Advisory Group 'PET in Wales' report

The AWPET report [6] provided the strategic vision for Welsh PET Services and outlined, in broad terms, a strategic plan for PET development in Wales. The table below shows how the All Wales PET Programme supports some of the report's recommendations:

Table 4: Programme alignment with AWPET report

Recommendation	How the All Wales PET Programme supports this
Indication list should be expanded based on best clinical evidence	Increases capacity to meet the forecast growth in demand for scanning services, which comes partly from a growing list of clinical indications.
Provide an outline business case (OBC) for the replacement of the end of life machine at PETIC	Sets out the case for new, state-of-the-art equipment to replace ageing facilities, including latest generation digital PET-CT scanners to meet forecast demand for services and a new cyclotron to support the supply of radiopharmaceuticals.
Produce a Programme Business Case for PET-CT capacity in Wales	This PBC forecasts capacity based on increased demand projections, and also considers the requirements for estates, staffing and research and innovation. It also ensures patients across Wales will have equitable access to PET-CT services.
Review the licensing of radiopharmaceuticals	Describes the need for an expanded supply chain for radiopharmaceuticals to support the expansion of PET-CT facilities in Wales. Sets out the case for the replacement of the cyclotron at PETIC provides an RD&I enabling workstream that will lead and support implementation of the programme, including needs to contractually assure supply outside of PETIC remit and potential MA licensing of the cyclotron at PETIC
Establish a Welsh PET innovation strategy to support RD&I	Provides modern and updated facilities that will create centres of R&D excellence for staff and will ensure that patients have equitable access to participate in clinical trials. Provides an RD&I enabling workstream and group to lead and support implementation of the programme.

1.3.9 Imaging Service strategic aims: Radiology Services in Wales, Auditor General

Given the challenges facing imaging services in Wales, the Auditor General began a review of radiology services at all health boards in late 2016. The work examined each Health Board's arrangements to meet demand for radiology examinations and made recommendations for service improvements.

Table 5: Programme alignment with Auditor General – Key findings

Key findings	How the All Wales PET Programme supports this
Despite increasing demand, diagnostic radiology examination waiting time targets are currently largely being met, however, some patients wait a long time for their examination results.	Providing the appropriate capacity to meet growing demand for PET-CT services
Recruitment, retention and an ageing workforce are threatening the sustainability of the service and limiting Health Boards' ability to train staff	Developing a PET-CT service and development opportunities that will attract and retain highly skilled staff
Ageing and underutilised equipment are making it harder for health boards to meet demand and health boards do not have the staffing resources to extend opening hours.	Replacing ageing equipment and mobile scanners with new generation digital scanners that can meet the growing demand for PET-CT services

Key findings	How the All Wales PET Programme supports this
Wales-wide radiology IT system challenges and weaknesses in local IT infrastructures inhibit radiology services' efficiency.	Replacing ageing equipment with new generation digital scanners that are enabled for future IT developments.

1.3.10 Imaging Service strategic aims: PET commissioning policy

WHSSC commission and approve funding of PET scans for the population of Wales in line with the criteria presented in commissioning policy CP50a [1] and specification CP50b [2] (which covers requirements for both fixed site and mobile scanners). This defines the requirements and standard of care essential for delivering PET-CT for people of all ages who are resident in Wales.

WHSSC is committed to regularly reviewing and updating all of its clinical commissioning policies based upon the best available evidence of both clinical and cost effectiveness. In September 2016, WHSCC established the multidisciplinary All Wales PET Advisory Group (AWPET). This Group is tasked to review the evidence base for PET-CT and advise WHSSC on the introduction of new indications (including non-oncological indications), ensuring that all decisions are made following a systematic review of the available evidence.

The All Wales PET Programme aligns directly with the objectives of the commissioning policy by seeking to deliver a sustainable high-quality PET service for the people of Wales, ensuring there is equitable access to PET-CT and improving outcomes for those accessing PET-CT services.

1.3.11 Interdependencies and other relevant programmes and strategies

In developing the proposals within this PBC, a number of other relevant programmes and strategies were considered. These are summarised in the table below.

Table 6: Other relevant strategies and considerations

Strategy Summary	How the All Wales PET Programme supports this
Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England, Professor Sir Mike Richards (December 2020) [14]	
Demand for PET-CT scanning in England grew by 18.7% per annum between 2014/15 and 2018/19. Major expansion and reform of diagnostic services is needed over the next five years to facilitate recovery from the COVID19 pandemic and to meet rising demand for all diagnostic services. The review recommends: scanning equipment should, as a minimum, be expanded in line with growth rates prior to the pandemic and all imaging equipment older than 10 years should be replaced; a major expansion in the workforce with an additional 2000 radiologists and 4000 radiographers [in England]; improving connectivity and digitisation to deliver seamless care across traditional boundaries and facilitate remote reporting.	Increases capacity to meet the forecast growth in demand for scanning services. Sets out the case for new, state-of-the-art equipment to replace ageing facilities, including latest generation digital PET-CT scanners and a new cyclotron to support the supply of radiopharmaceuticals Ensures that the PET-CT service in Wales can attract, retain and develop staff.

Strategy Summary	How the All Wales PET Programme supports this
The Single Cancer Pathway, Next Steps To Achieve Earlier Diagnosis In Wales, Cross Party Group on Cancer (November 2020) [15]	
Inquiry into cancer waiting times in Wales to consider how the new Single Cancer Pathway was being implemented during its first year, as well as develop recommendations to identify next steps for cancer diagnosis in Wales. The report made a series of recommendations including: developing a comprehensive cancer strategy to support the Cancer Delivery Plan; re-starting reporting against the Single Cancer Pathway, which was paused during the Covid-19 pandemic; increasing the amount of diagnostic equipment to ensure adequate capacity to manage rising demand for diagnostic services.	Increases capacity to meet the forecast growth in demand for scanning services. Sets out the case for new, state-of-the-art equipment to replace ageing facilities, including latest generation digital PET-CT scanners to meet forecast demand for services and a new cyclotron to support the supply of radiopharmaceuticals
Rapid Diagnostic Centres [16]	
Following a study tour to Denmark to investigate their initiatives to improve cancer diagnosis, Wales is now testing the Danish model by piloting access to rapid diagnostic centres. The centres take referrals for patients who present to primary care with serious but non-specific symptoms, where the GP suspects this could be due to cancer and needs further investigation.	The Programme will engage with this initiative.
Radiology Informatics System Procurement Programme (RISPP) [17]	
The Radiology Informatics System Procurement (RISP) Programme is supporting the modernisation of imaging services across Wales. From 2020 to 2024 the Programme aims to procure an innovative system that will provide a seamless end-to-end electronic solution, from receipt of a referral to the delivery of a radiology report. This will include: • a Picture Archive System (PACS) - storing all diagnostic imaging files; • a Radiology Information System (RIS) - allowing users to track patient records	Will be considered in developing the Programme and in implementation. The All Wales PET Programme will engage with the RISPP where appropriate and required.
The National Imaging Academy Wales (NIAW)	
Established in 2018, the Academy is Wales' flagship purpose-designed, state-of-the-art facility which will meet the increasing need to train radiologists and imaging professionals across the UK.	The Programme supports the aims of the National Imaging Academy by creating centres of excellence to attract and retain highly trained and qualified staff.
Heart Conditions Delivery Plan 2017, Welsh Government [18]	
Plan to both minimise the incidence of preventable heart disease and ensure patients have timely access to high quality pathways of care, irrespective of where they live. Diagnostic tests should be provided as early (within 8 weeks) and as locally as possible. Health Boards should ensure that diagnostic procedures, technologies, treatment and techniques are in line with the latest evidence.	Range of clinical indications may be in scope of PET scanning. Will be considered when developing the Programme.

Strategy Summary	How the All Wales PET Programme supports this
Dementia Delivery Plan 2018-2022, Welsh Government [19]	
Currently only around 53% of individuals in Wales with dementia have a diagnosis. The plan therefore sets targets for health boards to increase diagnosis rates by at least 3% a year.	Range of clinical indications may be in scope of PET scanning. Will be considered when developing the Programme.
Neurological Conditions Delivery Plan 2017, Welsh Government [20]	
There are around 100,000 people with a neurological condition in Wales. All GPs should have direct access to a range of diagnostic tests and procedures where a neurological condition is suspected. Health Boards should ensure research findings result in service change to improve clinical practice and patient outcomes so patients get quicker access to innovative new diagnostic tools, treatments and medical technologies.	Range of clinical indications may be in scope of PET scanning. Will be considered when developing the Programme.
Getting it Right First Time Programme National Speciality Report, Radiology (2020) [21]	
The GIRFT report examines ways of meeting the ever-increasing demand on radiology units in England at the same time as shaping a better service for those who use it.	Provides examples of the ways in which existing capacity can be maximised and services expanded. Suggests patient-centred measures that are of interest to the All Wales PET Programme.

1.3.12 Relevant regional issues

There are a number of initiatives taking place across the Welsh Health Boards and other organisations that will have an impact on the Programme.

Betsi Cadwaladr UHB

Initiatives to be considered by the programme:

- The restructure of nuclear medicine in north Wales.
- The Nuclear Medicine service in north Wales, which includes gamma cameras and the mobile PET service, is being consolidated. Currently the service is provided utilising three gamma cameras - one on each of the three main acute hospital sites - and one mobile PET-CT, which is located in Wrexham for two days a week. A Strategic Outline Case (SOC) was submitted to Welsh Government in October 2020 and identifies a series of issues with the Nuclear Medicine service configuration which make it unsustainable in the short and long term, in particular:
  - difficulties in staffing three separate services;
  - obsolete equipment;
  - falling demand for the gamma camera service; and
  - increasing demand for PET-CT.
- The SOC notes that there is an opportunity to improve the quality of the service, make it more resilient and reduce revenue costs.
- The preferred way forward identified in the SOC is to consolidate services in a single Centre of Excellence for Nuclear Medicine at one of the three acute sites across North Wales. The Centre would consist of two gamma cameras and one permanent fixed PET-CT scanner, and would be housed by a combination of new building and refurbishment work. The gamma camera and PET-

CT service would be run by the same radiographers and administrative staff. The programme is currently out to public consultation and the outcome of this is a clear interdependency to delivering this All Wales PET Programme.

Velindre NHS Trust

Initiatives to be considered by the programme:

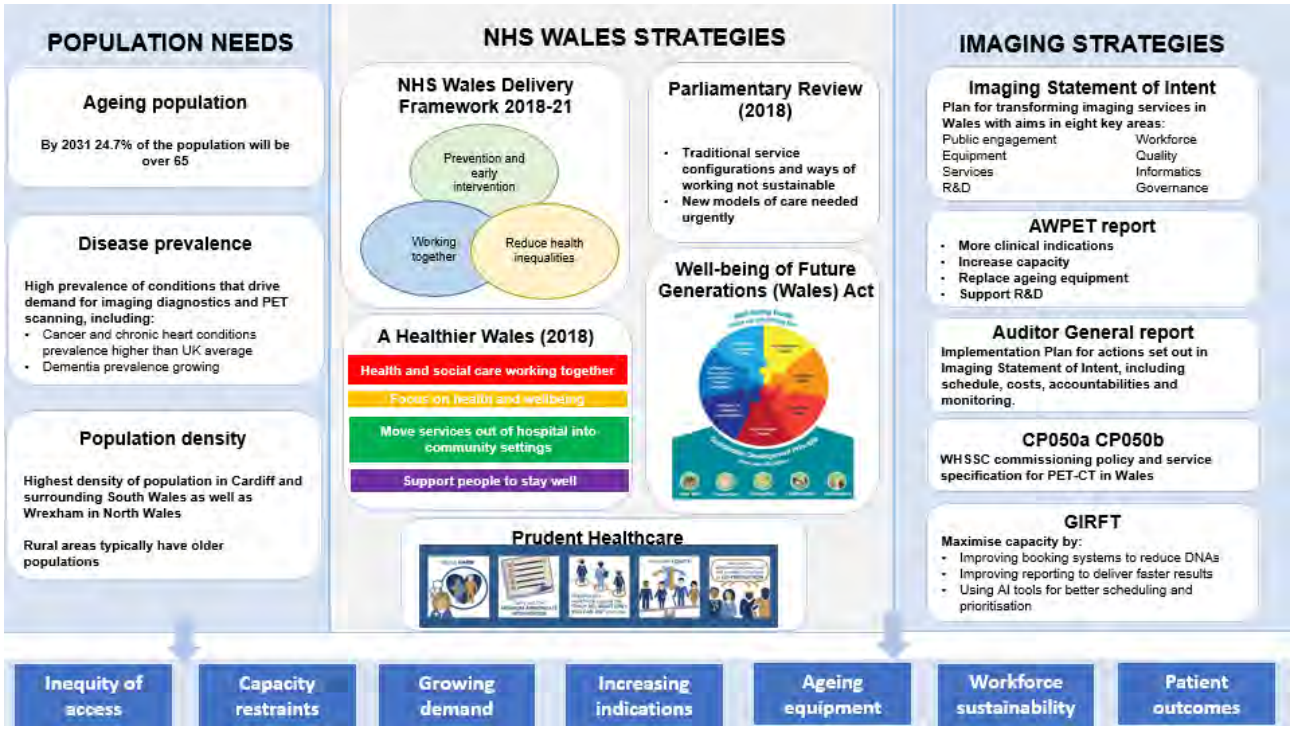
- Re-provision of the Velindre Cancer Centre on a new site in Cardiff may affect the patient flow to PETIC and may offer opportunities to the All Wales Programme.

1.3.13 Summary

The All Wales PET Programme seeks to address population needs while aligning with the strategic direction of Wales and addressing specific strategic issues within the Imaging service. Other relevant strategies and interdependencies with related programmes have been considered in developing these proposals.

An overview of the overall strategic context is provided in the illustration below (Figure 5).

Figure 5: Strategic context



1.4 The Case for Change

1.4.1 Introduction

This section of the PBC establishes the case for change that is driving the All Wales PET Programme, providing a clear understanding of:

- The spending objectives (what the programme is seeking to achieve).
- Existing arrangements (what is currently happening).
- Business needs (what is required to close the gap between existing arrangements and where the service needs to be in the future).

1.4.2 Spending objectives

Spending objectives describe what the programme is seeking to achieve and provides a basis for post-programme evaluation.

The spending objectives were partly informed through early engagement with service providers. A clinical questionnaire was sent to healthcare professionals at all PET providers in Wales and asked the following questions:

- In general terms, what are we not doing now that we should? This could include additional clinical indications for a PET scan, more research, further investment in infrastructure, education and training etc.
- What would you perceive to be the main clinical areas where the demand for PET scans (new indications) will change over the next 5 years, for example cardiology, dementia etc. and to what extent?
- What are the likely technical developments in the pipeline we need to be aware of and factor into future PET imaging services? This maybe to do with advances in technology (more efficient machines, all body PET, more sensitive/specific isotopes etc.)
- Considering the existing PET service across Wales, Is there anything we should not be doing/stop doing?

The questionnaire was sent to 23 clinicians, 12 of whom responded (six Medical Physicists, six PET Consultant Radiologists). The responses were also used to inform the clinical demand model. A summary of the responses is included in Appendix 3.

The final spending objectives were discussed as part of a workshop and subsequently approved by the PET Strategic Programme Board in February 2021 and these are outlined below.

- **SO1** - To improve the quality of PET service provision for Welsh patients by delivering better patient outcomes.
- **SO2** - To ensure a sufficient workforce to deliver a high-quality service.
- **SO3** - To improve delivery of the All Wales PET Service by efficient use of PET-CT scanners, facilities, processes and infrastructure.
- **SO4** - To ensure that the future All Wales PET service provides a cost-effective service for patients and NHS Wales.
- **SO5** - To widen the scope of the All Wales PET service, to meet recognised international best practice.

1.4.3 Existing arrangements

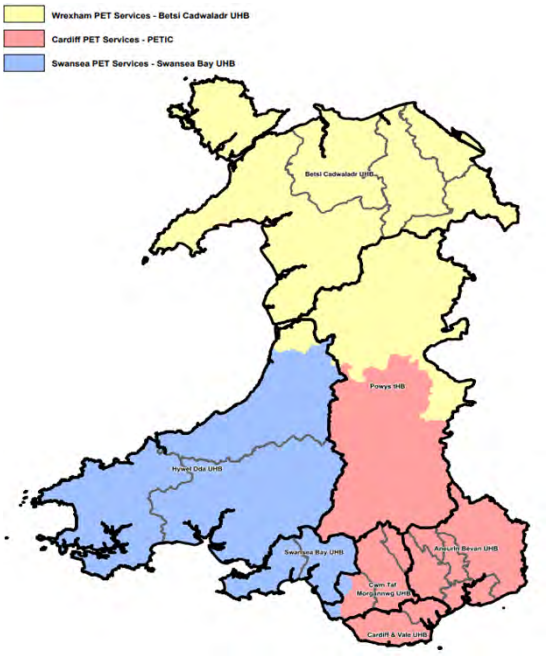
There are currently three PET-CT service providers in Wales, each with an analogue scanner:

- A full-time fixed site and cyclotron in Cardiff at the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC). This is a Cardiff University owned PET-CT scanner, which is situated at University Hospital Wales Cardiff site.
- A mobile service at Wrexham Maelor Hospital (2 days per week), provided by Alliance Medical.
- A mobile service at Singleton Hospital in Swansea (2 days per week), provided by Alliance Medical.

Referral routes

Patients are referred for a range of PET-CT scans by consultants or other members of the multi-disciplinary team (MDT).

Figure 6: PET services catchment areas, Wales



Patients in South East Wales (excluding Swansea Bay, Hywel Dda and West Bridgend) and parts of Mid Wales are referred to the Wales Research and Diagnostic PET Imaging Centre (PETIC) Cardiff. Patients in South West Wales, and parts of Mid Wales are referred to the mobile PET-CT service at Singleton Hospital, Swansea.

Patients in North Wales and parts of Mid Wales are referred to Nuclear Medicine, Wrexham Maelor Hospital, Wrexham. The patient flow for mid Wales generally follows the pattern for cancer referral to the north and south Wales specialist centres. Patients from mid Wales who would otherwise be referred to the Royal Shrewsbury Hospital for specialist treatment are referred to north Wales for PET scans.

Clinical indications

PET-CT scans are offered in line with the WHSSC Commissioning policy [1]. When treatments are not routinely available, patients who might get particular benefit can still access the treatment through a process called Individual Patient Funding Requests (IPFR).

Funding requests are considered by the all Wales IPFR Panel. The purpose of the Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

Each year the AWPET Advisory Group review evidence and advise WHSSC on new clinical indications that may be commissioned for PET scans. When considering requests for new indications, the AWPET Advisory Group will also review the list of recent IPFR applications and assess any trends in requests when advising WHSSC.

Activity levels

For Wales overall, under the current commissioning policy, approximately 4,017 scans are forecast for 2020-21, which equates to 1,275 scans per million population. There was a significant drop in PET referrals during the period March-June 2020, related to the first wave of the COVID19 pandemic, but this activity had returned to 'normal' levels by the end of 2020.

The table below shows current and forecast activity levels for each of the three individual PET-CT centres.

Table 7: Current and forecast activity levels

Year	PETIC, Cardiff (South East)		Wrexham (North Wales)		Swansea (South East)		Total no. PET scan
	NHS Scans	Growth	NHS Scans	Growth	NHS Scans	Growth	
2010-11	675	n/a					675
2011-12	1,285	90%					1,285
2012-13	1,417	10%					1,417
2013-14	1,619	14%					1,619
2014-15	1,920	19%					1,920
2015-16	2,119	10%	794	N/A			2,913
2016-17	2,263	7%	784	-1%			3,047
2017-18	2,318	2%	763	-3%			3,081
2018-19	2,667	15%	771	1%			3,438
2019-20	2,939	10%	819	6%			3,758
2020-21	2206	N/A*	891	9%	670 (~1037 for a full year#)	N/A	~4,017

*The figures for this table have been submitted to WHSSC by the service providers at each site. South East Wales are provided by Prof Chris Marshall, for South West Wales by Professor Neil Hartman, and for North Wales from Dr Mark Elias. *Fall in activity due to Covid-19 and provision of new capacity at Swansea from July 2020.*

Commissioning beyond Wales

A very small number of patients from South Wales currently travel to London centres for Gallium DOTA-PET imaging (approximately 50 per year). Some patients from North Wales have PET scans in English centres but this number is low.

Supply of radiopharmaceuticals

All three Welsh sites offer 18F-FDG and 18F-PSMA PET scans. However, as PETIC benefits from an onsite cyclotron, it is able to offer a wider range of scans to patients.

The cyclotron at PETIC Cardiff is producing 18F-FDG, 18F-PSMA, 18F-Fallypride, 18F-DOPA and 18F-FMZ. PETIC is supplying 18F-FDG, 18F-PSMA, 18F-Fallypride, 18F-DOPA and 18F sodium fluoride to external providers and industry.

Under the Specials Licence, PETIC is supplying 18F-PSMA to Swansea, Bath, Poole, Plymouth and Bristol and 18F-DOPA to Manchester and London.

Under licensing rules, as PETIC does not hold Marketing Authorisation for 18F-FDG, it is currently unable to sell this product commercially to other sites within Wales. Instead, PETIC has a contract

with Alliance Medical meaning PETIC can only supply other sites when/if Alliance Medical is unable to meet demand. Under the Specials License, PETIC is able to provide other UK sites products such as 18F-PSMA, 18F-DOPA and 18F-Fallypride.

Summary of current PET-CT facilities in Wales

The table below (Table 8) summarises PET-CT infrastructure, staffing and radiopharmaceutical position across each site.

Table 8: PET-CT centres summary

	PETIC	Wrexham	Swansea
Population served	1,661,810	711,946	777,008
Date site was established	2010	2015	July 2020
PET sessions per week (a session is considered to be half a day of scanning)	Nine - Two extended days (Tues and Wed), half day Fri	Four to five	Four
Cyclotron present (Y/N)	Y	N	N
Fixed or mobile	Fixed	Mobile (Alliance)	Mobile (Alliance)
Research activity undertaken at site (Y/N)	Y	Y (limited)	Y (limited)
Staffing	Onsite Clinical Radiologists from C&V, in addition to hub and spoke model for radiologists from Aneurin Bevan, Velindre and Cwm Taf (in discussion). Radiographers from C&V, Medical Physics staff from Cardiff University, radiopharmaceutical production staff from Cardiff University	Alliance staffing – comes with mobile scanner Local BCUHB team (Nuclear Medicine Dept.) undertake booking PET appointments and liaising with referrers, patients and Alliance Medical. Justification of the medical Exposures, reporting of the images and requisition of the PET Tracer from Cyclotron	Alliance staffing – comes with mobile scanner Swansea Bay UHB provides its own booking staff, clinical scientists, RPA, reporting, waste management, financial management.
Scan types offered / radiopharmaceuticals used	18F-FDG, 18F-PSMA, 18F-DOPA, 18F-Fallypride, 18F-FMZ	18F-FDG, 18F-PSMA	18F-FDG, 18F-PSMA
Sources of radioisotopes	Manufacture own 18F-FDG and 18F-PSMA External supply of 18F-FDG and 18F-PSMA as back up and cover for 4 service weeks per annum. Only site in UK manufacturing 18F-DOPA supporting specialised paediatric insulinoma clinical services in Manchester and London. Only site in UK manufacturing 18F-Fallypride and 18F-FMZ currently for research only. 18F-Fallypride also supplied for research purposes to London. Not possible to supply 18F-FMZ at moment but developing new production method in conjunction with commercial partner. Manufactures and supply 18F-sodium fluoride to a number of research institutions.	18F-FDG supplied by Alliance Medical as part of package with scanning 18F-PSMA sourced from PETNET and delivered from Nottingham	18F-FDG sourced from Alliance Medical and delivered from Guilford, London 18F-PSMA sourced from Alliance Medical, however manufactured and delivered by PETIC
Referral pathways	WHSSC CVUHB	WHSSC BCUHB & North Powys	WHSSC Hywel Dda

	PETIC	Wrexham	Swansea
	ABUHB Mid and South Powys Mid and East CTMUHB Epilepsy service commissioned by C&V epilepsy service Epilepsy service commissioned by Bristol epilepsy service Paediatric Cancer for SW England commissioned by NHS England	The following external referrers who see BCUHB / North Powys Patients on behalf of Welsh NHS: North Powys Shropshire (RJAH / SaTH NHS Trust) Countess of Chester Hospital Liverpool Heart & Lung Hospital Clatterbridge Cancer Centre	Swansea Bay West CTUHB
Site issues / strategic considerations	Several significant items of equipment are 11 years old and in need of replacement. Business Justification Case is in preparation.	Consolidation of Nuclear Medicine is underway across North Wales. SOC has been submitted to WG and is out to public consultation. One site is proposed to include Nuclear Medicine (SPECT-CT) and PET-CT and no site selection at time of writing this PBC.	

Information Technology

The existing arrangements in relation to the processing of referrals are as follows:

- Referrals are currently made using paper forms that are printed out and sent to the relevant PET site using email or fax.
- Administrators or “booking clerks” at each site need to manually update local data systems to make and track appointments and order materials for scanning, including radiopharmaceuticals. Booking clerks liaise with referrers directly via email or phone to clarify referral needs, where forms are not completed fully.
- In addition, the gatekeeping for referrals carried out by consultant radiologists is done manually and “off line”.
- Where relevant, administrators spend time retrieving previous scans from other sources to best inform clinical decision making.
- Post scan, a radiographer then sends scan data to the PACS system for the clinical radiologist to subsequently report on the PACS system.
- A frequent operational issue is the failure of data transfer from the mobile scanning units via a data cable to PACS for reporting which results in having to manually import studies from DVD which is slow and delays reporting.

Facilities

The fixed scanner and cyclotron at the PETIC site are now beyond their recommended useful age and urgently require replacing. Replacement parts for the PETIC scanner are no longer manufactured hence the site is currently functioning “at risk”.

The sites at Wrexham and Swansea make use of mobile scanners which also have significant limitations and issues (see Table 15: Mobile vs fixed scanners).

Workforce

The imaging workforce is in a critical situation across the UK. There is an increasing clinical demand across all imaging modalities, and capacity issues are exacerbated by difficulties in recruiting

consultant radiologists[3], radiographers[4], radio pharmacists and other nuclear medicine staff - the level of difficulty varies according to geographical location [12, 13]. Clinical imaging remains a popular specialty for medical trainees but training capacity does not match current workforce deficits.

According to the Clinical radiology Wales workforce summary published by the Royal College of Radiologists (RCR; 2019) [22], "there are still not enough consultant radiologists to deliver safe and effective care", with this report further noting regional variation in staffing across Wales and shortages in clinical radiology specialists being areas of concern.

Wales has 7.8 consultant clinical radiologists per 100,000 population [22], compared to a European average of 12.8. Wales has the oldest demographic of consultant radiologists in the United Kingdom; based on a retirement age of 62 years, 26% are anticipated to retire by 2020 [12]. The number of ARSAC practitioners is reducing with retirement.

Indeed the situation facing the imaging workforce has been further highlighted in the recent RCR Clinical radiology UK workforce census 2020 report (2021) [23]. This report clearly outlines how the demand for diagnostics is increasing faster than the demand for NHS services as a whole, how waiting times have lengthened due to the pandemic with 58% of Clinical Directors reporting insufficient Clinical Radiology consultants. Specifically, this report notes that how £8.1 million was spent by NHS Wales on outsourcing reporting (of all imaging modalities) to the independent sector and ad-hoc locums.

Critically, the RCR 2020 census [23] notes that over the past five years there has been an 11% decline in ARSAC license holders, with many professionals approaching retirement age or have retired and returned. Many service providers are soon to be reliant on contractual agreements with other trusts or health boards and the report highlights that "health boards must ensure succession plans are in place for ARSAC license holders".

The situation for radiographers and clinical scientists is no better. According to a 2019 workforce survey carried out by the Institute of Physics and Engineering in Medicine (IPEM), 33% of UK centres stated their current staffing provision was sufficient. 57% of UK centres felt their staffing provision was not sufficient. The IPEM report noted "the precarious nature of staffing this specialism, with most services stretched to capacity, and concerns were expressed of potential increase in demand or area of coverage". The report also highlighted the concerns expressed over future workforce supply, and the just-about-managing description of the workforce is not future-proof, and while safe, does not have sufficient capacity to research, develop, and implement new technologies.

As a result of the Imaging Statement of Intent the National Imaging Academy Wales (NIAW) was established in 2018 to "develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales". In addition, Health Education and Improvement Wales (HEIW) were tasked with facilitating the development of an integrated workforce training strategy for radiologists, radiographers, sonographers, advanced practitioners, assistant practitioners and other imaging healthcare professionals in Wales, including Medical Physics.

Further information on the training routes for all professions included in PET scanning can be found in Appendix 7.

The three current PET sites in Wales are set up differently, so there is some variance in how staffing is currently structured.

3 Also refers to Consultant Nuclear Medicine Physician throughout this document

4 Also refers to Nuclear Medicine Technologists throughout this document

PETIC makes use of a pool of 15 radiographers/nuclear medicine technologists in CVUHB, currently deemed competent and entitled to perform PET scans. These are typically cross trained from the nuclear medicine pool. Having a large pool of staff competent to scan in Cardiff provides some resilience with regard to service expansion.

A similar model is employed for administrative staff. There is currently a pool of three booking clerks who can book PET-CT scans at PETIC, again providing resilience. In addition, PETIC has several consultant radiologists, one clinical scientist and a business manager. As the site at PETIC consists of a cyclotron, there are multiple technical posts associated with radiopharmaceutical production. In addition, several research posts are at this site.

The appointment of researchers also provides an additional route for clinical scientist accreditation. Students who obtain a PhD in a suitable subject can obtain state registration as clinical scientists through the equivalence route (https://www.ahcs.ac.uk/equivalence/). In addition, researchers may also obtain practical skills in radiochemistry which can translate into technical posts supporting the production of radiopharmaceuticals in Wales, another area with significant staffing issues. The active PhD programme in PETIC offers another pool of staff that may be utilised to meet the increasing demands of the clinical service.

For the mobile scanning sites in South West and North Wales, Alliance Medical (AML) provide the mobile scanner and three scanning operators per scanner (two to three imaging technologists/radiographers, and one healthcare assistant) and the RPA (radiation protection advisor). The local “host hospital” then provides the booking staff, waste management, governance, management of the PET-CT service, consultant radiologist reporting of scans and finance business partner for the fiscal aspects. The Swansea site has a clinical scientist for dosimetry, however Wrexham does not. Dosimetry is part of the Medical Physics Expert (MPE) role, which is contractually provided by Alliance Medical in North Wales. Additionally, the RPA role is externally contracted by AML and the RPA is rarely on site, but available by phone to the mobile van staff.

Swansea has just written and agreed an SLA with Alliance Medical to allow existing local nuclear medicine staff (technologists/radiographers and clinical scientists) to gain experience/shadowing on the mobile PET scanner, with a view to ensure that staff are partially trained and developed for future needs, and to ensure a degree of resilience when an AML staff member is absent (sickness, etc.). Wrexham has a clause within the contract with AML to facilitate training of BCUHB staff when required.

Currently BCUHB (North Wales) has a Strategic Outline Case which is going through a consultation stage with the aim of consolidating Nuclear Medicine and converting the existing mobile PET-CT service to a fixed scanner, based at the consolidated site. It is expected that the workforce model will have staff working in both conventional gamma camera and PET-CT, and supplementary training will be required.

For further detail on existing arrangements for the PET workforce, please see Appendix 7.

1.4.4 Business needs

There are a number of challenges within existing arrangements that mean over the long term it will prove increasingly difficult to deliver a sustainable high-quality PET service for the people of Wales that ensures equitable access to PET-CT and improves outcomes.

The main challenges include:

- Insufficient capacity to improve the quality of provision and deliver better patient outcomes since:

- The service underperforms in relation to UK and international best practice in terms of number of funded indications, number of scanners and supporting infrastructure.
- Demand is growing and the list of indications is expanding.
- Challenges in training, recruiting and retaining the highly skilled workforce required to deliver a high-quality sustainable service.
- Limited ability to improve delivery by efficient use of scanners, facilities, processes infrastructure, due to the use of ageing analogue scanners and reliance on mobile units and outsourcing arrangements.
- Reliance on external suppliers which limits opportunities to reduce costs and improve efficiencies and deliver a service for patients and NHS Wales that offers best value for money.
- Current facilities and the reliance on mobile units which limit the ability to broaden RD&I opportunities.

These business needs are explored in greater detail in relation to each of the five spending objectives below.

1.4.5 SO1: To improve the quality of PET service provision for Welsh patients by delivering better patient outcomes

When compared to the devolved UK nations, Europe and the developed world, Wales significantly underperforms in terms of PET-CT scans per head of population, density of PET scanners and the wider PET-CT infrastructure.

Although the situation has improved in the last three years, with an expansion of funded indications [1] and the opening of a second WHSSC-commissioned mobile PET unit for two days per week in Swansea in the summer of 2020, there is still significant progress to be made.

Patient View on accessing a PET scan at Swansea

> “Before the scan the patient said ‘*I don’t want to drive to Cardiff*’ and his daughter said ‘*getting elderly patients to Cardiff is unsafe and unacceptable in these times*’.”

The table below provides a comparison of Wales to the number of scans carried out in England, per million of population. It is clear that Wales is currently carrying out significantly lower numbers (approximately 33%) of PET scans per head of population compared to England, despite having a higher prevalence of cancer and other chronic diseases (see Section 1.3.3 and 1.3.4, and Table 9). There are various reasons for this difference, including:

- fewer commissioned indications in Wales compared to England;
- lack of geographic access to PET-CT for North Wales and South;
- historic under-referral; and
- tighter gatekeeping in Wales compared to England.

Table 9: Number of PET-CT scans per million population

Country	2015/16	2016/17	2017/18	2018/19	2019-20
England	1,849	2,100	2,600	3,150	3,533
Wales	922	975	985	1,100	1,192

Welsh actual number of scans sourced from WHSSC. England number of scans sourced from Diagnostic Imaging Dataset Annual Statistical Release 2019/20 *Number of scans divided by population numbers from ONS.

In the Royal College of Radiologists (RCR) 2005 strategy document "PET-CT in the UK: a strategy for development and introduction of a leading-edge technology within routine clinical practice" [24] the working party recommended initially, one PET-CT per 1.5 million population is planned to reflect the current role in cancer management.

Progress has been made in other devolved nations since 2005, and according the NCRI and local intelligence, there are now 1.05 PET scanners per million population in England (**Error! Reference source not found.**).

Table 10: Comparison of number of scanners within the UK

Country	Fixed PET CT	Mobile PET CT	PET MR	Scanners per million
England	37	20	1	1.05
NI	2	0	0	1.05
Scotland	6*	0	1	1.27
Wales	**1**	**0.8**	**0**	**0.60**

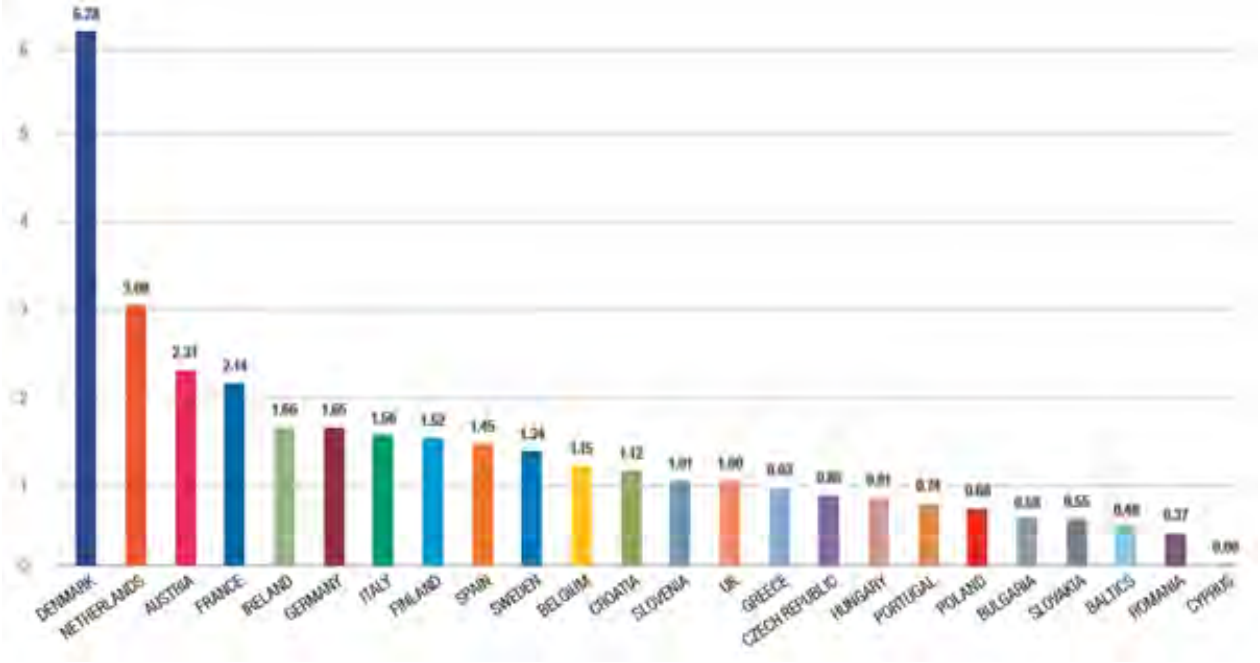
Data sources from: http://www.ncri-pet.org.uk/pet_scanning_and_cyclotron_facilities.php and informal communication between Clinical Programme Board Chairs and Regional Chairs for Scotland, Northern Ireland and England. *5 NHS PET-CT. 1 research PET CT

In the rest of the UK, PET-CT has moved out of specialist commissioning and tertiary centres to become a routine part of the equipment available in nuclear medicine departments of teaching hospitals and large District General Hospitals.

It is very clear from **Error! Reference source not found.** that the number of scanners per head of population in Wales is significantly lower than the rest of the UK. The picture becomes worse when comparing the number of scanners in Wales to the rest of Europe and beyond.

The 2016 edition of the European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry report on "Medical Imaging Equipment Age Profile and Density" [25] shows the UK position to be a density of 1 PET-CT scanner per million. Welsh provision is 0.60 scanners per million population, which is comparable to Bulgaria and Poland (Figure 7).

Figure 7: Density of PET-CT scanners in the EU (scanners per million population)



According to “Healthcare resource statistics - technical resources and medical technology” (Eurostat, 2020) [26], there has been “a notable increase in the number of positron emission tomography (PET) scanner units” across Europe, with France increasing its number of PET-CT scanners from 9 in 1998 to 156 in 2018. According to this publication, the number of PET-CT scanners ranged from 0.0 per 100,000 population in countries such as Liechtenstein, Romania and Serbia, to 0.8 per 100,000 population in Denmark (Figure 8).

A more recent publication explored PET-CT services across 21 jurisdictions in seven countries (Australia, Denmark, Canada, Ireland, New Zealand, Norway and the UK). It assessed service provision to better understand the impact any variation may have upon cancer services. The authors found that the number of PET-CT scanners per 100,000 population in Wales was the lowest (0.04 per 100,000 in 2017 with 1.2 scanners) (Lynch et al., 2020) [27]. Following the introduction of a mobile scanner in Swansea in 2020, the figure has risen to 1.4 scanners equating to 0.047 scanners per 100,000 population, which would still see Wales at the lowest ranking in this comparison (

Figure 9).

Lynch et al., (2020) noted that the growth in PET-CT in Denmark is likely to be reflective of changes brought about by the 2007 National Danish Invitation to Tender for Delivery of Cancer Scanners, as well as the introduction of national integrated pathways for cancer care [28]. Lynch et al., (2020) went on to highlight that recent ICBP research demonstrated improvements in cancer survival in Denmark, for example from 27.5% 1-year lung cancer survival (1995-1999) to 46.2% (2010–2014) [29].

This will have been influenced by a multitude of factors, one of which may well be the increase in capacity of PET-CT services based on more accurate cancer staging and treatment planning [27, 30].

Figure 8: Availability of imaging equipment – PET scanners 2013 and 2018 (per 100,000 inhabitants)

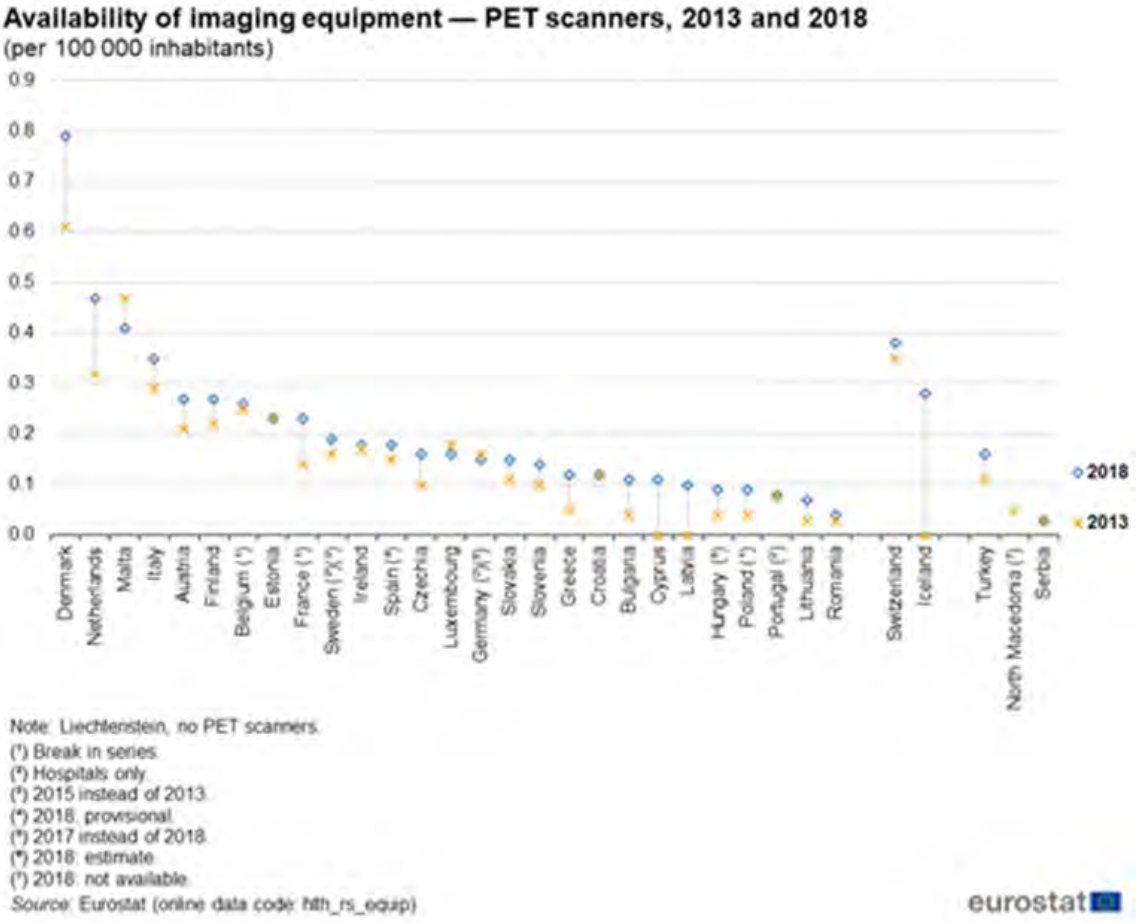
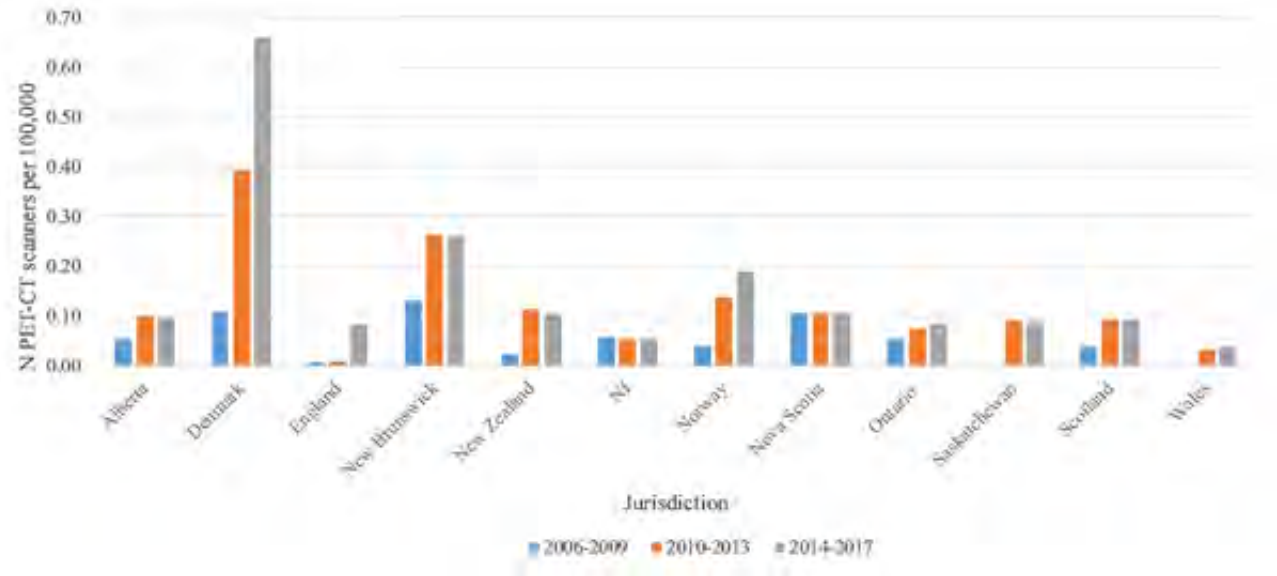


Figure 9: Comparative analysis



A comparative analysis: international variation in PET-CT service provision in oncology—an International Cancer Benchmarking Partnership study https://academic.oup.com/intqhc/advance-article/doi/10.1093/intqhc/mzaa166/6030987

Provide capacity to meet growing demand

As well as addressing the business need for provision of scanning capacity to meet the growing clinical demand for PET scans, there is also a need to increase and secure capacity of the wider infrastructure.

Expanded list of clinical indications

The number of clinical indications commissioned in Wales has historically lagged behind other devolved UK nations and comparable international healthcare systems. However, this discrepancy is improving and more indications have been funded and commissioned by WHSSC every year since 2016 (Table 11). Please see Appendix 5 and 6 for a full description.

Whilst the number of commissioned indications in Wales is increasing, greater progress still needs be made.

It appears that tighter 'gatekeeping' or reviewing of referrals in Wales compared with England may be an additional factor. The necessary widening scope of commissioned indications will undoubtedly add to the scanning capacity issues that face PET provision across Wales.

Table 11: Comparison of UK PET commissioning indications

		England	Wales (2016)	Wales (2018)	Wales (2020)	Wales (2021)
FDG Oncology	Brain	Covered	None	None	None	None
	Head and Neck	Covered	Some	Most	Covered	Covered
	Thyroid	Covered	None	Covered	Covered	Covered
	Lung	Covered	Some	Covered	Covered	Covered
	Pleura	Covered	Some	Some	Some	Some
	Thymus	Covered	None	None	None	None
	Oesophagogastric	Covered	Most	Most	Covered	Covered
	GIST	Covered	None	None	None	Covered
	Breast	Covered	None	Covered	Covered	Covered
	HPB	Covered	None	None	Some	Most
	Colorectal	Covered	Most	Most	Most	Most**
	Urology	Covered	None	None	Some	Most
	Gynaecology	Covered	Some	Most	Covered	Covered
	Testicular	Covered	None	None	None	None
	Anal and penile	Covered	Some	Some	Some	Some
	Lymphoma	Covered	Most	Most	Most	Most **
	Myeloma	Covered	Some	Most	Most	Most
	Skin	Covered	None	None	None	None
	Musculoskeletal	Covered	None	Most	Most	Most
	Paraneoplastic	Covered	Some	Some	Some	Most
	Carcinoma unknown primary	Covered	Some	Some	Some	Some
	Neuroendocrine	Covered	None	Covered	Covered	Covered
	Rare childhood	Covered	None	None	Most	Most
	Pre SABR	Not specifically covered	None	None	Covered	Covered
Non	Neurology	Covered	Some	Some	Some	Most

		England	Wales (2016)	Wales (2018)	Wales (2020)	Wales (2021)
oncology FDG	Cardiology	Covered	Some	Some	Some	Some
	Vasculitis	Covered	None	None	Covered	Covered
	Sarcoid	Covered	None	None	Most	Most
	Infection	Covered	None	None	Covered	Covered
	PUO	Covered	None	None	Covered	Covered
Non FDG	Methionine/ FET	Covered	None	None	Some	Some
	Ammonia	Covered	None	None	None	Nome
	Choline/ PSMA	Covered	None	Some	Most	Covered
	11 C Acetate	Covered	None	None	None	None
	Ga 68 DOTA	Covered	Most	Most	Covered	Covered
	F-DOPA	Covered	None	None	None	None
	18 F Fluoride	Covered	None	None	None	None
	Amyloid	None	None	None	None	None

Table 12 summarises the new indications that AWPET has recommended for inclusion within the revised WHSSC commissioning policy from May 2021. These indications have been selected based on careful assessment of the evidence base. Behind each overarching indication, specific criteria have been agreed to define the clinical circumstances in which patients should be referred (Appendix 5). Table 12 also shows the estimated annual volumes of referral for each indication (all Wales).

Table 12: New indications for PET-CT 2021: Estimated volume per annum (All Wales)

Indication	Volume
Colorectal cancer	40
Cholangiocarcinoma	24
Dementia	250
Gastrointestinal stromal tumours (GIST)	45
Lymphoma	40
Prostate cancer	280
TOTAL	**679**

Patient views on accessing a PET scan for the diagnosis of Alzheimer's

> "My wife had her PET Scan at the beginning of September last year. Her memory problems had been ongoing for sometime and the doctor had suspected the onset of Alzheimer's Disease.
>
> The PET Scan results gave a definite diagnosis of Alzheimer's which was a relief, in a strange way, to know what we were dealing with. Reading the Scan report and seeing which areas of her brain showed reduced activity, has been a great help to me in understanding her memory loss and other symptoms.
>
> Following the diagnosis the doctors have been able to persuade my wife to start on medication which has already had a positive effect. Her mood has improved and she is less anxious and agitated.
>
> All in all, the PET Scan has been of real benefit to us and I am so grateful that the doctors were able to refer my wife for it. I hope many more people will be able to gain from this amazing technology."

> "My husband had been having problems with his memory for some time before the scan but no diagnosis was given. He had a course of CAT therapy as they thought his problems might have been due to anxiety. During this time my husband became increasingly anxious.
>
> I was sure there was something else wrong with him, so when the diagnosis of Alzheimer's was given, it was a relief to me, even though I understood the terrible implications that were carried with the diagnosis. It enabled me to prepare for the future and to be more understanding of my husband's problems.
>
> I would strongly recommend the PET scan as it brought clarity to a situation which until then had been quite unclear and very disturbing."

Future projections for scanning demand in Wales

The NHS England report "Diagnostic Imaging Dataset Annual Statistical Release 2019/20" shows PET-CT scanning in England increasing year-on-year with a large proportional increase in 2019/20 (12.6%). The dataset also shows that PET-CT scanning is dominated by the 60-74 year old age group, accounting for 45% of total activity.

Critically, in his December 2020 report 'Diagnostics: Recovery and Renewal' [14], Professor Sir Mike Richards indicated that between 2014/15 and 2018/19 demand for PET-CT in England increased by 18.7% per annum. He recommended that scanning equipment should, as a minimum, be expanded in line with current growth rates and that all imaging equipment older than 10 years be replaced.

This is an exceptional consideration when estimating growth demand for PET-CT for Wales as scanner numbers, scans per population and commissioned indications are currently markedly below other UK devolved nations and Europe. In addition, Wales faces an increasing proportion of older people in the population and an associated increase in disease prevalence by 2031.

Essentially, Welsh PET-CT scanning provision first needs to "catch up" with developed world country comparators, then look to align with the estimated growth demand.

Developing the Welsh PET-CT demand model

The demand model has been developed by the Clinical Programme Board based on:

- The population growth estimates included in section 3.3.
- An expanded list of commissioned clinical indications in line with comparator countries;
- Feedback from the clinical questionnaire (see section 4.2 and Appendix 3).

Table 13 demonstrates the various aspects of growth and scenarios that were considered by the PET Programme Clinical Board.

A full range of modelled scenarios can be found in Appendix 4 and a full narrative in Appendix 6.

The Clinical Board presented all model scenarios to the Strategic Programme Board in August 2020. In consideration of the need for international benchmarking or "levelling-up", alongside the predicted expansion of commissioned clinical indications and the potential for additional modalities of use, a 20% activity growth model per annum for the next ten years was proposed as an appropriate figure that would fully account for the inputs noted above. This figure of 20% was agreed and confirmed by all members of the Strategic Programme Board as the most likely real-time demands, based on figures from the Richards report and anecdotal growth in England to date.

As well as cancer diagnostics, the demand model is inclusive of the expert consideration for the probable widening scope of indications and modalities such as radiotherapy planning, generic cardiology indications and dementia. It also includes the additional scans that are estimated to result from the widened commissioning policy that will be in place from May 2021 (679 additional scans).

The Strategic Programme Board also considered the role and function of RD&I in their review of the activity growth in the clinical demand model. Advice from expert membership is that a PET scanning facility could dedicate no more than 10% of its annual scanning capacity to RD&I. Indeed, in the recent quarterly report from PETIC, it stated that 7% scans were associated with RD&I. As a result, RD&I scanning activity is included in all projected activity data and as part of the annual 20% estimates for growth.

Table 13: Summary of likely clinical demand for PET scans across Wales based on 20% underlying growth

Year	South East Wales	South West Wales	North Wales	Projected All Wales
2021	2629	1434	1144	5207
2022	3155	1721	1373	6249
2023	3786	2065	1647	7498
2024	4543	2478	1976	8998
2025	5452	2974	2372	10789
2026	6542	3569	2846	12957
2027	7851	4282	3415	15548
2028	9421	5139	4098	18658
2029	11305	6167	4918	22390
2030	13566	7400	5902	26868
2031	16279	8880	7082	32241

Modern digital PET-CT machines are capable of performing up to 5,500 times scans per annum. Assuming that a scanner is functional 50 weeks of the year (allowing two weeks for maintenance etc.) then a total of 5,288 scans per annum can be achieved.

The current analogue scanners that are in place within Wales (mobile and fixed at PETIC site) are capable of 2,884 scans per annum, when active for ten sessions per week (50 weeks per year, with 3,000 maximum annual capability). Based on a 20% growth model, it is possible to identify the years

in which demand for PET scanning can no longer be met by existing service models and facilities. See Section 5.

The above information will assist in timing the installation of any approved PET-CT scanner and the associated building of any supporting facilities. However, the run-up time for writing and seeking approval of an OBC and FBC for each site should be factored into planning, in addition to ensuring sufficient workforce is present to run the facilities (see section 5). Indeed, in line with the Richards Report (2020), “expansion of the imaging workforce (combined with improvements in productivity will be vital in meeting the increasing demand, but very challenging. Actions will be needed on multiple fronts and by several organisations”. In Wales this will include NHS Wales Improvement, HEIW, NIAW, DHCW and higher education institutions and professional bodies.

Radiopharmaceutical supply

It is clear from the clinical demand model that the projected increase in scanning activity will lead to a significant increase in demand for radiopharmaceuticals over the coming years. This step change in demand needs to be carefully considered to ensure this essential resource is available and does not prove to be a limiting factor to roll-out.

The possibility of the cyclotron facility at PETIC obtaining an MA license should be considered, as there is merit in having an assured, Welsh resource for radiopharmaceutical supply.

Furthermore, the contractual arrangements with Alliance Medical should be further considered to mitigate against the fact that Swansea needs to purchase supply from Alliance Medical, despite a local Welsh-funded cyclotron manufacturing radiopharmaceuticals in close proximity to the Swansea site.

- The demand needs to be met in the most cost effective, rational and secure manner.
- Safeguarding provision and prices through long-term contracts with suppliers may be needed for sites where on-site production cannot be secured.
- Securing partnerships and political agreement in provision from within and from outside of Wales is needed.
- Critically, horizon scanning of new isotopes and identifying new ways of using existing isotopes should become part of an annual consideration for commissioners and clinicians.
- An All Wales Strategy for Research and Development should be developed so that all sites in Wales can be considered for research activity (in partnership with one another, and further afield) in a way that ensures radiopharmaceutical supply does not hinder patient access to clinical trials.

Information Technology

There is a clear and urgent need to update the way in which referrals, appointments and reporting is managed through the PET service.

Improve clinical outcomes

The superiority of PET-CT scanning in diagnosing and staging particular cancerous lesions, evaluating metastatic spread, optimising and evaluating treatment, and assessing prognosis has been well documented. 18F-FDG PET can upstage patients with cancer and can result in patients avoiding unnecessary surgical intervention. It can also downstage a cancer diagnosis and facilitate a patient accessing more appropriate treatment. PET-CT is also being used in the diagnosis and treatment planning of an increasing range of other diseases.

However, the under referral of patients in Wales to PET-CT services means that these benefits are not being realised, and clinical outcomes are not as good as they could be.

Clinical outcomes could be further improved by the introduction of new generation digital scanners and new radioisotopes, both of which will increase diagnostic accuracy. Extending the range of clinical indications for PET-CT will also ensure patients receive the most clinically effective interventions.

1.4.6 SO2: To ensure a sufficient workforce to deliver a high-quality service

As noted in Section 4.12, the imaging workforce is in a critical situation across the UK. There is increasing clinical demand across all imaging modalities, and capacity issues are exacerbated by difficulties in recruiting consultant radiologists, radiographers and sonographers. Clinical imaging remains a popular specialty for medical trainees but training capacity does not match workforce deficits. There is a clear and substantial need to attract, train and develop appropriate staff to the All Wales PET service to ensure deliverability.

PET-CT is not a stand-alone provision, and radiology services will typically not have staff solely dedicated to PET. Instead, staff typically work across several imaging modalities. This is certainly beneficial for skill mix and resilience in a workforce. However, this needs to be considered when planning workforce for future PET-CT services as the needs have to be fed in to wider radiology service on site.

The location of a PET-CT scanner is critical when considering the use of radiopharmaceuticals. A PET-CT scanner would ideally be co-located close to other nuclear medicine services and the specialist medical physics workforce.

The various reviews and reports on this topic suggest a variety of approaches that could facilitate skill-mixing and future-proofing of the PET-CT workforce. One possibility is for radiographers/technologists/physicists to train and become adept at reporting, thus facilitating/reducing consultant radiologist reporting tasks.

Indeed, clinical reporting (interpretation), by non-medical professionals, is established practice in conventional nuclear medicine imaging and other imaging modalities. It is likely that radiographers, clinical scientists and nuclear medicine technologists (with the necessary training/qualification in clinical reporting) can facilitate some limited PET-CT reporting capacity in future, by supplementing the role of the radiologist/nuclear medicine physician, by freeing up medical time for PET-CT reporting. This would be limited to reporting on site only under the guidance of the PET (IR(ME)R) practitioner in possession of an ARSAC licence. Therefore there is a potential route to building some additional resilience within a site team, which will undoubtedly be an interesting prospect for non-medical staff wishing to expand their skill-set.

There is potential for Artificial Intelligence to play a role and assist in many areas that could facilitate more efficient working practices (see Appendix 8). Some of this is being considered and is in scope of the RISP Programme.

The IT infrastructure supporting imaging in Wales requires further development and there is a programme now addressing these issues: the Radiology Informatics System Procurement (RISP) Programme. It is anticipated (and considered necessary) for these developments to enable the reporting of PET-CT remote from the PET-CT sites. This would facilitate a potential shift toward a “hub and spoke” service model of reporting radiologists in Wales, where perhaps a consultant radiologist based in Hywel Dda could tele-report on scans carried out at Swansea without leaving their office. This must not be to the detriment of adequate on-site support. It is noted that ARSAC

does not encourage remote practitioners, so a practitioner would still be expected to regularly attend the PET centre for which they provide primary support. However, this could be an attractive prospect for consultant radiologists looking to live and work in more rural areas of Wales, and still access the interesting field of PET-CT. This is in line with the 2019 RCR [22] recommendation to provide "innovative delivery models" and is dependent on the RISP Programme.

There is a potential risk to the surrounding radiology workforce in that new PET-CT sites could attract vital staff away from other sites. However, the added benefit of retaining and attracting high quality specialists may outweigh the potential risk. This would need to be considered in regional and local plans.

The PET-CT Workforce Board have made a set of recommendations regarding the ideal staffing state for a PET-CT scanning service and have listed their professional roles and WTE, see Table 14. Descriptions of each role and responsibilities are contained in Appendix 7.

As workforce provision is a clear constraint to implementation of this Programme, it is essential that the All Wales PET Programme works closely with existing training and education organisations, Health Boards and other groups to ensure that workforce needs are appropriately considered and planned for in the near and distant future. The PET Programme Workforce Board may be best placed to adjust into an advisory role/group in the future, to maintain expertise and momentum and continue to share and learn from one another.

A fixed, state of the art PET scanning site that has an active RD&I presence is likely to prove an attractive place to work, making it easier to recruit and retain staff from all professional groups and imaging modalities outside of PET.

Table 14: Professional roles required to run a PET-CT scanning service (based on a single scanner)

Role	Band	WTE (up to 6 patients per session)	WTE (7-12 patients per session)	Scalability with increased demand
Booking clerk / Administrator / Reception staff	3 or 4	1.5	2.5	In consideration of the patient interaction involved in this role, an increased throughput of patients will result in a need for additional staff members.
Radiographer / Technologist	6-8a	3.0	4.0	Increase in patient throughput is thought to be sufficiently covered by one additional post.
HCA/Clinical Support Staff	4	1.0	2.0	TBC
Clinical Scientist (physics) / Medical Physics Expert	8a-8c	2.0 (includes RWA & RPA roles)	(2.5 for >12 patients)	The scalability for this post is not linear, but there is a small increment per patient which will need to considered, alongside increased patient throughput.
Finance Business Partner	6-8a	0.2	0.2	Post is not felt to be scalable to patient numbers.
Consultant Radiologist	Consultant pay scale	1.5	3.0	RCR literature denotes consultant radiologist reporting a range from 3.75 - 7.5 reports per session. Agreement from this group is that 5 reports is reasonable.*

Role	Band	WTE (up to 6 patients per session)	WTE (7-12 patients per session)	Scalability with increased demand
PET-CT Manager	8a-8c	0.4	(0.8 for >12 patients)	There will be increased demand for management and HR support to the increased staffing numbers when PET sessions have 7-12+ patients.

** Comments from consultant radiologist workforce are: 1) a full time consultant will typically be at work 42 weeks of the year, to allow for necessary leave. 2) A full time consultant works 10 sessions on a 7:3 split in line with the National Consultant Contract in Wales. 3) An average of 5 PET-CTs would be reported per DCC session. A Royal College of Radiologists document of 2012 discussing clinical radiology workload and a Royal College of Physicians document of 2013 detailing the duties, responsibilities and practice of physicians both suggest 1-2 per hour i.e. 3.75 to 7.5 per session. 4) Studies won't routinely be double read or reported. 5) A full-time consultant would not devote all of their time to PET-CT duties, but most likely 2 to 4 sessions per week. The clinical lead(s) for a service may well provide more than 4 sessions. 6) If there are sufficient consultants to meet the reporting needs of the service then there are sufficient to meet the non-reporting duties. 7) MDT meeting commitments are to be funded separately.*

For future consideration: non-certificated support staff to supplement the radiographer/technologist role (1 WTE).

1.4.7 SO3: To improve delivery of the All Wales PET Service by efficient use of PET-CT scanners, facilities, processes and infrastructure

To achieve this spending objective there is a need to provide modern, up to date and high quality PET-CT scanners and supporting facilities in order to improve processes and infrastructure.

Replace analogue scanners with digital PET-CT scanners

Scanning technology has advanced significantly over the last 10 years which has led to markedly improved scan image quality, shortening of scan time and lower radiation doses. Although digital scanners are significantly more expensive, they offer the following additional benefits:

- significant gain in sensitivity;
- improved resolution;
- significantly reduced radiation dose or significantly reduce scan time: in practice, a combination of both; and
- faster scans – increasing patient throughput.

All three scanning sites in Wales currently have analogue scanners.

The analogue scanner at PETIC is now 11 years old and is beyond the end of its recommended life. In order to maintain access to a scanner for the population of South East Wales and provide service continuity, the scanner will need to be replaced. A business case to progress this is in preparation.

Replace inadequate mobile facilities with fixed ones

The two mobile centres provide access to North and South West Wales respectively and population modelling shows an ongoing need for geographical access to patients in these areas. In the short term, this could be continued on the mobile fleet but there are significant issues associated with mobile scanners, as described in Table 15 below.

When considering the number of scans that can be carried out by a digital scanner, their use will permit the service reaching full capacity requirements. Reaching this capacity will also require

additional investment in the physical infrastructure to account for additional patient numbers. For instance, a digital scanner will scan between 7 and 12 patients in one session, compared to 6 in a typical analogue session. Therefore provision is required for more uptake rooms and more automation in dispensing to obtain greater yield per vial, for example the Tracis system. The same is true for workforce capacity (see Section 1.4.6).

Patient experience at a mobile PET scanner

> In autumn 2019, I had a PET scan, prior to my lung operation to make sure all areas affected by that particular cancer were visible. While I was delighted to be able to have such an expensive and useful procedure, it had its pros and cons.
>
> The actual procedure was painless, but I had no idea until I got the paper work that the radio isotope is so unstable. It only has a life of a few hours and sometimes a batch fails in the laboratory. The nearest labs to Wrexham are in Keele and Preston. Several batches are made each day and rushed to the places with the PET scanners. I find the theory fascinating, but the practicalities aren't so much fun.
>
> My appointment was in the morning at the mobile unit at Wrexham Maelor Hospital. Although I live in Wrexham, I arrived in plenty of time (i.e. very early) to avoid taxi problems at school times. Unfortunately, this meant I missed the phone call, saying that that morning's batch had failed.
>
> The nurse suggested that I went home and waited for a call in the afternoon to let me know if the next batch had been successful. I never met the other patient, who had travelled 3 hours to get to their appointment. There was no point in either of us saying we would come back another day because exactly the same thing could happen multiple times.
>
> I went home with my book and bag of warm clothes for the cold of the scanning lorry. I was hungry as I'd been fasting from the night before, but at least I could snuggle up on my sofa in my own misery. I wondered how the other poor patient was doing somewhere in the bowels of the hospital.
>
> I was fortunate, a phone call came to say that the isotope was on its way and when to come in to the hospital. I was torn between disappointment that I couldn't eat and delight that I wouldn't have to repeat the experience another day.
>
> It was damp and dusk when I went up the mesh stairs into the lorry. I was led into a large bright heated cupboard, mainly filled with a recliner chair and blankets. My warm clothes were redundant. I found a way to squeeze the bag beside my legs. I'm not small and I wondered how people larger than I am manage in the space.
>
> I was given the isotope and had to stay still for a certain length of time for it to work. I was very warm and comfortable in the recliner chair. I think I snoozed a bit to allay the gnawing hunger.
>
> To be honest, I can't remember much about the scan itself. I think it was well past five by the time I was being scanned. It wasn't uncomfortable. My main memory is of eating after an 18 hour fast!

> You're asked to stay warm but you could get rather cold on your way to the scanner.
>
> I really needed to go to the toilet after my scan so I had to be rushed to the toilet which was some distance away... having a toilet nearby would be better.
>
> There is space restriction on board the van. I use a wheelchair so had to use the lift to gain access to the van.

Patient view of a fixed PET scanner and updated facilities in North Wales

> “Discussions around a static PET scan in North Wales have suggested that people coming a distance could have their appointments in the afternoon, so they can be contacted if the appointment is cancelled.
>
> I don’t drive. If I had to travel from Bangor or the Lleyn to Wrexham or vice versa, for instance, I would probably have started my journey before I could be contacted. At least, if I had made a wasted journey, it would be nice to be greeted with a comfortable seat and a bite to eat before my return journey.
>
> Cafés aren’t always open when one wants them. Similarly, mobile phone reception can be bad on some journeys. Someone with a long road trip might well miss the call cancelling their appointment.
>
> I don’t want to denigrate Wrexham Maelor Hospital at all. It’s accessible, a huge bonus in this age of building hospitals at the back of beyond and it has been absolutely brilliant for me. It’s just that I can see so much more potential for a modern, static PET scan facility in North Wales.”

Table 15: Mobile vs fixed scanners

Issue	Mobile scanner	Fixed scanner
Quality	Manufacturers will not guarantee CT and PET alignment to <2.5mm on a mobile (i.e., that the couch movement is guaranteed linear throughout travel), as fundamentally these complex machines are not designed to be bounced around. Radiotherapy requires alignment of 0.2mm.	Fixed site scanner can be maintained, therefore offers fundamentally higher quality for all scans.
Patient experience	Cold, restricted space. Cannot accommodate patients on trolleys. A patient (possibly inpatient) would have to go outside to reach the mobile unit.	All facilities are co-located with the PET scanner, which means the patient does not need to leave the building until the scan is completed.
Maintenance considerations	Mobile units are serviced 3 monthly +/- when they break. This is often outside the control of the service provider.	A fixed site with pro-active medical physics will monitor and fine-tune performance frequently, continually maintaining the rigorous demands required for optimised clinical and research scans.
Future needs	Radiotherapy planning cannot be done on a mobile unit, nor can respiratory and cardiac gating. Diagnostic CT, with iv contrast, requires multiple phases. The staff are not trained or permitted by the mobile provider. This prevents ‘one-stop shops’ whereby patients can attend a hospital a single time for all required PET-CT, CT +/- radiotherapy planning, all fully integrated rather than multiple visits with associated time delays.	Fixed site scanner can be maintained to a standard to provide radiotherapy planning scans. Potential creation of a “one-stop shop” is possible with a fixed scanner.
Research	Very limited on mobile units due to quality assurance (QA) issues.	Accreditation for research is more easily obtained.

Issue	Mobile scanner	Fixed scanner
Uptake facility	Brown fat activation is triggered by exposure to cold temperatures. This impacts on uptake of FDG and could hinder interpretation in lymphoma and breast cancer patients, in particular. This is a significant issue in winter months.	Fixed sites generally have more uptake rooms available than mobiles, this facilitates a longer FDG uptake period, improving scan quality.
Reliability	Mobiles which are not 'static' mobiles suffer far more failures, often only discovered during warm-up when the first patients have arrived. Couch problems are a particular issue. This leads to patient delays.	
Access	Patient access is more difficult to mobile units compared to fixed sites. Space is limited for disabled patients who require a hoist. Scans on general anaesthetic patients cannot be performed on a mobile.	
Hospital/Staff Benefits	Staff radiation dose is higher on a mobile unit, where space is problematic.	Staff radiation dose is less within a static facility. A fixed unit helps with staff recruitment throughout nuclear medicine.
Booking flexibility	A mobile unit can only use contracted days with the mobile provider.	A fixed site can schedule patients over any days of the week. This not only permits more flexibility when booking patients, it allows for rebooking if there is an issue e.g., with radiopharmaceutical supply. This can also increase the range of radiopharmaceuticals that can be sourced i.e. Wrexham can only get PSMA on 3 out of 7 days. The scanner only on site for one of those days. This restricts access to that day.

Patient view of improved facilities

> “I needed a biopsy that was more easily performed in Liverpool Heart and Chest Hospital in Broad Green, than at Wrexham, simply because they have more patients with cancers in odd places than Wrexham does. It is a new hospital with new day care facilities, which they find improves patient safety and care. The new day unit at Liverpool HCH is the Holly Suite. Because I needed to fast and had to wear hospital clothes, I only saw the Atrium. It was spacious with recliner chairs. The chairs were far enough apart for privacy. Each patient had a good-sized locker. There were magazines and papers, but I'd brought my own books and music. The unisex toilets were nearby, clearly marked and large. I can't remember exactly, but I think they were all suitable for disabled people, though only one might be necessary in a more specialised unit.
>
> There was a water fountain and a light meal was provided after my procedure, before I was allowed home.
>
> There was usually someone on duty at the desk if one had queries.
>
> The only difference I would have made was to have individual earphones for the television, like they have on aeroplanes. It's a pet peeve of mine to be forced to watch and listen to TV shows that I don't like, in NHS facilities. I was fortunate, I attended on two full days, but the TV was only on for part of one of the days.
>
> A whimsical detail made a painful biopsy more cheerful. The X-ray waiting room and room with the CT scanners had, I think, a sky painted on the ceiling and natural green murals on the waiting room walls. I remember remarking on them and a staff member saying, *'Well this is a new hospital.'*
>
> I always enjoy seeing the woodland mural on the long corridor at Wrexham Maelor. I know it sounds a tiny thing and a bit daft, but it can make a difference.”

1.4.8 SO4: To ensure that the future All Wales PET service provides a cost-effective service for patients and NHS Wales

As well as the service impacts outlined above, reliance on mobile scanners under existing arrangements results in increased cost per scan. As demand continues to grow this will create an ongoing and increasing cost pressure.

Similarly, reliance on external suppliers for Radiopharmaceuticals results in increased and growing costs.

In addition, the existing arrangements limit opportunities for driving out inefficiencies associated with duplication and downtime. It is also not possible to take advantage of income generation opportunities which might emerge in relation to private practice, commercial trials and supporting other nations.

1.4.9 SO5: To widen the scope of the All Wales PET service, to meet recognised international best practice

In 2018 the AWPET Advisory Group and Welsh Scientific Advisory Committee made the following recommendation in support of future PET research, development and innovation (RD&I) in Wales:

'Constitution of a Welsh PET innovation strategy to develop research, clinical, technological, and industrial collaboration within a formal framework. This will encompass horizon scanning and development of subjects such as PET in radiotherapy planning, and in novel malignant and non-malignant indications' (Recommendation 5, PET in Wales – overview and recommendations, 2018).

The aim is to enable and expand high quality RD&I using PET across Wales, whilst ensuring that every patient has the opportunity to access clinical research trials and to ultimately improve patient outcomes and clinical practice.

Internationally there is a large amount of clinical research activity involving PET currently planned or in progress. An independent literature search carried out in February 2021 by information specialists at Velindre Hospital, Cardiff identified a total of 812 clinical trials listed on the ClinicalTrials.gov register. Of these 352 were flagged as completed, terminated or cancelled. The vast majority of current trial activity using PET is set within oncology however there is an increasing desire to use PET in a variety of non-oncological indications.

It is clear that there is a breadth of research activity through which PET-CT scanning may be utilised:

- PET scans are being increasingly requested through oncological clinical trials as the gold-standard diagnostic tool for staging of cancer.
- PET-CT scanning is a field of research activity in its own right, with work dedicated to new radiopharmaceuticals and use of these in new clinical indications for diagnosis and treatment.
- There are studies focused on the use of PET-CT scanning in facilitation of radiotherapy planning / treatment and alternative targeted treatment of cancers.
- Currently PET-related RD&I activity is not consistently carried out across Wales, with almost all being carried out at PETIC in Cardiff. This is largely due to the differences between scanning facilities and infrastructure present at the three sites.
- Most clinical research studies involving PET-CT now require either National Cancer Research Institute (NCRI) or EANM Research GmbH (EARL) accreditation.

PETIC has a fixed scanner and a cyclotron facility. Since it was established over ten years ago, PETIC has made significant strides in the RD&I arena resulting in a dedicated research team and collaborations with high profile partners in academia and industry, such as the University of Oxford and National Physics Laboratory. PETIC has also secured funding from the Wellcome Trust, MRC, Cancer Research UK, EPSRC and Royal Society of Chemistry. Current research activity at PETIC includes:

- Six industry collaborations totalling £206,500 income per annum (2019/20);
- Providing PET-CT scans for 11 multi-centre clinical trials (2019/20);
- Running 9 Clinical Research Projects in Progress totalling income of £443,100;
- Running 12 Pre-Clinical Research Projects totalling income of £210,500;
- Running nine Chemistry and Pharmacy Research Projects totalling income of £1,136,000;
- Running six Physics Research Projects totalling income of £74,400.

There is no doubt that PETIC benefits from having a fixed scanner, on site cyclotron and ownership by an academic institution (Cardiff University). This opportunity is not apparent for Swansea and Wrexham sites, as a mobile scanner is not typically thought of as “ideal” for research PET scans, with research protocols usually highly restrictive and requiring levels of quality assurance that a mobile scanner cannot provide (See Section 4-16).

There is a clear link between an active research environment and attraction and retention of high quality staff. Indeed, the PETIC team recently attracted a leading UK radiologist, a radiochemist and

a head of quality control as a result of the opportunities available at this site and their reputation for high quality research.

Since the Swansea PET mobile service started in August 2020 there has already some collaboration with PETIC through mentoring of PhD students and access to some clinical trials.

The AML mobile scanner at Singleton Hospital is currently being evaluated for EARL accreditation.

The Swansea site is currently open to receive patients for the SCOPE II and ADCT-402-103 studies. SCOPE II is a phase II/III trial to study radiotherapy dose escalation in patients with oesophageal cancer and the ADCT-402-103 study is an early phase trial evaluating loncastuximab tesirine and ibrutinib in patients with lymphoma.

Capacity issues of the mobile service and the specific needs of research trials means a number of studies are ineligible to open in BCUHB. This reduces BCUHB's reputation as a research organisation and denies local patients access to trial participation. This also has a negative effect on retention and recruitment of skilled staff.

There is a clear need for a pan-Wales research network, with membership spanning NHS, academia and industry to ensure that Welsh PET-CT services make the most of its population, geography and clinical expertise.

Critically, putting in place the appropriate scanners and associated facilities across Wales will not only create centres of RD&I excellence for staff retention and attraction, but ensure that patients have equitable access to participate in clinical trials. This is an important factor to consider for the needs of the service.

Over the past 10 years, PETIC has been a partner with Health Boards across Wales in 78 multi centre research studies. These studies have primarily been research into novel therapeutic agents where PET is used to monitor and assess the response of cancer and dementia patients to the novel therapeutic agent. This has also included a number of research studies in partnership with Bristol due to the fact that the private provider of PET scans in Bristol has been unwilling to support research scans.

PETIC also secured funding for a pilot study with clinicians in Aneurin Bevan UHB to investigate the use of FDG PET in the diagnosis of dementia. The result of the pilot study demonstrated that FDG PET significantly altered the differential diagnosis of dementia types and resulted in cost savings in other areas of patient management due to clearer diagnosis. Based on these data, evidence was submitted to AWPET in 2020 requesting the inclusion of new dementia indications in the WHSSC PET commissioning policy [1]. AWPET supported and recommended these new indications to WHSSC and they were subsequently approved and will be funded from June 2021. In addition, a national PET Dementia service is planned to go live in the summer of 2021.

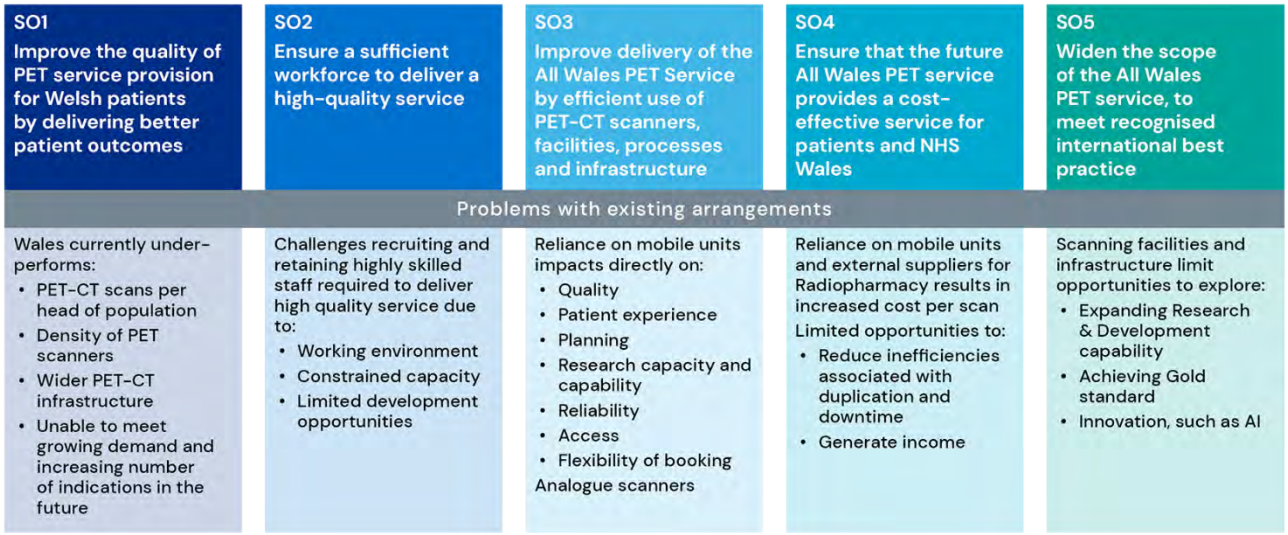
PETIC has also led on the introduction of 18F-PSMA PET in Wales. PSMA PET is an emerging imaging modality with improved diagnostic accuracy (sensitivity and specificity) over conventional imaging for prostate cancer staging. PSMA PET identifies cancer that is often missed by current standard of care imaging techniques. Prior to 2019, PETIC offered a prostate cancer imaging service using F-Choline. Problems with the supply chain led PETIC to submit a business case to WHSSC to support an 18F PSMA scanning service. This was approved and PETIC began production of 18F PSMA for human use in 2019. The service has proved to be hugely successful with PETIC now reliably scanning increasing numbers of prostate cancer patients in Cardiff and supplying PSMA to PET centres in Swansea, Bristol, Plymouth, Poole and Bath.

Other research interests and collaborations involving PETIC include:

- a validated method for the synthesis of 18F-DOPA in partnership with Pfizer and Bristol to investigate a potential cure for Parkinson's disease. PETIC is the only site in the UK manufacturing 18F-DOPA and is supplying specialist centres in London and Manchester who used 18F-DOPA to diagnose and treat paediatric insulinoma;
- the development and validation of Fallypride and Flumazenil radiopharmaceuticals. Fallypride is currently being used in Cardiff to assess the effectiveness of stem cell implants in Huntingdon's disease. Flumazenil is being used in partnership with CUBRIC to measure the neuroreceptor GABAA in epilepsy. In partnership with TRASIS, PETIC is planning to optimize the synthesis of Flumazenil with the aim of supplying Flumazenil across the UK;
- Artificial Intelligence (AI): This has been mentioned in many of the key documents referenced in the Strategic Context section of this PBC. Indeed, colleagues at the Life Sciences Hub Wales (LSHW) have used horizon scanning techniques to understand the possibilities of this advancing field of innovation, and ensure that the All-Wales PET service makes moves to the frontline of innovation (Appendix 9). There are clear and potential benefits of AI to PET-CT imaging ranging from improved image quality, reduced scan time, improved patient experience and improved efficiency, accuracy and insights. The key barriers to this innovation are the need for facilitation and collaboration. There are many suppliers with a range of technologies on offer.

The figure below summarises the case for change for this programme in relation to the five spending objectives.

Figure 10: Problems with existing arrangements



1.5 Potential Scope

1.5.1 Introduction

This section of the PBC identifies the potential scope of the All Wales PET Programme including the key service requirements that should be considered in designing the future service model and developing options.

1.5.2 Scope of programme

The overall scope of the programme is to plan, design, build and implement an All Wales PET strategy and associated business case for services up to 2031.

The aims of the Strategic Programme Board are to:

- Produce a Welsh PET services strategy that will incorporate multi-disciplinary workforce, research, clinical, technological and industry within a formal framework.
- Produce a strategic business cases for future PET-CT services in Wales.
- Establish a framework to ensure continuity of service and safe practice.
- Produce a business case for funding to replace obsolete PET-CT infrastructure.
- Consider if it is relevant to supply radiopharmaceutical tracers to other providers within NHS Wales outside of PETIC.
- Support the development of the capacity of the indication list.
- Develop a strategic business case to inform future PET service across Wales that incorporate enhancements to the indicators list, PETIC replacement scanner and radiopharmaceutical supply in line with the recommendations of the AWPET group report [6] for PET-CT in April 2019.

Areas that are excluded from this project are:

- Ongoing maintenance of the service
- Implementing commercial products.

1.5.3 Potential scope of services

By considering the range of business functions, areas and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the project.

Coverage and services are considered on the following continuum of need:

- **Core:** Essential elements that must be included in the programme to address immediate risks and ensure service continuity.
- **Desirable:** Additional elements that should be included in the programme to enhance the service and deliver greater value for money through additional benefits.
- **Optional:** Possible elements that could be included in the programme to maximise benefits providing they can be justified on a marginal low cost and affordability basis.

The Strategic Programme Board considered and agreed the potential scope of service coverage and categorised the main elements in line with this continuum of need. The results of this analysis is provided in Table 16 below.

Table 16: Potential scope - service coverage

	Core	Desirable	Optional
Number of scanners			
Provide access to 1 x PET-CT scanner to meet forecast South East Wales demand	✓		

Provide access to 1 x PET-CT scanner to meet forecast North Wales demand	✓		
Provide access to 1 x PET-CT scanner to meet forecast South West Wales demand	✓		
Provide access to 4th PET-CT or PET-MR scanner (Location and type to be determined according to future demand requirements)		✓	
Provide access to 5th PET-CT or PET-MR scanner (Location and type to be determined according to future demand requirements)			✓
Radiopharmaceutical provision			
Cyclotron co-located with SE Wales PET-CT scanner	✓		
Contract for supply of radiopharmaceuticals	✓		
Additional cyclotrons (Number and location to be determined according to future demand requirements)			✓
Additional service provision			
Centres of Excellence*		✓	

***** Centres of Excellence refer to RD&I activity and state of the art facilities. Having Centres of Excellence will result in reputational gain and the ability to attract and retain highly skilled workforce in addition to RD&I income.

1.5.4 Key service requirements

The key requirements associated with this potential scope were also considered and agreed by the Strategic Programme Board (Table 17). These will provide the basis for developing design specifications at project stage.

Table 17: Potential scope – key service requirements

	Core	Desirable	Optional
Scanner specification (where new scanners are acquired as part of the solution)			
Digital scanners	✓		
Inclusion of existing technologies - Robotic radiopharmaceutical dispenser	✓		
Inclusion of existing technologies – Radiotherapy Treatment planning	✓		
AI-enabled machines	✓		
Facilities requirements (where new scanners are acquired as part of the solution)			
Uptake rooms (Increase rooms at Cardiff and create rooms at new facilities such as Swansea and North Wales)	✓		
Dependencies (where new scanners are acquired as part of the solution)			
Integrated IT to ensure quick turnaround and clear coding	✓		
Electronic requesting	✓		
Centres of Excellence			
Flat bed and lasers included in scanner specification	✓		
Active R&D with clear pathways available at all sites		✓	
Access to novel radiopharmaceuticals		✓	

	Core	Desirable	Optional
Workforce requirements			
Hub and spoke model	✓		
Skilled workforce (Ensure expansion of workforce to deliver capacity – see section 5.5)	✓		
Training and development	✓		

1.5.5 Demand requirements

Capacity requirements, in terms of the number of PET-CT scanners required and the timescales for acquiring them, have been estimated based on the need to meet predicted demand of 20% growth per annum described in section 1.4.5 and the supporting Figure 13.

Modern digital PET-CT scanners are capable of scanning up to 5,500 times per annum. Assuming that a scanner is functional 50 weeks of the year (allowing two weeks for maintenance, breakdowns etc.), a total of 5,288 scans per annum can be provided.

The current analogue scanners that are in place within Wales (mobile and fixed at PETIC site) are capable of 2,884 scans per annum, when active for ten sessions per week (50 weeks per year, with 3,000 maximum capability).

Based on these assumptions, it is possible to identify the years in which demand for PET scanning can no longer be met by existing service models and facilities and this is shown in the table below.

Table 18: Summary of likely clinical demand for PET scans across Wales based on 20% underlying annual growth in activity

Year	South East Wales	South West Wales	North Wales	Projected All Wales
2021	**2629**	**1434**	**1144**	5207
2022	3155	1721	1373	6249
2023	3786	2065	1647	7498
2024	4543	2478	1976	8998
2025	5452	2974	2372	10789
2026	6542	3569	2846	12957
2027	7851	4282	3415	15548
2028	9421	**5139**	4098	18658
2029	**11305**	6167	4918	22390
2030	13566	7400	**5902**	26868
2031	16279	8880	7082	32241

Red cells highlight where clinical demand outstrips current service provision. **Amber** cells denote where clinical demand may outstrip mobile provision at SW and N Wales and digital scanning provision at PETIC. **Purple** cells denote where clinical demand may outstrip digital scanner provision at all three sites.

Based on this analysis, it is clear that significant capacity shortfalls will emerge as follows:

- **South East Wales:** Forecast demand will begin to exceed capacity of the existing analogue scanner in Cardiff by the end of 2021. Replacing it with a digital scanner would provide sufficient

capacity to meet forecast demand until at least 2025. Introducing an additional scanner at that point would provide sufficient capacity until 2029.

- **South West Wales:** Forecast demand has already exceeded capacity of the existing mobile scanner which currently operates just two days each week. Expanding capacity to the equivalent of five days per week for a mobile analogue scanner would only create sufficient capacity to meet forecast demand until 2024. And expanding capacity to the equivalent of five days per for a digital scanner could only create sufficient capacity to meet forecast demand until 2028. Introducing an additional scanner in 2028 could provide sufficient capacity well beyond 2031.
- **North Wales:** Forecast demand has already exceeded the capacity of the existing mobile scanner which currently operates just two days each week. Expanding capacity now to the equivalent of five days per week for the analogue mobile scanner would only create sufficient capacity to meet forecast demand until 2025. And expanding capacity now to the equivalent of five days per week for a digital scanner would only create sufficient capacity to meet forecast demand until 2030.

It should be noted that this analysis is concerned with the scale of capacity requirements only and does not consider the implications of how this capacity may be provided (i.e. using a mobile or fixed scanner). These implications are considered within the options framework in the Economic Case.

It should also be noted that this analysis is inclusive of RD&I activity. It would be realistic to assume a lead time of two to three years before a new fixed digital PET scanning facility will be demonstrating RD&I activity of 10% of total annual scanning capacity.

1.5.6 Workforce requirements

The requirements for staffing should be considered carefully when planning the Programme, and concurrently with the clinical demand for PET scans. The information presented in the table below will need to be considered as a constraint in the phasing of the Programme plan.

If the All Wales PET Programme Business Case were to be endorsed, then the regional Project leads would be expected to work with local operational colleagues to ensure that more complex workforce planning is undertaken, so that future PET-CT scanners can be “manned” with a resilient workforce. Collaboration between IWEG, HEIW, NIAW and the Healthcare Scientist Board on this matter is essential.

Looking at the analysis of professional posts (Appendix 8), the indicative numbers of WTE posts needed on an All Wales basis to staff three analogue scanners is 28.8 WTEs, and three digital scanners is 45.0 WTEs.

As mentioned in Section 1.4.6, workforce will be a significant constraint to the successful implementation of this Programme. However, the gap analysis (Table 19) alongside the projected demand model (Table 18), provide sufficient data to form judgement and permit appropriate planning so that scanners can be installed at the right time to meet both clinical demand and workforce needs.

If fixed digital scanners were to be put at all three existing PET provider sites, Swansea would need to expand its workforce to that indicative of an analogue scanner by 2024-25 and North Wales by 2025-26. This should give sufficient time, if this PBC were to be endorsed by WG in 2021, to carry out detailed local workforce planning, train existing staff and advertise and attract staff needed for the new facility in advance. Conversely, PETIC would need to carry out local workforce planning to ensure the deliverability of the service as the demand gradually increases year-on-year.

Table 19: Professional posts gap analysis

	All Wales Current staffing (WTE)	All Wales Analogue Scanner requirements (WTE)	All Wales Analogue scanner gap (WTE)	All Wales Digital Scanner requirements (WTE)	All Wales Digital scanner gap (WTE)
Booking clerk/ Administrator/ Reception staff	4.4	4.5	0.1	7.5	3.1
Radiographer/ Technologist	6.2	9.0	2.8	12.0	5.8
HCA/Clinical Support Staff	0.0	3.0	3.0	6.0	6.0
Clinical Scientist (physics)/ Medical Physics Expert	2.1	6.0	3.9	7.5	5.4
Finance Business Partner	1.3	0.6	-0.7*	0.6	-0.7
Consultant Radiologist	3.9	4.5	0.6*	9.0	5.1
PET-CT Manager	1.6	1.2	-0.4*	2.4	0.8
TOTAL WTE	**19.5**	**28.8**	**9.4**	**45.0**	**25.6**

**The current consultant radiologist, finance business partner and PET-CT manager staffing level at PETIC is 2.1WTE, 1.0WTE and 1.0WTE, respectively - which is above the proposal for an analogue scanner. PLEASE NOTE THAT LOCAL/REGIONAL CONSIDERATIONS WILL BE REQUIRED AT OUTLINE AND FULL BUSINESS CASE SUBMISSION.*

It is clear from Table 19 that there will be a need for a fourth PET scanner in the South East region of Wales in 2026. This should be considered as part of the Options Appraisal and should be carefully and effectively planned. The programme should be phased in such a way that there is sufficient oversight from the SPB to review real-time scanning demand and provision for “stop/go” end of tranche reviews.

Should annual demand growth exceed 20% per annum, and this may be the case dependent on the rate of introduction of new services/indications, these timelines can be revised to an earlier date. Conversely, if the rate of growth in the next few years is not realised, the dates would be expected to be pushed back.

1.5.7 Radiopharmaceutical requirements

Radiopharmaceutical provision is an additional infrastructure factor for the All Wales PET Programme and this has been addressed in the Potential scope - service coverage (Table 5-1). However, during in-depth discussions at the SPB in development of the Programme, it became evident that requirements for radiopharmaceutical provision for Wales may stretch beyond the scope of the All Wales PET Programme.

Therefore, it is possible that additional investment via a Project or Programme is identified for radiopharmaceutical provision for Wales after further horizon scanning and scope work. The Programme arrangement should allow space and structure for this work to be done and ensure that the radiopharmaceutical provision is future-proofed.

1.6 Benefits and Risks

1.6.1 Introduction

This section of the PBC identifies the benefits, risks, constraints and dependencies that should be considered in the All Wales PET Programme when developing and assessing the options for the optimal solution.

1.6.2 Benefits

The Preferred Way Forward should address all the business needs and achieve each spending objective identified as part of the review in order to deliver a range of benefits including:

- **Cash releasing benefits (CRB):** those that can be monetised and include improved economy (i.e. reduction in costs);
- **Non-cash releasing benefits (non CRB):** those that can be monetised and include improved efficiency (i.e. staff time released to focus on more value added tasks);
- **Quantifiable benefits (QB):** those that can be measured but not monetised (i.e. patient experience); and
- **Qualitative benefits (Qual):** those that cannot be measured or monetised.

The table below provides an overview of the main outcomes and benefits arising from achieving the spending objectives.

Table 20: Main benefits

Benefit	Description	Beneficiary	Type of benefit
Avoid high-cost late-stage interventions	Avoid surgical intervention	NHS Wales Patient	Financial
Reduction in harm	i. Increase the number of correct operations in those for whom it offers a potential cure and reduce the number of missed operations within this group. ii. Avoid the resource cost of futile operations in patients for whom it does not offer a potential cure. iii. Avoid the mortality and morbidity associated with futile operations. iv. Reduce the number of “open and close” operations for which the futility of the operation is realised during operation. v. Allow improved placement of radiation fields for curative treatment.	Patient Workforce NHS Wales	Quantitative (Unmonetised)
Reduced waiting times	Time to referral to time of scan	Patient	Quantitative (Unmonetised)
Increased certainty of treatment and planning	Increased certainty of treatment and planning Ensuring sufficient capacity and counter pathways	Patient	Qualitative
Improved patient experience	Improved access, better facilities and greater convenience, better outcomes lead to better patient experience	Patient	Qualitative

Benefit	Description	Beneficiary	Type of benefit
Improved recruitment and retention	Greater ability to recruit and retain highly skilled workforce	NHS Wales Patient	Qualitative
Improved access to / uptake of training and education	Increased opportunities to provide access to training and education	Workforce	Quantitative (Unmonetised)
Improved staff satisfaction	Improved working environment, reduced stress and greater opportunities for development contribute to greater staff wellbeing	Workforce	Qualitative
Increased job opportunities contributing to Welsh economy	Ability to attract highly skilled workforce to Wales to deliver service model	Economy	Societal (monetised)
Increased capacity resulting in ability to meet demand	Ability to meet future demand - reducing cost per unit	NHS Wales	Cash releasing
Reduced downtime	Greater control of lists resulting in reduced cancellations and delays and better utilisation allowing greater throughput	NHS Wales	Non-cash releasing
Reduced reliance on mobile scanners	Reduced cost per scan due to establishing in house scanning facilities	NHS Wales	Cash releasing / cost avoidance?
Reduced patient travel time - value to patients	Value to patient of reduced travel time for scans	Patient	Societal (monetised)
Reduced patient travel time - reduced greenhouse gases	Reduction in greenhouse gases as a result of reduced patient mileage	Environment	Societal (monetised)
Reduced road travel of mobile units	Reduction in greenhouse gases as a result of reduced mobile unit mileage	Environment	Societal (monetised)
Income generation opportunities	Increased opportunities to generate income in relation to private practice, commercial trials, NHS England - OR - Protect existing commercial income?	NHS Wales	Cash releasing
Better equity of access	Increasing access in line with international best practice in terms of scanning capacity in relation to population needs ensures better equity of access which will result in improved patient outcomes	Patients	Quantitative (Unmonetised)
Increased proportion of staff research active	Centre of Excellence provides increased opportunities for staff to be involved in research and clinical trials ensuring the service is aligned with international best practice, leading to better outcomes in the long term	NHS Wales Workforce Patients	Quantitative (Unmonetised)
Increased proportion of patients on clinical trials	Centre of Excellence provides increased opportunities for patients to participate in clinical trials ensuring the service is aligned with international	NHS Wales Workforce Patients	Quantitative (Unmonetised)

Benefit	Description	Beneficiary	Type of benefit
	best practice, leading to better outcomes in the long term		
Greater number of trials led by and participated in by PET site	Centre of Excellence provides increased opportunities for PET sites to be involved in a greater range of research ensuring the service is aligned with international best practice, leading to better outcomes in the long term	NHS Wales Workforce Patients	Quantitative (Unmonetised)
Improved access to a greater range of diagnostics to support greater range of therapeutics	Providing increased number of dedicated fixed PET-CT facilities provides opportunities to offer an increased range of diagnostics that will support more therapeutics that would not be possible using mobile units, such as - Radiotherapy planning - Cardiology - GA	NHS Wales Workforce Patients	Qualitative

1.6.3 Risks

Risk is the possibility of a negative event occurring that adversely impacts on the success of the future service model.

Identifying, mitigating and managing risk is crucial to successful programme delivery. The key risks are likely to be those that mean the programme will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

The main risks identified are listed below.

Table 21: Main risks

Risk category	Risk
Resilience	Risk of insufficient scanning capacity to meet demand resulting in increased waiting times and impacting on patient outcomes
	Risk of cancellations and downtime of service
Demand	Risk that demand and capacity requirements have been under or over-stated
Workforce	Risk of insufficient workforce available to provide high quality service
	Risk of challenges recruiting workforce
Implementation	Risk of programme delays resulting in insufficient capacity during transition period
	Risk of programme delays resulting in increased programme costs
Funding and finance	Risk of insufficient capital funding available to deliver programme
	Risk of increasing revenue costs
	Risk that programme costs have been understated

1.6.4 Constraints

Constraints relate to the parameters that the programme is working within and any restrictions or factors that might impact on the delivery of the programme. These typically include limits on resources and compliance.

The main constraints that should be considered in developing a solution for future delivery of the All Wales PET Programme include the following parameters:

- Timescales for completion of the work.
- Availability of key human resource to deliver the programme of work due to existing work commitments.
- Availability of the highly skilled workforce to safely and effectively run a PET service at each site.
- Undefined financial models.

1.6.5 Dependencies

Dependencies include items that must be in place to enable the project or project phases to run successfully. Typically these include links to other projects and funding requirements that are likely to be managed elsewhere.

The success of the future service model relies on the following main dependencies:

- The strategic direction for PET services outlined in the Imaging Statement of Intent for NHS Wales.
- 'Buy in' from all Health Boards and stakeholders.
- Availability of capital funding.

1.6.6 Conclusion

Stakeholders have identified the benefits, risks, constraints and dependencies in relation to the agreed scope of the All Wales PET Programme. These together with the key spending objectives are used to develop and assess a shortlist of options. This option development process is covered in the Economic Case.

2 Economic Case

2.1 Options Framework

2.1.1 Introduction

The purpose of the Economic Case is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

The first stage of this explores the preferred way forward by undertaking the following actions:

- Agree critical success factors (CSFs).
- Identify and evaluate the long list of options.
- Recommend the preferred way forward in the form of a shortlist of options.

2.1.2 Critical Success Factors

Critical success factors (CSFs) are the essential attributes for successfully delivering the project and are used along with spending objectives to evaluate the options. The CSFs for the project are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification an appraisal.

Table 22: Critical success factors

Critical Success Factor		How well the option
CSF1	Strategic fit and business needs	Meets the agreed spending objectives, related business needs and service requirements, and Provides holistic fit and synergy with other strategies, programmes and projects.
CSF2	Potential value for money	Optimises public value (social, economic and environmental), in terms of the potential costs, benefits and risks.
CSF3	Supplier capacity and capability	Matches the ability of potential suppliers to deliver the required services, and Is likely to be attractive to the supply side.
CSF4	Potential affordability	Can be funded from available sources of finance, and Aligns with sourcing constraints.
CSF5	Potential achievability	Is likely to be delivered given the organisation's ability to respond to the changes required, and Matches the level of available skills required for successful delivery.

2.1.3 Key elements of the options framework

The options framework, outlined in the Welsh Government Better Business Cases guidance, provides a systematic approach to identifying and filtering a broad range of options.

An overview of the key dimensions within the options framework is provided in Table 23 below.

Table 23: Key elements of the Options framework

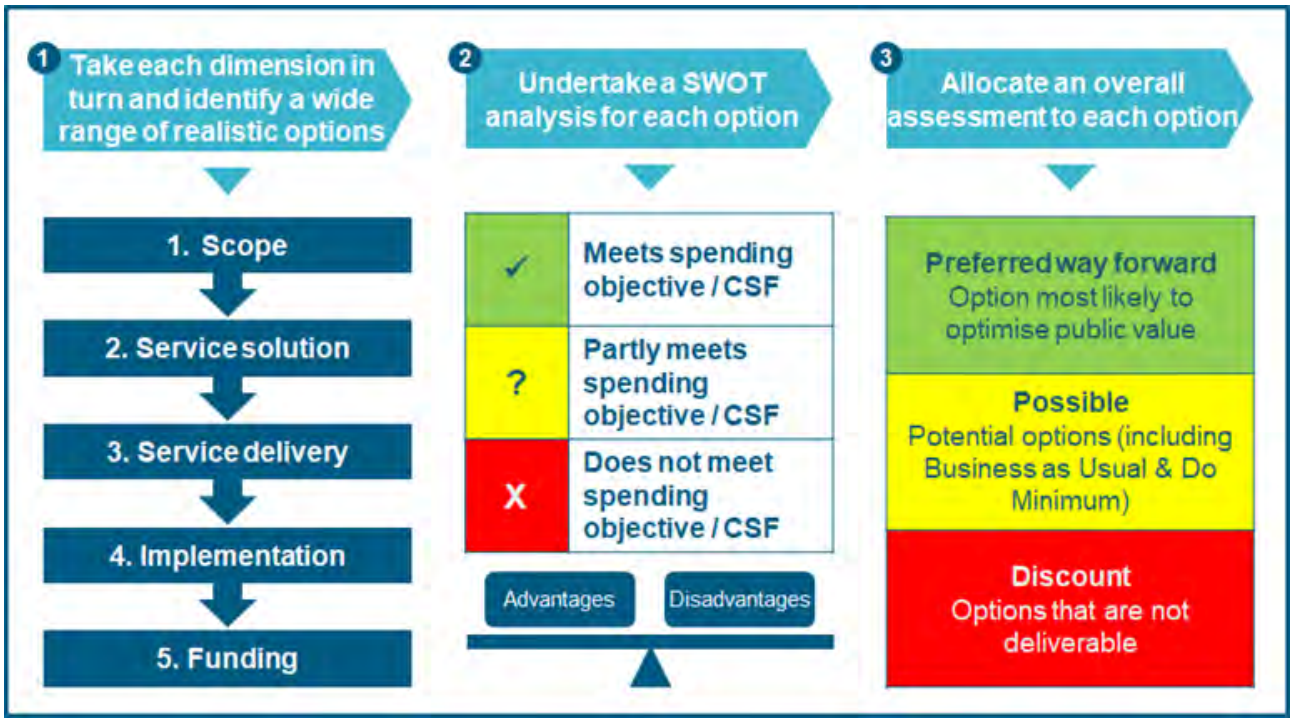
Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension
- Undertake an analysis for each option to:
  - Assess how well the option meets the project's spending objectives and critical success factors; and
  - Identify the option's main strengths, weaknesses, opportunities and threats.
- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

A diagram illustrating this process is shown in Figure 11 below.

Figure 11: Process to identify and assess the long list of options



2.1.4 Identifying and assessing the long list

A long list of options for each of the five dimensions was developed by the Programme Board and evaluated to determine how well each meets the spending objectives and critical success factors at a series of workshops. The detailed analysis is provided in Appendix 1 and an overview in the sections below.

2.1.5 Scope

The options related to the project 'scope' are concerned with establishing the service coverage and key service requirements to be included within the programme over a ten-year period. The potential scope analysis outlined in section 5 provided a basis for developing these options. The evaluation results are provided in the table below.

Table 24: Long list - Scope

Dimension	Option		Description	Conclusion
Do nothing	1A	3 scanners	3 x PET-CT scanners located in Cardiff, North Wales and Swansea	**Carry forward (Baseline)**
Intermediate options	1B	3 scanners + 1 cyclotron + Centres of Excellence	3 x PET-CT scanners located in Cardiff, North Wales and Swansea 1 x Cyclotron co-located with Cardiff PET-CT Centres of Excellence facilities	**Carry forward (Do minimum)**
	1C	4 scanners + 1 cyclotron + Centres of Excellence	3 x PET-CT scanners located in Cardiff, North Wales and Swansea 1 x Cyclotron co-located with Cardiff PET-CT Centres of Excellence facilities 1 x additional scanner (PET-CT or PET-MR) in location to meet population needs	**Carry forward (Preferred way forward)**
	1D	5 scanners + 1 cyclotron + Centres of Excellence	3 x PET-CT scanners located in Cardiff, North Wales and Swansea 1 x Cyclotron co-located with Cardiff PET-CT Centres of Excellence facilities 2 x additional scanners (PET-CT or PET-MR) in location to meet population needs	**Carry forward (More Ambitious)**
Do maximum	1E	5 scanners + 1 cyclotron + Centres of Excellence + additional cyclotron	3 x PET-CT scanners located in Cardiff, North Wales and Swansea 1 x Cyclotron co-located with Cardiff PET-CT Centres of Excellence facilities 2 x additional scanners (PET-CT or PET-MR) in location to meet population needs Additional cyclotrons	**Discount**

2.1.6 Solution

The options related to 'solution' are concerned with establishing how the preferred scope for the programme can best be delivered. A range of options has been considered and the results of the evaluation of these options are provided in the table below.

Table 25: Long list - Solution

Dimension	Option		Description	Conclusion
Do nothing	2A	Do nothing	Outsource unmet demand	**Carry forward (Baseline)**
Intermediate options	2B	Replace Cardiff + extend mobile capacity	Replace PET-CT scanner and cyclotron in Cardiff Extend operating hours of Swansea and North Wales mobile sites	**Carry forward (Do minimum)**
	2C	Replace Cardiff + 2 new fixed units (Swansea, N Wales)	Replace PET-CT scanner and cyclotron in Cardiff Create 2 x facilities for fixed PET-CT scanners (Swansea and North Wales)	**Discount**
	2D	Replace Cardiff + 3 new fixed units (Swansea, N Wales, TBD)	Replace PET-CT scanner and cyclotron in Cardiff Create 2 x facilities for fixed PET-CT scanners (Swansea and North Wales) 1 x additional scanner (location, type and timescales to be determined based on demand)	**Carry forward (Preferred way forward)**
Do maximum	2E	Replace Cardiff + 4 new fixed units (Swansea, N Wales, 2 x TBD)	Replace PET-CT scanner and cyclotron in Cardiff Create 2 x facilities for fixed PET-CT facilities (Swansea and North Wales) 2 x additional scanners (location, type and timescales to be determined based on demand)	**Carry forward (More ambitious)**

2.1.7 Delivery

The options related to the programme 'delivery' are concerned with establishing the ways in which the preferred scope and solution can be delivered, specifically around who will deliver services in the future. The results of the evaluation of these options are provided in the table below.

Table 26: Long list - Delivery

Dimension	Option		Description	Conclusion
Do nothing	3A	Continue with existing arrangements	PETIC operates Cardiff facility External provider operates mobile facilities External radiopharmaceuticals contracts	Carry forward (Baseline / Do Minimum)
Intermediate options	3B	Bring service delivery in house for new facilities and retain PETIC partnership in Cardiff	PETIC operates Cardiff facility NHS Wales operates new fixed facilities External radiopharmaceuticals contracts	Carry forward (Preferred Way Forward)

Dimension	Option		Description	Conclusion
Do maximum	3C	Entire service delivered by NHS Wales	NHS Wales operates all facilities and radiopharmaceutical production	Discount

2.1.8 Implementation

The options related to the programme 'implementation' are concerned with establishing the phasing for delivering the preferred scope, solution, and delivery options.

This analysis in section 5 of the Strategic Case provides a clear indication at the tipping points at which capacity will be exceeded. Indicative assumptions can therefore be made about timescales for delivering the potential scope and these are outlined in the table below.

It would be prudent to put in place the PET scanners and associated facilities ahead of reaching the tipping points at each site, so as to avoid risks associated with potential service failure and avoid reaching a critical state in scanning provision. In addition, given the additional benefits to patient experience, realisation of wider Programme benefits, and in line with the strong case for change made within this Strategic Case, there is a strong argument to bring forward implementation to before the projected tipping points.

Table 27: Timescales for delivering the potential scope

Scanner requirements	Capacity exceeded	Timescale
Provide access to 1 x PET-CT scanner to meet forecast South East Wales demand	2021	2021
Provide access to 1 x PET-CT scanner to meet forecast North Wales demand	2025-2026	2023-2024
Provide access to 1 x PET-CT scanner to meet forecast South West Wales demand	2024-2025	2023-2024
Provide access to 4th PET-CT or PET-MR scanner (Location and type to be determined according to future demand requirements)	2026	2026
Provide access to 5th PET-CT or PET-MR scanner (Location and type to be determined according to future demand requirements)	2029	2028

The results of the evaluation of these options are provided in the table below.

Table 28: Long list - Implementation

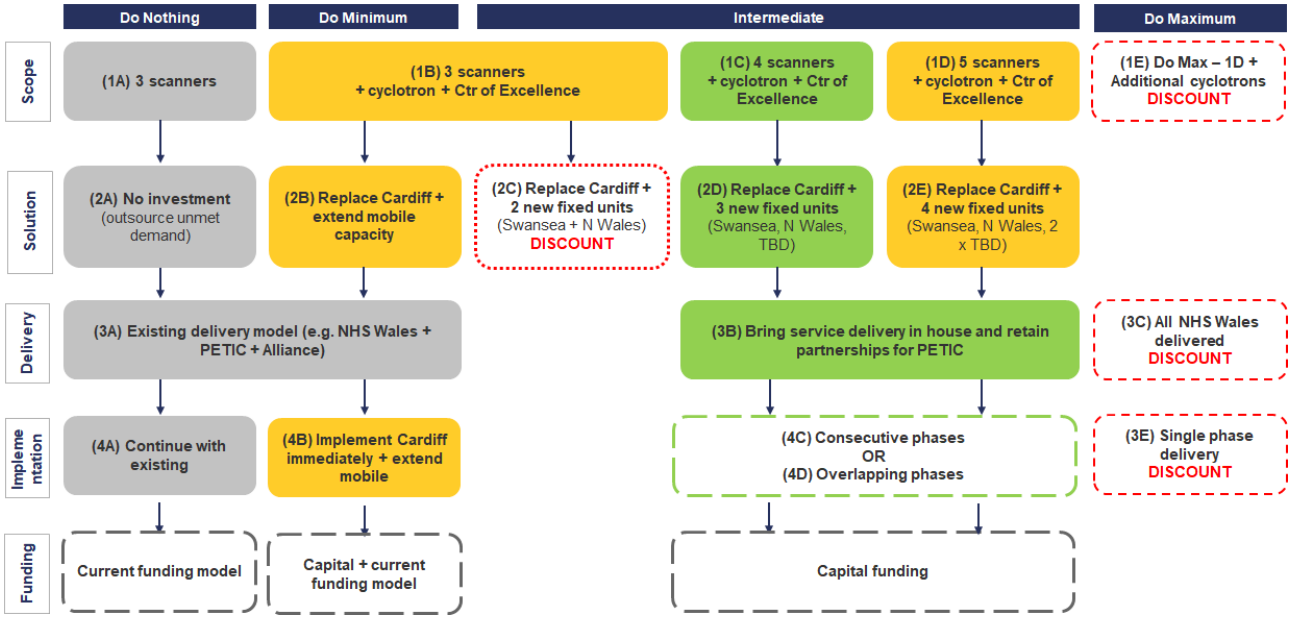
Dimension	Option		Description	Conclusion
Do nothing	1A	Continue with current arrangements	Ongoing asset replacement programme	Carry forward (Baseline)
Intermediate options	1B	Deliver Cardiff capital solution in tandem with extending mobile scanning capacity	Aligned to Do Minimum option	Carry forward (Do minimum)
	1C	Phased approach	Cardiff 2021/22 North Wales 2023/24 Swansea 2023/24 4th scanner 2026/27	Preferred way forward

Dimension	Option		Description	Conclusion
Do maximum	1D	Single phase approach	Full programme delivered simultaneously	Discount

2.1.9 Options Framework Summary

The figure below demonstrates a summary of the longlist using the options framework.

Figure 12: Options framework



2.1.10 Short Listed Options

The options framework can be used to filter the options considered at the long-list stage to generate the potential short-list for the project, as illustrated below.

Table 29: Shortlist of options

Options	Option 1 Business as Usual	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Scope	**3 Scanners (Core scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales	**3 Scanners (Core + Desirable scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff • Centres of Excellence facilities (with new scanners)	**4 scanners (Core + Desirable scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff • Centres of Excellence facilities • 1 additional PET-CT or PET-MR scanner (aligned to clinical model/demand)	**5 scanners (Core + Desirable + Optional scope)** • Access to 3 PET-CT scanners in Cardiff, Swansea, North Wales • Cyclotron co-located Cardiff Centres of Excellence facilities • 2 additional PET-CT or PET-MR scanner (aligned to clinical model/demand)
Solution	**No investment (Outsource unmet demand to mobile providers)**	**Replace Cardiff equipment + extend mobile capacity in Swansea and North Wales**	**Replace Cardiff equipment + 3 new fixed units (Swansea, North Wales, 1 location to be determined)**	**Replace Cardiff equipment + 4 new fixed units (Swansea, North Wales, 2 locations to be determined)**
Delivery	**Existing delivery model** (e.g. NHS Wales + PETIC + Alliance)	**Existing delivery model** (e.g. NHS Wales + PETIC + Alliance)	**Bring service delivery in house and retain partnerships for PETIC**	**Bring service delivery in house and retain partnerships for PETIC**
Implementation	**Continue with existing arrangements**	**Deliver Cardiff replacement + extend mobile provision**	**Phased approach** • Cardiff 2021/22 • North Wales 2023/24 • Swansea 2023/24 • 4th scanner 2026/27	**Phased approach** • Cardiff 2021/22 • North Wales 2023/24 • Swansea 2023/24 • 4th scanner 2026/27 • 5th scanner 2028/29
Funding	**Current funding model**	**Capital and revenue**	**Capital funding**	**Capital funding**

As a result of this the following shortlist of options is carried forward to explore in greater detail within the economic appraisal:

- Option 1 – Business as Usual: Do nothing.
- Option 2 – Do Minimum: Retain 1 fixed and extend capacity of 2 mobile scanners.
- Option 3 – Preferred Way Forward: Provide 4 fixed scanners (10-year programme).
- Option 4 – More Ambitious: Provide 5 fixed scanners (10-year programme).

2.2 Economic Appraisal

2.2.1 Introduction

The purpose of the economic appraisal is to evaluate the costs, benefits and risks of the shortlisted options in order to identify the option that is most likely to offer best public value for money. In line with current HM Treasury Green Book and Welsh Better Business Case programme business case guidance, this involves:

- Estimating indicative whole life capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, outlining how these will be quantified in monetary-equivalent values at OBC stage.
- Using DHSC's Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.
- Presenting the results, including sensitivity analysis, to determine the preferred way forward for the overall programme.

2.2.2 The Short List of Options

As outlined in the previous section, a short list of options has been identified. A comparison of the key features of each of the shortlisted options is provided in the table below.

Table 30: Comparison of shortlisted options

	Option 1 **Business as Usual (BAU)**	**Option 2** **Do Minimum**	**Option 3** **Preferred Way Forward**	**Option 4** **More Ambitious**
Description	Do nothing	Retain 1 fixed and extend capacity of 2 mobile scanners	Provide 4 fixed scanners (10-year programme)	Provide 5 fixed scanners (10-year programme)
Project 1 **Cardiff** **2021/22**		Replace PET-CT Upgrade of cyclotron	Replace PET-CT Upgrade of cyclotron	Replace PET-CT Upgrade of cyclotron
Project 2 **North Wales** **2023/24**		No capital investment Extend capacity of mobile unit	New PET-CT New build (260m2)	New PET-CT New build (260m2)
Project 3 **Swansea** **2023/24**		No capital investment Extend capacity of mobile unit	New PET-CT Refurbish an existing building (176m2) + new build extension (40m2)	New PET-CT Refurbish an existing building (176m2) + new build extension (40m2)
Project 4 **4th scanner** **2025/26**			New PET-CT New build (260m2)	New PET-CT New build (260m2)
Project 5 **5th scanner** **2028/29**				New PET-CT New build (260m2)

2.2.3 Estimating Initial Capital Costs

Indicative capital costs have been estimated by SES for the purposes of the PBC based on the following assumptions:

- Floor area required to create a facility to house a PET-CT including supporting areas, such as waiting areas and uptake rooms.
- Construction costs based on:
  - Refurbishment costs £2k per m2 + on costs; and
  - New build costs £4k per m2 + on costs.
- Allowance for lead lining.
- On costs at 35%.
- Fees at 16%.
- Non works as estimated.
- Equipment costs:
  - PET-CT scanner £2.9m (including ancillary equipment and Radiotherapy adaptions); and
  - Cyclotron refresh £1.75m (including ion source replacement and hot cells).
- Planning contingency 10%.
- VAT at 20% on all costs except fees.

The resulting capital costs estimates for the programme are summarised in the table below. Copies of the PBC Capital Cost Forms are provided in Appendix 2.

Table 31: Capital costs - Programme (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Construction	0	45	4,593	6,341
Fees	0	0	735	1,015
Non works	0	15	80	120
Equipment costs	0	4,673	13,553	16,513
Planning contingency	0	473	1,896	2,399
Subtotal	*0*	*5,206*	*20,857*	*26,387*
VAT	0	1,041	4,024	5,075
Total capital costs incl. VAT	**0**	**6,248**	**24,881**	**31,462**

Indicative capital costs for each of the individual projects is shown in the table below.

Table 32: Capital costs – By Project (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Project 1 - Replace Cardiff equipment	0	6,248	6,248	6,248
Project 2 - Fixed scanner North Wales	0	0	6,573	6,576
Project 3 - Fixed scanner Swansea	0	0	5,486	5,488
Project 4 - 4th fixed scanner	0	0	6,573	6,576
Project 5 - 5th fixed scanner	0	0	0	6,576
Total capital costs incl. VAT	**0**	**6,248**	**24,881**	**31,462**

Indicative cash flow profiles for each of the options are shown in the table below.

Table 33: Capital costs – By Project (£'000)

Date	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
2021/22		4,472	4,675	4,688
2022/23		1,775	2,026	2,040
2023/24		0	11,693	11,693
2024/25		0	152	152
2025/26		0	6,335	6,322
2026/27		0	0	94
2027/28		0	0	152
2028/29		0	0	6,322
Total capital costs incl. VAT	**0**	**6,248**	**24,881**	**31,462**

For completeness and ease of reference to capital cost forms, these figures are shown here including VAT and inflation adjustment. However, it should be noted that for the purposes of the economic appraisal all costs exclude VAT and are restated at base year prices in accordance with HM Treasury Green Book guidance.

More detailed design work will be required at Project Business Case stage and costs will be refined accordingly.

2.2.4 Estimating Lifecycle Capital Costs

Indicative lifecycle costs have been estimated over a 30-year appraisal period based on the following assumptions:

- Equipment replacement every 10 years.
- Building lifecycle costs based on typical average annual costs per m2 as follows:
- New build spaces at £29 per m2; and
- Refurbished spaces at £35 per m2.
- Allowances applied as follows:
- 10% management and fees; and
- 10% contingency.
- Costs applied where appropriate to option as follows:
  - Swansea 176m2 of refurbished space and 40m2 of new build space from 2023/24;
  - North Wales 260m2 of new build space from 2023/24;
  - 4th scanner 260m2 of new build space from 2025/26; and
  - 5th scanner 260m2 of new build space from 2028/29.

The resulting indicative lifecycle costs over the 30-year appraisal period are summarised in the table below. Detailed calculations are provided in the Economic and Financial Calculations in Appendix 3.

Table 34: Lifecycle during 30-year appraisal period (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Lifecycle for refurbished areas	0	0	173	173
Lifecycle for new build areas	0	0	442	624
Equipment replacement	0	14,019	31,779	37,699
Allowances	0	2,804	6,479	7,699
Total lifecycle costs (30-year period)	**0**	**16,823**	**38,873**	**46,195**
Equivalent annual cost	**0**	**543**	**1,254**	**1,490**

Lifecycle costs will be refined at Project Business Case stage based on detailed design.

2.2.5 Estimating Transitional Costs

Transitional costs will be incurred in relation to delivery of programme, including activities such as programme management and dual running costs during any disruptive works.

Indicative costs have been calculated based on the following assumptions:

- Programme team costs including:
- 1 WTE x Band 8b and 1 WTE Band 4.
- Mid-point of pay scale including on-costs.
- Incurred from 2021/22 until final project delivered (2025/26 for Option 3 and 2028/29 Option 4).
- Dual running costs:
- 3 months of dual running costs during replacement of Cardiff scanner.
- No other dual running costs required as the use of mobile scanners can continue during the construction of the new fixed scanner units.

The resulting indicative transitional costs are summarised in the table below.

Table 35: Transitional costs (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Programme team	0	0	502	804
Dual running costs	0	543	543	543
Total transitional costs	**0**	**543**	**1,045**	**1,347**

2.2.6 Estimating Recurring Revenue Costs

Baseline costs have been identified which demonstrate that it currently costs WHSSC £4.5m p.a. to deliver PET-CT services in Wales, based on 2020/21 budget. This equates to £872 per scan based on 2021 predicted demand.

An analysis of this is provided below.

Table 36: Baseline revenue costs

	Total costs	Basis
Betsi Cadwaladr University Health Board	1,105	2020/21 Budget
Swansea Bay University Health Board and PETIC (Cardiff)	2,937	2020/21 Budget
New indications Wales	500	2020/21 Budget
Total cost to WHSSC (£'000)	**4,542**	
Average number of scans	5,207	Predicted 2021 demand
Average cost per scan	**£872.29**	

Recurring revenue costs are anticipated to increase over the next 10 years in line with the demand modelling outlined in the Strategic Case section 5.5. Depending on the option, it may be possible to partly mitigate the increased costs by reducing the average cost per scan.

The current pricing model includes the following range of charges:

- The cost from PETIC is between £850 - £925 per scan.
- The mobile scanner at Wrexham costs between £806 - £896 per scan.
- The mobile scanner at Swansea costs around £950 per scan.
- The Christie tariff for 2020/21 is £846 per scan.
- The cost from external providers can increase to up to £1,500 per scan.
- PSMA scans cost between £1600 - £1825 per scan.

Initial work undertaken suggests that a fixed digital scanner operated by NHS Wales would provide opportunities to significantly reduce the cost per scan. Indicative costs have been calculated based on the following assumptions:

- Pay costs are based on the Workforce Group's agreed target staffing model. A preliminary workforce costing suggests that at mid-point of pay scale including on costs, this is likely to cost between £892k and £1,060k. For the purposes of the PBC, the maximum end of the range has been used.
- Non pay costs are based on the following assumptions:
- Equipment maintenance at 10% of capital costs.
- Radiopharmaceutical costs are based on estimated external provider prices which for the most common F-FDG scans typically range between £2580 - £3705 per day (equating to between 12-17 patient doses) plus £300 per delivery. F-PSMA radiopharmaceuticals are estimated to cost £950 per patient dose and have been applied to 6% of overall activity, in line with recent activity mix.
- Consumables and transport costs are based on the average cost per scan determined from total estimated costs outlined in the North Wales SOC revenue analysis.
- Building running costs are based on an overall average cost of £100 per m2 which includes Utilities, Soft FM and Hard FM.

Based on these assumptions it is estimated that it will cost NHS Wales £2.9m p.a. to operate each fixed digital scanner at full capacity. This is equivalent to £577 per scan, based on an average of 5,000 scans. An analysis of this is provided in the table below.

Table 37: Indicative revenue costs to operate digital scanner (£'000)

Element	Total annual costs (£'000)	Equivalent cost per scan
Workforce to operate digital scanner (7-12 patients per session)	1,060	£212.01
Pay costs	**1,060**	**£212.01**
Equipment maintenance	296	£59.20
Radiopharmaceuticals	1,308	£261.64
Consumables	47	£9.30
Delivery and transport	147	£29.45
Building running costs	26	£5.20
Non pay costs	**1,824**	**£364.80**
Total costs	**2,884**	**£576.81**

Indicative recurring revenue costs for each option in line with 10-year demand model have therefore been estimated based on the following assumptions:

- Digital scanner capacity is 5,288 scans.
- PETIC charges continue at £925 for first 2,150 scans, then £850 for 2150+ and are applied to South East Wales demand up to 5,288 scans.
- Operating costs for the new fixed scanners at North Wales and South West Wales, and the subsequent 4th and 5th scanners, where relevant to an option, are based on indicative operating costs outlined in Table 37 above and are applied as follows:
  - Variable costs (Radiopharmaceuticals, Consumables, Transport) applied based on the average cost per scan to predicted demand up to 5,288 scans.
  - Fixed costs (Equipment Maintenance, Building Running Costs) are applied in full from the year of opening.
  - Pay costs are also applied in full from the year of opening for the purposes of these calculations, although it should be noted than in reality pay costs are likely to be phased during the initial years of each scanner in line with activity. Further work will be undertaken at Project business case stage to develop detailed workforce plans and associated costs.
  - Any unmet demand assumed to be outsourced at average £935 per scan (to reflect range of fees including type and provider).

Detailed calculations are available in the PET-CT Revenue Workings in Appendix 4 and an extract provided below.

Table 38: Indicative 10-year recurring revenue costs (£'000)

Total costs £'000	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	10-year total
Option 1: BAU - Outsource all activity	4,869	5,843	7,011	8,412	10,096	12,115	14,537	17,445	20,935	25,122	30,145	156,529
Option 2: Do Minimum	4,806	5,736	6,850	8,187	9,268	11,287	13,709	16,617	20,107	24,294	29,317	150,179
Option 3: 4 scanners	4,806	5,736	6,850	8,125	8,546	8,714	11,251	12,185	14,327	18,279	23,303	122,122
Option 4: 5 scanners	4,806	5,736	6,850	8,125	8,546	8,714	11,251	12,185	14,688	16,305	21,329	118,536

Average cost per scan £	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	10-year total
Option 1: BAU - Outsource all activity	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00
Option 2: Do Minimum	£923.05	£917.89	£913.59	£910.00	£858.32	£871.10	£881.75	£890.62	£898.02	£904.18	£909.32	£897.07
Option 3: 4 scanners	£923.05	£917.89	£913.59	£903.07	£791.46	£672.53	£723.63	£653.09	£639.88	£680.32	£722.77	£729.47
Option 4: 5 scanners	£923.05	£917.89	£913.59	£903.07	£791.46	£672.53	£723.63	£653.09	£656.03	£606.86	£661.55	£708.06

This analysis demonstrates how the average price per scan is expected to change in relation to each of the options:

- Option 1 (BAU) – Average price increases to £935 per scan as all activity is outsourced.
- Option 2 (Do Minimum) – Average price increases to £898 as only the Cardiff scanner is replaced, for which PETIC pricing is retained, and there is significant reliance on outsourcing.
- Option 3 (4 fixed scanners) – Average price reduces to £729 due to the benefits of 3 new fixed scanners although there is some reliance on outsourcing from 2029/30 based on current demand predictions.
- Option 4 (5 scanners) – Average price reduces to £708 as there is no reliance on outsourcing during the 10-year period.

These costs have been incorporated into the economic appraisal for each option for the first 10 years. Costs are assumed to remain static from Year 11 onwards. This results in recurring revenue costs over a 30-year period as outlined in the table below.

Table 39: Recurring revenue costs (£'000)

Element	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Total revenue costs (30-year appraisal period)	759,436	759,374	588,176	545,115
Equivalent annual cost	25,315	25,312	19,606	18,171

2.2.7 Benefits

The delivery of the programme will deliver a range of benefits including:

- Improved quality and reduction in patient harm.
- Workforce resilience.
- Improved efficiency and economy.
- Improved access reducing patient travel time.
- Cost effective service supported by income generation.
- Provide capacity that meets population needs in line with international best practice.
- Increased opportunities for Research and Development.
- Increased opportunities for innovation.

Work will be required at Project Business Case to explore these benefits in detail and quantify them, where possible in monetary equivalent terms. Indicative methodologies and assumptions for doing so are provided in the table below.

Table 40: High level benefits assumptions

Benefit	Benefit type	Indicative methodology / assumptions for quantifying
Improved quality and reduction in patient harm		
B01 Avoid high-cost late-stage interventions	Cash releasing benefit	As the demand modelling is refined, identify the number of patients for which improved staffing would reduce the need for high cost interventions. Allocate potential cost saving based on current evidence base. For instance the Evidence Review outlined in Specialised Services Commissioning Policy CP50a suggests PET-CT is c.£1500 cheaper than a neck dissection. As an indication, if even 10% of overall predicted demand was associated with reducing late stage cost interventions, based on an indicative £1500 per patient, this would equate to £4.8m annual financial benefit by 2031/32.
B02 Improved diagnostic accuracy	Qualitative	It is anticipated that this benefit will be difficult to measure with any degree of certainty.
B03 Reduced waiting times	Quantitative (Unmonetised)	Determine baseline referral to reporting time and identify how many scans will achieve 10 day referral to report target.
B04 Improved patient experience	Qualitative	It is anticipated that it is difficult to demonstrate a direct correlation between the investment and patient experience.
Workforce resilience		
B05 Improved recruitment and retention	Qualitative	It is anticipated that it is difficult to demonstrate a direct correlation between the investment and recruitment and retention rates.
B06 Improved access to training and education	Quantitative (Unmonetised)	Based on learning needs analysis and evaluation data, identify baseline position and agree target improvement.
B07 Improved staff satisfaction	Qualitative	It is anticipated that it is difficult to demonstrate a direct correlation between the investment and staff satisfaction.
Improved efficiency and economy		
B08 Increased capacity resulting in ability to meet demand	Cash releasing	Estimate average cost per scan based on refined costs at Project stage. Based on indicative costs outlined in section 2.6, it is anticipated that this will result in a reduction to overall average from £873 to between £708 - £729 depending on the option.
B09 Reduced downtime	Non-cash releasing	At the time of developing the PBC, there was limited data showing a significant number of cancelled sessions that were impacting on utilisation, however this is likely to be as a result of additional efforts by local service leads. This should be revisited at Project Business Case stage to determine whether number of cancellations has changed or whether any estimation can be made of time spent by local teams to manage utilisation.
B10 Reduced reliance on mobile scanners	Cash releasing	Estimate average cost per scan based on refined costs at Project stage. Based on indicative costs outlined in section 2.6, it is anticipated that the average cost per scan for NHS Wales managed digital scanners will equate to £577 which is significantly below the average of £935 per scan associated with mobile scanners currently.

Benefit	Benefit type	Indicative methodology / assumptions for quantifying
Improved access reducing patient travel		
B11 Reduced patient travel time – value to patients	Societal (monetised)	Patient travel time analysis to be undertaken at Project business case stage. DfT TAG values of time can be used to estimate the economic value of any reduction in travel time.
B12 Reduced patient travel time – value to patients	Societal (monetised)	Converting the travel time analysis into mileage will enable a calculation to made using the HMT Green Book toolkit to estimate reduction in CO2e and corresponding economic value.
Cost effective service supported by income generation		
B13 Income generation opportunities	Cash releasing	Work should be undertaken at Project business case stage to estimate the value of additional income from RD&I activity. It is estimated that up to 10% of a scanner's capacity could be used for this purpose and the demand modelling includes an estimate of around 7%. As an indication, if 7% of activity generated income of £1500 per scan, that would result in a financial benefit of £3.3m by 2031/32.
Provide capacity that meets population needs in line with best practice		
B14 Better equity of access	Quantitative (Unmonetised)	At Project business case stage, determine the range of indications available at each centre and associated waiting times.
Increase opportunities for Research and Development		
B15 Increased proportion of staff research active	Quantitative (Unmonetised)	At Project business case stage, determine number of research posts at each site and potential impact in terms of publications, etc.
B16 Increased proportion of patients on clinical trails	Quantitative (Unmonetised)	At Project business case stage, determine number of patients able to participate at each site.
B17 Greater number of trails led by and participated in by PET site	Quantitative (Unmonetised)	At Project business case stage, determine number of potential trials at each site.
Increased opportunities for innovation		
B18 Improved access to a greater range of diagnostics to support greater range of therapeutics	Qualitative	It is anticipated that it is difficult to measure as dependent on a number of factors.

2.2.8 Risks

For the purposes of preparing an indicative cost benefit analysis for the PBC, a planning contingency of 10% has been incorporated into the capital costs.

At Project business case stage more detailed risk analysis will be undertaken and, where possible, risks will be quantified in monetary-equivalent values. This will include an analysis of:

- Optimism bias.
- Expected risk value.

2.2.9 Economic Appraisal Results

DHSC's Comprehensive Investment Appraisal (CIA) model has been populated with these indicative assumptions to support the appraisal of overall value for money and cost-benefit analysis of the shortlisted options.

The assumptions above have been incorporated into a discounted cash flow for each of the options. In line with HMT Green Book requirements:

- Costs, benefits and risks are calculated over a 31-year appraisal period including Year 0 (baseline year) + 30 years estimated useful life.
- Year 0 is 2021/22.
- Costs and benefits use real base year prices – all costs are expressed at 2020/21 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
- Exchequer 'transfer' payments, such as VAT.
- General inflation.
- Sunk costs.
- Non-cash items such as depreciation and impairments.
- A discount rate of 3.5%is applied.

A summary of the economic appraisal is shown in the table below.

Table 41: Economic appraisal overview (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Undiscounted inputs				
Initial capital costs	0	5,206	20,857	26,387
Lifecycle capital costs	0	16,823	38,873	46,195
Total capital costs	**0**	**22,029**	**59,729**	**72,583**
Transitional revenue costs	0	543	1,045	1,347
Recurring revenue costs	759,436	759,374	588,176	545,115
Total revenue costs	**759,436**	**759,917**	**589,221**	**546,462**
Undiscounted Net Present Cost	**759,436**	**781,946**	**648,950**	**619,045**
Discounted outputs				
Initial capital costs	0	5,156	19,453	23,813
Lifecycle capital costs	0	8,791	21,005	24,506
Total capital costs	**0**	**13,948**	**40,458**	**48,319**
Transitional revenue costs	0	543	1,012	1,258
Recurring revenue costs	428,611	428,548	333,182	310,723
Total revenue costs	**428,611**	**429,091**	**334,194**	**311,981**
Discounted Net Present Cost	**428,611**	**443,039**	**374,653**	**360,300**
Ranking	**3**	**4**	**2**	**1**

This analysis demonstrates that Option 4 (More Ambitious) results in the lowest Net Present Cost (NPC), closely followed by Option 3 (Preferred Way Forward).

The economic summary in the CIA model calculates the incremental costs and benefits (which in this case refers to reduction in revenue costs) in relation to the baseline option, Option 1 (BAU).

Table 42: Economic appraisal results (£'000)

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Incremental costs - total	0	(14,491)	(41,471)	(49,577)
Incremental benefits - total	0	62	95,429	117,888
Incremental Net Present Social Value	**0**	**(14,428)**	**53,958**	**68,311**
Benefit-cost ratio	**0.00**	**0.00**	**2.30**	**2.38**
Rank	**4**	**3**	**2**	**1**

This analysis suggests that, on the face of it, Option 4 (More Ambitious) provides the best value for money since it results in the following:

- Lowest Net Present Cost (£360.3m over 30 years).
- Lowest incremental Net Present Social Value (i.e. Net Present Cost is £68.3m lower than the baseline option).
- Highest Benefit Cost Ratio of 2.38.

However, this is closely followed by Option 3 (Preferred Way Forward) with the following results:

- Second lowest Net Present Cost (£374.7m over 30 years).
- Second lowest incremental Net Present Social Value (i.e. Net Present Cost is £54.0m lower than the baseline option).
- Second highest Benefit Cost Ratio of 2.30.

In addition to offering the second best value for money this option also provides greater flexibility since the need for the 5th scanner can be reviewed at a later date, reducing capital investment requirements and minimising risk. The impact of this is explored in the section on sensitivity analysis below.

2.2.10 Sensitivity Analysis

The ranking of the economic appraisal is highly dependent on the financial benefits associated resulting from the revenue costs. These have been calculated based on the current demand modelling which assumes 20% year on year demand growth.

The analysis below demonstrates that if actual demand growth is less than 17.5% year on year, Option 3 (Preferred Way Forward) consistently results in the highest Benefit Cost Ratio (BCR).

Table 43: Summary of Sensitivity analysis

	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
BCR - Results of economic appraisal	0.0	0.0	2.3	2.4
BCR - Scenario 1: Growth at 17.5%	0.0	0.0	2.3	2.3
BCR - Scenario 2: Growth at 15%	0.0	0.0	2.1	1.5
BCR - Scenario 3: Growth at 12.5%	0.0	0.0	1.4	0.9
BCR - Scenario 4: Growth at 10.0%	0.0	0.0	0.8	0.4

This demonstrates that the ranking of options is heavily dependent on demand modelling assumptions and, on this basis, Option 3 (Preferred Way Forward) results in best value for money given the additional flexibility.

2.2.11 Conclusion

A summary of the overall options appraisal results is provided in the table below.

Table 44: Options overview

Element	Option 1 Business as Usual (BAU)	Option 2 Do Minimum	Option 3 Preferred Way Forward	Option 4 More Ambitious
Description	Do nothing	Retain 1 fixed and extend capacity of 2 mobile scanners	Provide 4 fixed scanners (10-year programme)	Provide 5 fixed scanners (10-year programme)
Incremental NPSV	-	£(4.4)m	£54.0m	£68.3m
Benefit Cost Ratio	-	0.00	2.30	2.38
Average cost per scan (10 year period)	£935	£898	£729	£708
Sensitivity and risks	Consistently ranks as worst value for money even with significant changes in assumptions	Consistently ranks as second worst value for money even with significant changes in assumptions	Ranks as best value for money if demand growth is lower than 17.5% year on year	If demand growth is lower than predicted 5th scanner will be significantly underutilised

Based on the overall results, it is recommended that Option 3 (Preferred Way Forward) is carried forward as the preferred way forward for delivering the programme and the potential need for a 5th scanner assessed at a later date.

2.2.12 Preferred way forward

The preferred way forward is to implement a programme which will deliver 4 fixed digital scanners in NHS Wales. This will require capital investment of £24.9m to deliver the following projects:

Table 45: Preferred way forward programme

Project	Implementation	Investment requirements
Project 1 - Cardiff	2021/22	• Replace PET-CT • Upgrade of cyclotron

Project	Implementation	Investment requirements
Project 2 - North Wales	2023/24	• New PET-CT • Refurbish an existing building (176m2) + new build extension (40m2)
Project 3 - Swansea	2023/24	• New PET-CT • New build (260m2)
Project 4 - 4th scanner	2025/26	• New PET-CT • New build (260m2)

As a result of this investment the preferred way forward is expected to deliver the following:

- Capacity to meet predicted demand to 2028/29.
- Opportunities to reduce the cost per scan to an average of £729 per scan in the first 10 years, based on indicative operating costs of NHS Wales fixed digital scanners estimated at £577 per scan and continuing with current PETIC charging arrangements.
- Opportunities to reduce overall system costs due to avoiding late stage interventions. This could be significant since the evidence base suggests for certain diseases and patient pathways, such as the treatment of neck cancers, PET-CT scans are potentially £1,500 more cost effective. Further work will be required at Project business case stage to determine more accurate activity levels in relation to patient pathways. As an indication, if this sort of benefit was applied to 10% of activity, this would equate to a financial benefit of around £4.8m by 2031/32.
- Opportunities to generate income from RD&I activity. It is estimated that 7% of predicted demand relates to RD&I activity. Again, further work will be required at Project business case stage to identify accurate numbers but, as an indication, if research scans were charged at £1500, this would equate to an annual financial benefit of around £3.3m by 2031/32.
- Delivery of non-financial benefits including:
- Improved quality and reduction in patient harm including reduced waiting times, better diagnostic accuracy and improved patient outcomes and experience.
- Workforce resilience including improved recruitment and retention, greater access to training and education, and improved staff satisfaction.
- Improved access reducing patient travel time which benefits patient and reduces greenhouse gases.
- Provide capacity that meets population needs in line with international best practice.
- Increased opportunities for Research and Development.
- Increased opportunities for innovation.

In addition to this, there is flexibility to introduce a 5th scanner at a later date based on updated demand and capacity analysis at that time, reducing committed capital expenditure and minimising risk.

Plans to implement the preferred way forward and the commercial, financial and management implications are outlined in the subsequent chapters of this business case.

3 Commercial Case

3.1 Introduction

3.1.1 Purpose

The purpose of this section is to set out an initial high level Procurement Strategy to establish appropriate procurement and contractual arrangements in order to implement and deliver the Programme's Projects and key activities.

The Programme will look to acquire four fixed, digital (AI enabled) PET-CT (Positron Emission Tomography combined with Computerised Tomography) scanners and install these key items of equipment at four locations across Wales. This procurement includes ancillary equipment, radiotherapy adaptations, in addition to an ion source and hot cell replacement for the cyclotron at the Cardiff site.

3.1.2 Considerations

The Programme Manager has developed this commercial case with support and advice from specialist colleagues at NHS Wales Shared Services Partnership - Specialist Estates Services [NWSSP-SES] and Procurement Services [NWSSP-PS].

It should be emphasised that whilst the Programme is being hosted by WHSSC, capital funding will be given to the respective organisations, all of which have Estates & Facilities and Procurement teams that will have capability to carry out procurement activities. Dependent upon availability of a suitably experienced individual during the time period, there would be some benefit in an individual taking the procurement lead for this Programme.

Another key consideration is that the capital funding for the PETIC Cardiff site will be given to Cardiff University, and therefore this site will be subject to the University procurement processes and procedures. This will require a close working relationship with Cardiff and Vale University Health Board for effective implementation.

There are multiple procurement routes that can be followed, however all of the major items of equipment are available on a compliant preapproved framework. NHS Wales has direct access to this framework and at the time of writing it is thought that Cardiff University can, through its own procurement department, access this same agreement.

In line with clinical demand and workforce availability, the implementation of the Programme will need to be carried out in a phased manner. Dependent upon the timings of the phases and or the available funds, it may be possible to aggregate NHS Wales purchasing requirements so as to generate additional value.

Given the scale and impact on current Welsh NHS services that the All Wales PET Programme will deliver, it is imperative to ensure appropriate governance is in place for procurement. As such we propose that a multidisciplinary team will make up membership of a Procurement Workstream that will support the Programme.

3.2 Key Objectives of the Procurement

The key objectives of the procurement and its scope have been considered to ensure an optimum approach.

The key objectives are:

- a solution that delivers safe and effective clinical outcomes for patients;
- a solution that is capable of future development to meet expanding clinical needs, such as radiotherapy planning;
- a solution that is capable of answering research, development and innovation needs;
- a solution that offers value for money over its lifetime;
- a solution that is "*best in class*" (where technically, clinically and financially feasible);
- a solution that is fully interoperable across all elements;
- a solution that provides the requisite business management as well as clinical functions;
- a solution that, as far as possible, enables efficient, high quality diagnostic regimens to be introduced;
- a solution that offers full audit facilities for process development and research;
- a solution capable of meeting the needs of All Wales PET Service Clinical Model.

It is important to highlight that the objectives derive from the requirements of All Wales PET Programme.

3.3 Scope of Procurement

The Equipment/items covered under the procurement is:

- Four PET-CT Scanners (AI enabled; one scanner at each site)
- Ancillary equipment and phantoms (Robotic radiotracer dispenser)
- Radiotherapy adaptions (laser bridge, flat table top)

The Equipment must be interoperable, meet all relevant standards (as a minimum) and be demonstrably proven to operate as a complete technical and clinical solution.

The total estimated capital value of the Equipment for the Preferred Way Forward is circa £13.5 million. This will be profiled over the period of five years. This is supported by build works costs of circa £4.6 million, with fees and non-works costs circa £815,000. A quantified risk and contingency has been allocated at circa £1.9 million. Net VAT has been calculated at circa £4 million, with the total Programme cost being circa £24.9 million, inclusive of quantified risk and contingency.

Programme Management is based at the host organisation WHSSC and costs for this post are currently sourced via the NHS Wales Collaborative and have been agreed until 31st March 2022.

The revenue for staffing and maintenance/ongoing support is not included in these figures and are addresses in the Economic and Financial Cases.

Project Management support is expected to be funded by Health Boards and the Programme Management funding is to be confirmed.

The full extent of the capital and revenue costs will not be known until Full Business Cases are complete for each site. As such, implementation and roll out is not considered in any detail within this document.

The prospective timelines for the four projects within this Programme can be seen in Table 46.

Table 46: High level dates of the Projects and business cases

Identifier	Business Case (BC)	Proposed date of Welsh Gov. approval of BC	Proposed "go live" date	
Project 1	BJC	July 2021	PET Scanner	March 2022
			Ion Source replacement	March 2022
			Hot Cell replacement	March 2023
Project 2	SOC1	July 2021	January 2024	
	OBC/FBC	March 2022		
Project 3	OBC2	November 2021	November 2023	
	FBC2	July 2022		
Project 4	SOC2	September 2023	August 2026	
	OBC3	June 2024		
	FBC3	May 2025		

3.4 Proposed Contractual Structure

The decision of supplier will sit with the procuring organisation following evaluation, which will enter into a contract with the organisation directly. However it should be noted that a collaborative approach may add additional value should this be deemed deliverable given the extended timeline of the phases.

The Procurement Workstream membership will consist of the specialists within NWSSP-SES, NWSSP-PS, organisations Procurement and Estates representatives, Programme Manager and Project Teams at relevant Health Boards, Trusts and Cardiff University.

The question as to whether the Equipment requirement should be procured as (i) single contract or (ii) a series of separate contracts, has been considered. As the procurement will utilise a compliant framework agreement to secure the requirements, then there will likely be separate contracts between suppliers and the organisation that will purchase the equipment.

It is possible that the Procurement Workstream will propose running one procurement for the NHS equipment, depending upon the timings. For instance if phasing of projects is less than two years apart, there may be option to fix the costs and place orders at the same time, deploying when needed at a future date.

It is anticipated that each organisation that subsequently hosts a digital PET scanner will enter into a contract with the supplier. This contract will be subject to the hosting organisations local governance, procurement and due diligence processes.

An initial assessment of the key risks, issues and options determined that procuring through separate contracts for the requirements would:

- be the most likely to achieve the key objectives
- allow the Programme to phase implementation, in line with clinical demand and infrastructure constraints
- allow Cardiff University to follow its procurement and contracting processes
- provide each NHS organisation with the least risk approach in terms of achieving a solution that delivers Equipment interoperability
- allow each NHS organisation to manage its procurement process more easily
- be less complex
- place risk in the most appropriate place

However, it should be noted that procuring through separate contracts may cause interoperability issues, result in a diminished value for money opportunity, a potential loss of consistency of approach across Wales and additional contract management burden. Therefore, these items will require additional consideration at the Procurement Workstream.

3.5 Evaluation

On conclusion of the procurement phase and final evaluation of the responses, the Procurement Workstream will make a recommendation based on the most economically advantageous tender(s). This recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision, for the formal approval of the PET Strategic Programme Board and internal governance of the receiving organisation.

Any award will be subject to a mandatory 10-day Standstill period. Final award will also be subject to approval by the National Imaging Strategic Programme Board and Collaborative Executive Group, Full Business Case Approval and Notification being provided from the Welsh Government Cabinet Secretary for Sport, Health and Wellbeing.

Suppliers will be allowed an opportunity for a full debrief following the formal decision being ratified and approved.

The full evaluation methodology will be set out in the procurement strategy which will be developed post PBC approval and be consistent and in accordance with the requirements of the Framework Agreement being utilised.

3.6 Procurement Resources

The Procurement Workstream will consist of an experienced and suitably skilled multi-disciplinary team. They will be able to advise each PET scanning site procurement team and membership of this Workstream should include appropriate representation from each site procurement team.

Each local site procurement team could consist of the following membership:

- Organisation or Health Board responsible person

- Head of PET scanning Services (if applicable)
- PET Scanning Services Manager
- Organisation or Health Board Estates representation
- Organisation or Health Board Procurement representation
- End User Clinical lead
- Organisation or Health Board Finance lead
- NWSSP – Senior Advisor
- NWSSP – Procurement Lead
- PET site Project Manager.

A fully resourced, suitably experienced and structured Procurement Workstream and Project Team to oversee the procurement process would be a pre-requisite to achieving a successful outcome.

3.6.1 Procurement of Specialist Advisors

Each Organisation or Health Board will have in-house resources and expertise and experience in procuring this or similar equipment. Indeed, in-house legal support will be pertinent as a good reference point.

Additional support will be provided by colleagues from NWSSP-SES and PS.

3.7 Key Procurement Risks and Challenges

Set out in Table 47 below, is a non-exhaustive list of key risks and challenges which can compromise the outcome of the tender process in the absence of adequate preparation and governance arrangements

Table 47: Key Risks and Challenges

Key Risk & Challenges	Actions to Mitigate / Manage
Interfaces and requirements between the PET scanner Procurement and the Programme agreement for the scanners do not align	Sharing of key document and alignment of personnel.
Nuclear Medicine Consolidation Programme at North Wales site delayed – impact on All Wales PET Programme delivery	The Health Board would still be required to undertake appropriate procurement of equipment/solutions. Sharing of key documents between Programmes Boards.
Timeline between concluding procurement and the likely timeline for deployment into Health Boards	As above.
Issues stemming from insufficient numbers of staff and a lack of internal resources.	Each Health Board staffing and skill profile must be identified, understood, resourced and deployed effectively prior to procurement.
Adequate and appropriate engagement from senior management and operational staff	Ensure governance arrangements are in place to secure senior management and Health Boards key operational staff engagement with, and commitment to, each project throughout to ensure that Programme needs are truly reflected in the final outcome.

Key Risk & Challenges	Actions to Mitigate / Manage
Associated facilities are not up to service specification	Ensure breakpoints to review purchase are included in contract and ensure financial contingency is in place

3.8 Prospective Timeline

Table 48 below sets out the prospective timeline for the procurement at each site. The timescales are compliant with the relevant procurement procedures/regulations at the time of writing this Programme Business Case.

Soon after this Programme Business Case is endorsed by Welsh Government, the Procurement Workstream will hold a workshop that will include membership as noted above from Shared Services and local organisation. This will act as the catalyst to evaluating all aspects of procurement, as noted throughout this document.

Table 48: Prospective Timeline

Activity	Timeframe
Health Board approval of Outline Business Case	2 months
Welsh Government approval of Outline Business Case	2 months
Pre-tender market engagement	20 days
Time for Outline Tender returns/clarification	40 days
Time for final tender returns	25 days
Evaluate final tenders	20 days
Full Business Case drafting and submission	2 months
Welsh Government approval of Full Business Case	2 months
Contract Award	Minimum 10 days+

4 Financial Case

4.1 Financial Appraisal

4.1.1 Introduction

The purpose of the Financial Case is to consider the financial impact of the delivering preferred way forward and demonstrate affordability of the programme.

The preferred way forward identified in the Economic Case is to implement a programme that will deliver four fixed digital scanners in Wales and involves investing in the following projects:

- Project 1: To replace the PET-CT scanner and upgrade the cyclotron at the existing PETIC site in Cardiff during 2021/22.
- Project 2: To create a new fixed PET-CT scanner in North Wales by constructing a new build facility and procuring a PET-CT scanner by 2023/24.
- Project 3: To create a new fixed PET-CT scanner in South West Wales by refurbishing and extending an existing building and procuring a PET-CT scanner by 2023/24.
- Project 4: To create a fourth fixed PET-CT scanner in a location which will be determined in relation to demand needs at the time by constructing a new build facility and procuring a PET-CT scanner by 2025/26.

4.1.2 Capital Requirements

Capital funding of £24,881k is sought from Welsh Government to deliver the All Wales PET-CT programme.

This is based on indicative costs which have been estimated by SES based on the following high level assumptions:

- The floor area required to create a facility to house a PET-CT including supporting areas, such as waiting areas and uptake rooms has been calculated.
- Construction costs have been allocated to the floor areas as follows:
- Refurbishment costs £2k per m2 + on costs; and
- New build costs £4k per m2 + on costs.
- An allowance for lead lining has been included.
- On costs have been included at 35%.
- Fees have been included at 16%.
- An estimate for non-works has been estimated.
- Equipment costs are based on typical market costs:
- PET-CT scanner £2.9m (including ancillary equipment and Radiotherapy adaptions); and
- Cyclotron refresh £1.75m (including ion source replacement and hot cells).
- Planning contingency has been included at 10%.
- VAT has been applied at 20% to all costs except fees.

The PBC capital cost forms are provided in Appendix 10. The table below provides an overview of total capital costs for the delivering the overall programme.

Table 49: Capital costs - Programme

	Net Costs £'000	VAT £'000	Total Costs £'000
Construction	4,593	919	5,511
Fees	735	0	735
Non works	80	16	96
Equipment costs	13,553	2,711	16,264
Planning contingency	1,896	379	2,275
Total capital costs	**20,857**	**4,024**	**24,881**

Indicative capital costs for each of the individual projects are shown in the table below.

Table 50: Capital costs - By Project

	Net Costs £'000	VAT £'000	Total Costs £'000
Project 1 - Replace Cardiff equipment	5,206	1,041	6,248
Project 2 - Fixed scanner North Wales	5,525	1,048	6,573
Project 3 - Fixed scanner Swansea	4,600	886	5,486
Project 4 - 4th fixed scanner	5,525	1,048	6,573
Total capital costs	**20,857**	**4,024**	**24,881**

An indicative cash flow for capital costs is shown in the table below.

Table 51: Capital costs - Cash flow

	Net Costs £'000	VAT £'000	Total Costs £'000
2021/22	3,919	756	4,675
2022/23	1,719	307	2,026
2023/24	9,780	1,913	11,693
2024/25	145	7	152
2025/26	5,293	1,042	6,335
Total capital costs	**20,857**	**4,024**	**24,881**

More detailed design work will be required at Project Business Case stage and costs will be refined accordingly.

4.1.3 Transitional Costs

Non-recurring revenue costs of £1,045k are expected to be incurred in relation to delivery of the programme, including activities such as programme management and dual running costs during any disruptive works.

This has been estimated based on the following assumptions:

- Programme team costs including:
- 1 WTE x Band 8b and 1 WTE Band 4.
- Mid-point of pay scale including on-costs.
- Incurred from 2021/22 until final project delivered in 2025/26.
- Dual running costs:
- 3 months of dual running costs during replacement of Cardiff scanner.
- No other dual running costs required as the use of mobile scanners can continue during the construction of the new fixed scanner units.

The resulting indicative transitional costs are summarised in the table below.

Table 52: Transitional costs – Cash flow

	Programme team £'000	Dual running £'000	Total costs £'000
2021/22	100	545	645
2022/23	100		100
2023/24	100		100
2024/25	100		100
2025/26	100		100
Total capital costs	**500**	**545**	**1,045**

4.1.4 Estimating Recurring Revenue Costs

Baseline costs have been identified which demonstrate that it currently costs WHSSC £4.5m p.a. to deliver PET-CT services in Wales, based on 2020/21 budget. This equates to £872 per scan based on 2021 predicted demand. An analysis of this is provided below.

Table 53: Baseline revenue costs

	Total costs	Basis
Betsi Cadwaladr University Health Board	1,105	2020/21 Budget
Swansea Bay University Health Board and PETIC (Cardiff)	2,937	2020/21 Budget
New indications Wales	500	2020/21 Budget
Total cost to WHSSC (£'000)	**4,542**	
Average number of scans	5,207	Predicted 2021 demand
Average cost per scan	**£872.29**	

Demand is anticipated to increase by 20% year on year over the next 10 years as outlined in the demand modelling outlined in the Strategic Case section 5.5.

Given the existing capacity, this is likely to result in a significant cost pressure if no investment is made, particularly since the current cost model includes the following range of potential costs:

- The cost from PETIC is between £850 - £925 per scan.

- The mobile scanner at Wrexham costs between £806 - £896 per scan.
- The mobile scanner at Swansea costs around £950 per scan.
- The Christie tariff for 2020/21 is £846 per scan.
- The cost from external providers can increase to up to £1,500 per scan.
- PSMA scans cost between £1600 - £1825 per scan.

Investing in fixed digital scanners which are operated by NHS Wales provides opportunities to significantly reduce the average cost per scan and partly mitigate the cost pressure created by the growing demand.

Indicative costs for each new NHS Wales fixed scanner have been calculated based on the following assumptions:

- Pay costs are based on the Workforce Group's agreed target staffing model. A preliminary workforce costing suggests that at mid-point of pay scale including on costs, this is likely to cost between £892k and £1,060k. For the purposes of the PBC, the maximum end of the range has been used.
- Non pay costs are based on the following assumptions:
- Equipment maintenance at 10% of capital costs.
- Radiopharmaceutical costs are based on estimated external provider prices which for the most common F-FDG scans typically range between £2580 - £3705 per batch (equating to between 12-17 patient doses) plus £300 per delivery. F-PSMA radiopharmaceuticals are estimated to cost around twice as much and have been applied to 6% of overall activity, in line with recent activity mix.
- Consumables and transport costs are based on the average cost per scan determined from total estimated costs outlined in the North Wales SOC revenue analysis.
- Building running costs are based on an overall average cost of £100 per m2 which includes Utilities, Soft FM and Hard FM.

Based on these assumptions it is estimated that it will cost NHS Wales £2.9m p.a. to operate each fixed digital scanner at full capacity. This is equivalent to £577 per scan, based on an average of 5,000 scans. An analysis of this is provided in the table below.

Table 54: Indicative revenue costs to operate digital scanner (£'000)

Cost element	Total annual costs (£'000)	Equivalent cost per scan
Workforce to operate digital scanner (7-12 patients per session)	1,060	£212.01
Pay costs	**1,060**	**£212.01**
Equipment maintenance	296	£59.20
Radiopharmaceuticals	1,308	£261.64
Consumables	47	£9.30
Delivery and transport	147	£29.45
Building running costs	26	£5.20
Non pay costs	**1,824**	**£364.80**
Total costs	**2,884**	**£576.81**

Indicative recurring revenue costs for in line with the 10-year demand model have therefore been estimated based on the following assumptions:

- Digital scanner capacity is 5,288 scans.
- PETIC charges continue at £925 for first 2,150 scans, then £850 for 2150+ and are applied to South East Wales demand up to 5,288 scans.
- Operating costs for the new fixed scanners at North Wales and South West Wales, and the subsequent fourth scanners based on indicative operating costs above and are applied as follows:
- Variable costs (Radiopharmaceuticals, Consumables, Transport) applied based on the average cost per scan to predicted demand up to 5,288 scans.
- Fixed costs (Equipment Maintenance, Building Running Costs) are applied in full from the year of opening.
- Pay costs are also applied in full from the year of opening for the purposes of these calculations, although it should be noted than in reality pay costs are likely to be phased during the initial years of each scanner in line with activity. Further work will be undertaken at Project business case stage to develop detailed workforce plans and associated costs.
- Any unmet demand assumed to be outsourced at average £935 per scan (to reflect range of fees including type and provider).

Detailed calculations are available in the PET-CT Revenue Workings in Appendix 2 and an extract provided below.

Table 55: Indicative 10-year recurring revenue costs (£'000)

Business as Usual option (No investment; outsource unmet demand)

	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	10-year total
Total activity (Number of scans)	5,207	6,249	7,498	8,997	10,798	12,957	15,548	18,658	22,390	26,868	32,241	167,411
Total recurring revenue costs (£'000)	**4,869**	**5,843**	**7,011**	**8,412**	**10,096**	**12,115**	**14,537**	**17,445**	**20,935**	**25,122**	**30,145**	**156,529**
Total cost per scan	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00	£935.00
Variance to baseline costs 2020/21	**327**	**1,301**	**2,469**	**3,870**	**5,554**	**7,573**	**9,995**	**12,903**	**16,393**	**20,580**	**25,603**	**106,567**

Preferred way forward option (Provide 4 fixed scanners)

	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	10-year total
South East Wales (PETIC)	2,629	3,155	3,786	4,543	5,288	5,288	5,288	5,288	5,288	5,288	5,288	51,129
South West Wales (Fixed digital scanner)	1,434	1,721	2,065	2,478	2,974	3,569	4,282	5,138	5,288	5,288	5,288	39,526
North Wales (Fixed digital scanner)	1,144	1,373	1,647	1,976	2,372	2,846	3,415	4,098	4,918	5,288	5,288	34,363
4th scanner (Fixed digital scanner)	0	0	0	0	0	1,254	2,563	4,133	5,288	5,288	5,288	23,814
Capacity shortfall - Outsourced	0	0	0	0	164	0	0	0	1,608	5,716	11,089	18,577
Total activity (Number of scans)	5,207	6,249	7,498	8,997	10,798	12,957	15,548	18,658	22,390	26,868	32,241	167,411
South East Wales (PETIC)	2,396	2,843	3,379	4,023	4,023	4,023	4,023	4,023	4,023	4,023	4,023	40,801
South West Wales (Fixed digital scanner)	1,341	1,609	1,931	2,126	2,275	2,454	2,668	2,926	2,971	2,971	2,971	26,243
North Wales (Fixed digital scanner)	1,070	1,284	1,540	1,976	2,095	2,237	2,408	2,613	2,859	2,971	2,971	24,022
4th scanner (Fixed digital scanner)	0	0	0	0	0	0	2,152	2,624	2,971	2,971	2,971	13,687
Capacity shortfall - Outsourced	0	0	0	0	153	0	0	0	1,503	5,344	10,368	17,369
Total recurring revenue costs (£'000)	**4,806**	**5,736**	**6,850**	**8,125**	**8,546**	**8,714**	**11,251**	**12,185**	**14,327**	**18,279**	**23,303**	**122,122**
South East Wales (PETIC)	£911.34	£901.11	£892.59	£885.49	£760.74	£760.74	£760.74	£760.74	£760.74	£760.74	£760.74	£797.99
South West Wales (Fixed digital scanner)	£935.00	£935.00	£935.00	£858.13	£765.11	£687.64	£623.16	£569.33	£561.75	£561.75	£561.75	£663.93
North Wales (Fixed digital scanner)	£935.00	£935.00	£935.00	£999.82	£883.05	£786.01	£705.10	£637.65	£581.42	£561.75	£561.75	£699.03
4th scanner (Fixed digital scanner)						£0.00	£839.63	£634.79	£561.75	£561.75	£561.75	£574.76
Capacity shortfall - Outsourced					£935.00				£935.00	£935.00	£935.00	£935.00
Total cost per scan	£923.05	£917.89	£913.59	£903.07	£791.46	£672.53	£723.63	£653.09	£639.88	£680.32	£722.77	£729.47
Variance to baseline costs 2020/21	**264**	**1,194**	**2,308**	**3,583**	**4,004**	**4,172**	**6,709**	**7,643**	**9,785**	**13,737**	**18,761**	**72,160**
Varance to BAU option	**(62)**	**(107)**	**(161)**	**(287)**	**(1,550)**	**(3,401)**	**(3,286)**	**(5,260)**	**(6,608)**	**(6,843)**	**(6,843)**	**(34,407)**

This analysis demonstrates that over a 10-period, continuing to meet growing demand by relying on external providers is likely to cost an additional £25,603k p.a. by 2031/32 with average cost per scan increasing to £935.

Investing in the four PET-CT scanners will reduce the cost pressure by £6,843k p.a. by providing sufficient capacity for NHS Wales and PETIC to meet demand to 2028/29 which reduces the average cost per scan to £729.

In addition, this investment will deliver other benefits which will be explored at Project business case stage including:

- Opportunities to reduce overall system costs due to avoiding late stage interventions. This could be significant since the evidence base suggests for certain diseases and patient pathways, such as the treatment of neck cancers, PET-CT scans are potentially £1,500 more cost effective. Further work will be required at Project business case stage to determine more accurate activity levels in relation to patient pathways. As an indication, if this sort of benefit was applied to 10% of activity, this would equate to a financial benefit of around £4.8m by 2031/32.
- Opportunities to generate income from RD&I activity. It is estimated that 7% of predicted demand relates to RD&I activity. Again, further work will be required at Project business case stage to identify accurate numbers but, as an indication, if research scans were charged at £1500, this would equate to an annual financial benefit of around £3.3m by 2031/32.
- Delivery of non-financial benefits including:
- Improved quality and reduction in patient harm including reduced waiting times, better diagnostic accuracy and improved patient outcomes and experience.
- Workforce resilience including improved recruitment and retention, greater access to training and education, and improved staff satisfaction.
- Improved access reducing patient travel time which benefits patient and reduces greenhouse gases.
- Provide capacity that meets population needs in line with international best practice.
- Increased opportunities for Research and Development.
- Increased opportunities for innovation.

4.1.5 Balance Sheet Treatment and Impairment

The impact on organisations' individual Balance Sheets will be considered at Project business case stage.

This will include estimating non-cash funding requirements which will be sought from Welsh Government including:

- Impairment on completion of the resulting assets.
- Capital charges that represent an increase in organisations' baseline depreciation.

An overview of potential balance sheet impact and associated annual capital charges, excluding the impact of impairment, is provided in the table below, based on straight-line depreciation of 60 years for buildings and 10 years for equipment.

Table 56: Capital costs – By Project

	Balance Sheet Impact £'000	Annual depreciation £'000
Project 1 - Replace Cardiff equipment	6,248	494
Project 2 - Fixed scanner North Wales	6,573	356
Project 3 - Fixed scanner Swansea	5,486	338
Project 4 - 4th fixed scanner	6,573	356
Total capital costs	**24,881**	**1,544**

4.2 Conclusion and Overall Affordability

Delivery of the preferred way forward, which involves implementing a programme that will deliver four fixed digital scanners in Wales requires capital investment of £24.881m for which funding is sought from Welsh Government.

As well as delivering a wide range of non-financial benefits in relation to service improvements and patient experience and outcomes, this will enable three of the scanners to reduce the average cost per scan to £572, compared with an average cost from external providers of £935. This will result in an overall average cost per scan for all four scanners over a 10-year period to £729.

Indicative modelling suggests that revenue costs could increase by £25.6m by 2030/31 based on predicted demand growth. This investment will contribute to mitigating the ongoing cost pressure associated with growing demand including:

- Reduction in average cost per scan resulting in £6.6m annual financial benefit by 2030/31.
- Opportunities to deliver system-wide financial benefits due to increased PET-CT scanning reducing the need for high-cost late stage interventions. There is insufficient detail available on specific demand by patient pathway to calculate this at this stage.
- Opportunities for income generation from RD&I activities which, based on 7% of predicted demand, is estimated at around £3.3m by 2030/31.

5 Management Case

5.1 Introduction

This Management Case provides a summary of the arrangements that will be put in place to ensure the successful delivery of the All Wales PET Programme and its associated projects, and to ensure the programme realises the optimum benefits of the investment.

The case for change for the All Wales PET Programme has been clearly articulated within the Strategic Case. To achieve an effective implementation and full Benefits realisation, the Programme must manage, co-ordinate and oversee the delivery of all activities and key deliverables over the next ten years.

The All Wales PET Programme has a robust governance structure, well defined processes and has identified tranches and subprojects for the delivery of the Programme.

The All Wales PET Programme requires funding for Programme Management and Administration support in order to facilitate the oversight, governance and delivery of the programme. Projects requiring local implementation (for example at Health Board level) will need to ensure Project Management support from the respective organisation for the duration of the Project.

This PBC Management Case sets out the management arrangements that will successfully deliver the All Wales PET Programme to time, cost and quality. The Management Case outlines the following arrangements:

- Programme Scope;
- Projects within the Programme;
- Programme and Project Management Arrangements;
- External Advisors;
- Use of Special Advisors;
- Programme and Project Scrutiny and Assurance;
- Procurement and Contracts Management;
- Programme and Project Plan;
- Benefits Realisation;
- Risk Management.

5.1.1 Post Project Evaluation

This Management Case provides assurance on the capacity and capability of the management arrangements to deliver the Programme.

5.2 Programme Scope

The rationale and narrative that supports and defines the Programme scope is set out in detail within the Strategic Case (Section 5).

The purpose of the All Wales PET Programme is to plan, design, build and implement an All Wales PET strategy and associated business cases for services up to 2031.

The scope of this Programme is limited to procurement of the following list of equipment:

- Four digital PET-CT Scanners (Artificial Intelligence enabled; one scanner at each site)

- Ancillary equipment and phantoms (robotic radiotracer dispenser)
- Radiotherapy adaptions (laser bridge, flat table top)#

The equipment is to be located at Cardiff (replacement scanner), Swansea (new scanner) and North Wales (new scanner). The fourth scanner (new) placed at a location to be defined at a later date will be based upon clinical demand and population density.

Associated build works for the PET site facilities are also within scope.

Furthermore, refresh of equipment connected with the cyclotron at Cardiff is within scope of this Programme, thus requiring procurement of:

- Ion source replacement within the cyclotron
- Hot cell replacement and associated GMP build.

Programme implementation will be phased so that sufficient time is given to scrutinise supporting business cases for Projects. This will ensure supporting infrastructure requirements are solved at appropriate timings, in order to optimise delivery and ultimately PET service provision.

Supporting infrastructure has been identified as an essential consideration to the success of the PET Programme delivery, including workforce and research and development. As such, these elements have been considered as within scope and are addressed in the Programme structure.

Radiopharmaceutical provision is an additional infrastructure factor for the All Wales PET Programme and this has been addressed in the Programme structure. However, during development of the Programme, it was evident that requirements for radiopharmaceutical provision for Wales may stretch beyond the scope of the All Wales PET Programme. Therefore, it is possible that additional investment via a Project or Programme is identified for radiopharmaceutical provision, and the workstream structure of the Programme reflects this.

5.3 Projects within the programme

A Programme can be defined as a temporary and flexible organisation created to coordinate and oversee the delivery of a set of related Projects and activities in order to deliver outcomes and benefits related to Spending Objectives.

A “tranche” can be defined as a group of projects, transition activities and governance, structured around distinct step-change in capability and benefit delivery[5].

A “Project” can be defined as a temporary organisation that exists for a shorter duration, which will deliver one or more outputs in accordance with the business case. In this case, four Projects form the All Wales PET Programme.

A “workstream” is often used to describe the logical grouping of activities together to enable effective management. Workstreams concentrate dependencies and may run through a number of tranches.

[5] Sowden R et al., 2011, **Managing Successful Programmes**, 2011 Edition, Published by TSO Norwich

The All Wales PET Programme will consist of four tranches and four Projects. These are arranged to address installation of PET scanners and update a cyclotron. The output of each tranche will see a step-change in capability of the All Wales PET service (see Table 57).

Detailed information relating to the management arrangements for each of the Projects will be contained within the respective business cases. The business case plan can be noted in Table 58.

The host local organisation (Cardiff University, NHS Health Board, or NHS Trust) for Projects 1, 2, 3 and 4, will be responsible for taking forward the PET scanner installation at the relative site.

The supporting infrastructure is critical to the success of each tranche. As such, the Programme consists of four enabling workstreams which will be established to support the delivery of the programme and projects. The workstreams are thematic and manage deliverables across the programme and should ensure effective integration between the various projects (see Table 59 for a detailed breakdown of responsibilities and outputs of these workstreams).

As noted in the Strategic Case, there may be developments related to radiopharmaceutical provision in Wales that could need further investment. However, any requirement is not yet clear. Therefore, this Programme will expect the radiopharmaceutical workstream to include this aspect within its Terms of Reference and aims, with any additional Project development communicated clearly through the Programme Governance structure.

AWPET will maintain its advisory role and function, informing the SPB on potential changes to referral pathways and indications for commissioning.

WHSSC, as commissioners of the PET service in Wales and host of the PET Programme, will remain responsible for assessing the live and ongoing clinical demand for PET scans across Wales. This data is currently captured by data analysts and PET service planners at WHSSC and will be reported regularly to the SPB.

The location of the fourth scanner has not been identified at the time of writing this PBC. The clinical demand model noted in the Strategic Case (section 5.5) states that the likely population needs would benefit from the fourth scanner being positioned in south east Wales. The Programme has been designed so this can be reviewed with “live” demand and needs data at the appropriate time.

A robust appraisal process will be undertaken to identify to optimum location of the fourth scanner. Detailed plans are yet to be made; however the appraisal process will likely include two steps:

- expressions of interest to host a PET-CT scanner, and
- review of potential site(s) ability to answer population demand, have sufficient workforce, patient access, clinical alignment, estates and facilities considerations and costs.

Table 57: Structure of the All Wales PET Programme tranches, Projects and business cases

Description	Business Case	Deliverable	PET site Organisation	Accountable Officer
Tranche 1				
Project 1				
Replacement scanner at PETIC and cyclotron refresh (replacement of ion source and hot cells)	BJC (to be submitted alongside PBC May 2021)	To procure replacement digital scanner, replacement equipment associated with cyclotron and facilities on site and upgrade the cyclotron	Cardiff University responsible for business case delivery, with close engagement with C&VUHB	Chris Marshall (Project SRO)
Tranche 2				
Project 2				
New fixed PET scanner at North Wales site (part of a wider Nuclear Medicine Consolidation Programme	SOC1*, OBC / FBC combined (TBC by WG)	To deliver access and utilities to the site, build and procure a digital PET scanner and associated facilities	Site to be confirmed. Betsi Cad Health Board responsible for business case delivery	David Jones (Project SRO)
Project 3				
New fixed PET scanner at Swansea site	OBC2, FBC2	To deliver access and utilities to the site, build and procure digital scanner and associated facilities	Swansea Bay Health Board responsible for business case delivery	Neil Hartman (Project SRO)
Tranche 3				
Project 4				
New fixed PET scanner (PET-CT or PET-MR)	OBC3, FBC3	To deliver access and utilities to the site, build and procure digital scanner and associated facilities	Location is to be determined based on population needs. Host Organisation to be identified	To be confirmed during site selection
Tranche 4				
Programme Closure, PPE & Lessons Learned				Sian Lewis (Programme SRO)

***** *SOC was submitted to WG in October 2020*

Table 58: High level dates of the All Wales PET Programme tranches, Projects and business cases

Business Case (BC)	Proposed date of Welsh Gov. BC approval	Proposed "go live" date	
Tranche 1			
Project 1			
BJC	July 2021	PET Scanner	March 2022
		Ion Source replacement	March 2022
		Hot Cell replacement	March 2023

Business Case (BC)	Proposed date of Welsh Gov. BC approval	Proposed "go live" date
Tranche 2		
Project 2		
SOC1	July 2021	January 2024
OBC/FBC	March 2022	
Project 3		
OBC2	November 2021	November 2023
FBC2	July 2022	
Tranche 3		
Project 4		
Appraisal Process	April 2023	June 2026
OBC3	January 2024	
FBC3	December 2024	
Tranche 4		
		January 2027

Table 59: Scope of the All Wales PET Programme Enabling Workstreams

Workstream	Responsibilities	Key Outputs
Radiopharmaceutical Provision	Responsible to the SRO for leading the planning and delivery of radiopharmaceutical provision, in partnership NHS organisations and third sector partners, with a view to ensuring long-standing, cost-effective and assured supply of MA licensed radiopharmaceuticals across Wales. Responsible for informing the wider Programme on radiopharmaceutical supply under Specials or IMP licenses across Wales, for clinical use or research activity, to enable Centres of Excellence. Responsible for informing the wider Programme on horizon scanning.	Effective linkage with other key national programmes or projects. Have input into (where appropriate) developing robust and cost effective contracts with suppliers for radiopharmaceutical provision for non-PETIC sites. Carry out an in-depth horizon scanning exercise. Carry out a full assessment of needs, benefits, costs and risks associated with PETIC attaining MA license for FDG products and/or scope for an additional cyclotron in Wales. Write business case(s) for options (if appropriate).
Centres of Excellence	Responsible for developing and leading the planning and delivery of an integrated, collaborative and pan-Wales Research, Development and Innovation Group, focussed on PET scanning and radiopharmaceutical developments. This Workstream Group should have membership from all PET scanning sites, Cancer Network, Dementia Network (+others), Bangor University, LSHW, Health and Care Research Wales, and relevant academic institutions.	Build a network of key personnel and organisations both within and outside Wales. Develop a scope whereby an "all Wales research approach" is defined – ranging from basic, through to applied clinical trials. Create a virtual research hub where best practice is shared openly. Produce joint bids and advertise national capacity & capability.

Workstream	Responsibilities	Key Outputs
Workforce Provision	Responsible for advising the Programme on the strategic and operational planning and delivery of the future workforce, including ensuring that forecasted workforce gaps are accounted for in training needs. To include the management of key strategic and operational issues relating to skills-mix and commissioning of training places. This Workstream Group should have membership from HEIW, IWEG and NIAW to ensure deliverability is at the centre of all considerations. The Group should also have membership from all professional groups across the NHS.	Carry out constructive challenge for workforce planning at each site during business case planning phases. Ensure that training needs are appropriately fed into training providers, in a timely fashion. Ensure that relevant bodies are appropriately linked to facilitate Health Boards in attaining the relevant staffing levels for a PET scanning service. Link with the RISP Programme to assess how working behaviour can change for remote reporting.
Procurement	Responsible for making recommendations about providers that each organisation may use. The Procurement Workstream membership will consist of the specialists within NWSSP-SES, NWSSP-PS, PET site organisation Procurement and Estates representatives, Programme Manager and Project Teams at relevant Health Boards, Trusts and Cardiff University.	The Procurement Workstream will make a recommendation on the most economically advantageous tender. This recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision, for the formal approval of the PET Strategic Programme Board.

Please note that at the time of writing this PBC, some leads for Workstreams are to be confirmed.

5.4 Programme and project Management Arrangements

5.4.1 Programme Roles and Responsibilities (The People)

The All Wales PET Programme is a strategic Programme that is hosted by WHSSC and sits within the “Strategic Resource Planning” category of the National Imaging Programme Strategic Board (NIPSB). The NIPSB is hosted and supported by the NHS Wales Collaborative and the NHS Wales Collaborative Executive Group (CEG).

At the time of writing, the NHS Wales Collaborative fund a Programme Manager that is hosted by WHSSC on a fixed-term basis. This role forms the core of the All Wales PET Programme Management arrangements and is funded until at least March 2022.

At the time of writing this document, the NHS Wales Collaborative and NIPSB are within Scope of the Rapid Review of Precision Medicine Programmes and the Consolidation of Precision Medicine Programmes Implementation Plan Phase 1, which is seeking to centralise hosting of Programmes and consolidate Programme budgets. It was agreed at a meeting of the NHS Wales Collaborative Executive Group (CEG; 16.03.2021), that the All Wales PET Programme will remain hosted by WHSSC. As such, this Management Case makes clear the governance arrangements.

The existing PET Strategic Programme Board (SPB) has the capacity and capability to facilitate the effective delivery of the Programme. Local Projects will rely on local organisational capacity and provision of project management, with facilitation from the SPB and Programme Manager.

If this Programme is endorsed by Welsh Government, the existing membership of the SPB will be expanded to include some additional roles noted in Table 60. Members of the SPB will provide

resource and specific commitment to support the Programme Lead and Programme Manager to deliver the Programme deliverables.

The key individual roles and responsibilities required to support the delivery of the All Wales PET Programme are set out in Table 60 below, and at the time of writing some of the membership is yet to be confirmed.

Table 60: All Wales PET Strategic Programme Board (SPB)

Role	Name	Responsibility
Senior Responsible Owner (SRO)	Sian Lewis (Andrew Champion Deputy)	Accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the Programme, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the Programme and provides clear leadership and direction and secures the investment required to set up and run the Programme. The SRO is called upon at times of escalation.
Programme Lead	Andrew Champion	Responsible for providing the interface between Programme ownership and delivery, and is accountable for defining the Programme objectives and ensuring they are met within the agreed time, cost and quality constraints. Act as the link point for stakeholders at a strategic level.
Programme Manager	Sarah McAllister	Responsible for leading and managing the programme through to the delivery of new capabilities, realisation of benefits and programme closure. Responsible for providing the interface between Programme and delivery of Projects.
Clinical Lead	Martin Rolles	Responsible for providing clinical leadership to the programme, ensuring effective clinical engagement and securing clinical consensus within and outside of the organisation for the improvements identified within the programme.
PETIC site	Project Manager (TBC) and Project SRO (Chris Marshall)	Project SRO: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Responsible for providing leadership to the delivery of Project 1. Project Manager: Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
North Wales site	Project SRO (Adrian Hartman) and Project Director (David Fletcher)	Project SRO: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Responsible for providing leadership to the delivery of Project 2. Project Manager: Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
Swansea site	Project Manager (TBC) and Project SRO (Neil Hartman)	Project SRO: Responsible for the development of business case(s) required to provide an effective PET scanning service at the site. Responsible for providing leadership to the delivery of Project 3. Project Director: Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
Fourth scanner site	Project Manager and Project SRO	Project SRO: Responsible for the development of business case(s) required to provide an effective PET scanning service at

Role	Name	Responsibility
	(TBC when site selection process is complete)	the new site. Responsible for providing leadership to the delivery of Project 4. Project Manager: Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
Finance Lead	Mark Osland & Stuart Davies	The Finance Lead(s) is/are responsible for all financial aspects of the Programme. This includes the strategic financial planning for the Programme, financial reporting, and financial risk management.
Planning / Transformation Leads	Representation from all Health Boards and Trusts	Responsible for acting as an effective interface between the SPB and the Health Boards, ensuring that Site Leads and Health Boards are supported and informed.
Radiopharm workstream Lead	Neil Hartman	Responsible for acting as an effective interface between the SPB and the workstream, ensuring that Site Leads are supported and informed.
Centres of Excellence workstream Lead	TBC	Responsible for acting as an effective interface between the SPB and the workstream, ensuring that Site Leads are supported and informed.
Workforce workstream Lead	Sarah Banff (Head of Healthcare Sciences Transformation, HEIW)	Responsible for acting as an effective interface between the SPB and the workstream, ensuring that Site Leads are supported and informed.
Procurement workstream Lead	TBC	Responsible for acting as an effective interface between the SPB and the workstream, ensuring that Site Leads are supported and informed.
Professional Leads	Where professional roles are not represented through existing pan-Wales membership to be sought	Professional leads that require representation: Clinical Radiologists, Clinical Oncologist, Clinical Scientists/Medical Physics Experts, and Radiographers.
PET Service Planning Manager	Luke Archard (WHSSC)	Responsible for reporting live PET scanning demand figures to the Board, assisting and advising on interim arrangements during implementation and other planning.
NHS Health Collaborative	Imaging Portfolio Lead (post being appointed)	Responsible for acting as an effective interface between the SPB and the NHS Health Collaborative.
Admin and Programme Support	TBC with funding decision	Responsible for providing high quality administrative and project management support to the Project across all phases.
Communication Lead	TBC	Responsible for providing high quality advice on Communications for the Programme.

5.4.2 Programme Management: Roles and Responsibilities

The Programme Management and Administration roles and responsibilities for the All Wales Programme are set out in Table 61 below.

The costs of the Programme Management and Programme Support have been included within the Finance Case. A Programme Manager will be responsible for the delivery of the Programme. It is proposed that some Project Management support will be required at each PET site to manage the delivery and implementation at each site and it is expected that each Health Board/Trust/Cardiff University will make use of existing Project Management resource for implementation.

Table 61: Project Management and Administration Specific Roles and Responsibilities

Role	Responsibility
Programme Manager (based at WHSSC)	The Programme Manager will support the Programme Lead to deliver the overall Programme objectives and associated change. The role requires effective co-ordination of the Programme's Projects and management of their interdependencies including oversight and management of risks and issues that arise. The role is crucial for creating and maintaining focus, enthusiasm and momentum within the Programme and to support the workstream delivery. The Programme Manager has overall responsibility for the delivery of the Programme and all sub projects and workstreams. To ensure that they are delivered to time, cost and quality. Tasks also include day to day responsibility for the programme and subprojects and workstreams, to meet the parameters described within the programme business case. The provision of appropriate reports on status to the Programme Lead. The management of risks and issues and escalation of appropriate matters for executive direction/approval. Monitoring, co-ordinating and controlling the work of the Programme Working Groups.
Project Manager (based at local implementation site)	The Project Manager will have the overall responsibility for supporting the Project SRO with the successful initiation, planning, execution, monitoring, controlling and eventually closure of their project. They provide a structured approach to support the conveyance of the key deliverables and provide an escalation route for both Programme and work level risks.
Programme Support (based at WHSSC)	The Project Administration duties include all aspects of facilitating a programme: scheduling meeting times and locations, taking meeting minutes and capturing action points.

5.4.3 Programme and Project Management (The Methodology)

The Programme will be managed in accordance with 'Managing Successful Programmes methodologies, suitably adapted for local circumstances in order to meet the needs of this Programme. The constituent projects will be delivered utilising PRINCE2 ('PRojects IN in a Controlled Environment') methodology'.

The Programme management arrangements will therefore be driven by outcomes, and Project management arrangements driven by outputs, or in PRINCE2 terminology, "Products".

This governance framework will ensure that appropriate oversight is present at all stages.

The All Wales PET Programme is predicated on the following principles:

- Decisions on the strategic direction and future needs of health care are only made after careful consideration;
- The views and interests of patients, staff and all stakeholders are fully considered;
- Appropriate behaviour with respect to the codes of corporate governance and policy are maintained;

- Guidance and good management practice is followed;
- Open and regular reporting of Projects progress and performance.

To ensure the quality of the outputs are maintained, objectives are met, and benefits are realised, the Programme Plan will be managed and undertaken on the basis of:

- Proven methodologies and standards;
- Effective monitoring procedures;
- Review and acceptance procedures;
- Effective change / issues / problem management;
- Appropriate documentation and record keeping.

In addition, the Strategic Programme Board and local PET site organisation(s) (where appropriate), will obtain specialist and professional advice as required during the life cycle of the Programme.

5.4.4 Programme Governance and Management Arrangements to deliver programme and projects

Key to the success of the Programme are the programme governance and management inputs required for the co-ordination of sub projects and their outputs. This will include reporting progress against plans, approvals and escalations of risks and issues. The governance and management processes have been designed to allow for approvals to occur at the most appropriate level.

Of particular importance is the uniting of the constituent Projects within the All Wales PET Programme and governance arrangements, in line with WHSSC Corporate Governance arrangements and that of Welsh Government's sponsorship, scrutiny and approvals process. In particular, this will allow for rapid approval and the effective escalation of risks and issues to a level where senior sponsors can intervene as necessary to support the delivery of this important project.

The Governance Arrangements are organised over five levels, namely:

- Level 1 – NHS Wales Collaborative Executive Group;
- Level 2 – National Imaging Programme Strategic Board;
- Level 2 – The All Wales PET Strategic Programme Board;
- Level 3 – Project Boards;
- Level 4 – Project Teams.

The Programme structure as set out below ensures clear accountability and also deploys mechanisms to facilitate decision making, escalation, communication and alignment.

Tranches and their projects can only commence once the SPB give approval to do so. The Programme Plan has been arranged so that end-of-tranche reviews are used as critical control points in the programme delivery cycle, where ongoing viability of the programme is evaluated and lessons learned are assessed.

Each Project will have a Project Board that will hold expert and local membership.

Workstream Groups will primarily consist of the membership from the task and finish groups that were used in the development of this Programme Business Case and will be reviewed and extended to ensure that appropriate stakeholders are included to successfully facilitate delivery.

Projects will be governed by the structures and processes that exist within the relevant PET site organisation (Cardiff University, Health Board or Trust). However, the Project Manager and Project SRO must regularly attend and update the SPB on progress for the duration of the Project.

The Programme Manager will sit on all Project Boards and Workstream groups for continuity.

All Project Business Cases will be formally signed off by the appropriate Project Board which may include the local Health Board governance structures, before being endorsed by the Strategic Programme Board (SPB). Once endorsed by the SPB, the Project Business Case(s) can be submitted to Welsh Government. This is to ensure that Project outputs are directly aligned to the Programme outcomes and benefits realisation plan.

All Projects will report to the SPB bi-monthly and issues should be escalated as appropriate.

The SPB will provide quarterly reports to the NIPSB and NHS Collaborative Executive Group, escalating issues as appropriate.

The Programme Plan includes all the management controls required to ensure the All Wales PET Programme and contracted firms meet their fiduciary obligations with respect to the development of the Business Cases, the implementation of the Programme, and the management of the Programme within a framework of acceptable risk.

Figure 13: Governance structure of the All Wales PET Programme

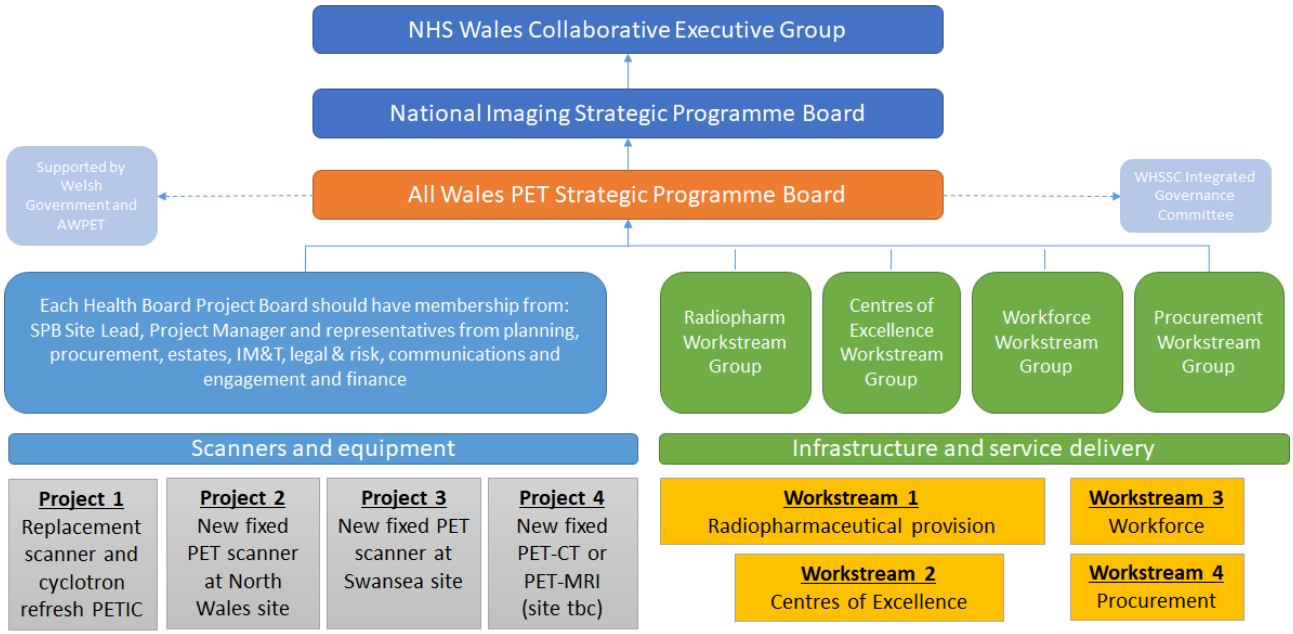


Table 62: Project Board Specific Role and Responsibilities

Project Boards		Lead
Project 1, 2, 3 and 4 Installation of new PET scanner and equipment	Responsible for leading the planning and development of the relevant business cases at the preferred site location for PET services at the relevant PET site organisation and subsequent implementation. Each Project Board should have membership from: Project SRO, Project Manager and representatives from planning, procurement, estates, IM&T, legal & risk, communications and engagement and finance.	Project SRO

5.5 Internal and External Advisors

5.5.1 Programme Roles and Responsibilities (The People)

The All Wales Programme is supported by a range of external advisors, these are listed in Table 63 below. The Programme Manager is responsible for coordinating the activity of the external advisors:

Table 63: External Advisors

Role	Name / Status	Responsibility
Head of Sourcing: Commissioning, Capital & IMT NWSSP-PS	Samantha Pennington (Deputy Head of Sourcing)	Responsible for providing professional leadership in matters relating to procurement. A pivotal role in advising on the delivery of an effective procurement process and subsequent contract development. Whilst Projects will be led by Health Boards, this role will be able to bring in resources as needed from NHS Wales Shared Services Partnership – Procurement Services (NWSSP- PS) as dictated by the needs of the Programme.
National Imaging Equipment Advisor NWSSP- SES	Andrew Ward (Senior Diagnostic Imaging Advisor)	Advisory role - supporting the SPB and Project Boards with technical, specialist equipment and Commercial advice. Responsible for advising on the delivery of optimum commercial deals and strategic partnerships with partners. Whilst Projects will be led by Health Boards, this role will be able to bring in resources as needed from NHS Wales Shared Services Partnership - Specialist Estates Team, as dictated by the needs of the Programme.
Radiation Protection	Matthew Talboys	Advisory role – supporting the SPB and Project Boards with technical and specialist advice, as required. Chair of the WSAC Medical Physics & Clinical Engineering Sub-Committee: Radiation Protection Standing Specialist Advisory Group.
External Clinical and Technical Assurance	Wai-Lup Wong (Chair of the National PET-CT Clinical Governance Board)	Responsible for providing independent and expert advice to assure the quality of project outputs and to advise on complex and challenging issues.

5.5.2 Use of Specialist Advisors (Non-NHS)

The All Wales PET Programme will utilise appropriate specialists / subject matter experts (SMEs) whom are listed in the table below and managed by the Programme Lead:

Table 64: External Advisors (non-NHS)

Company	Name / Status	Responsibility
Archus Limited	Anouska Huggins	Archus Ltd. have been appointed to support this PBC. This role includes benefits identification and quantification and economic analysis and preparation of the Financial Case.

5.6 External Programme Review and Assurance

To ensure that robust Programme Governance is achieved, clear governance arrangements are established and a range of reviews and audits will take place. These fall into the following categories:

- Internal governance arrangements;
- Gateway Reviews (Gates 0 - 5);
- Internal Audit.

5.6.1 Internal Governance Arrangements

Programme Governance arrangements are described in Section 4 of the Management Case.

As the Programme is hosted by WHSSC, it will be governed within the existing WHSSC arrangements, but with clear avenues for escalation to NIPSB which are described in Section 4 of the Management Case. For clarity, change management and risk management are further described in the following sections of the Management Case.

5.6.2 Gateway Reviews

The OGC Gateway Process examines Programmes and Projects at key decision points in their lifecycle. It looks ahead to provide assurance that they can progress successfully to the next stage. OGC Gateway Reviews deliver a 'peer review', in which independent practitioners from outside the programme/project use their experience and expertise to examine the progress and likelihood of successful delivery of the programme or project.

Programme Reviews are carried out under OGC Gateway™ Review 0: Strategic Assessment. A Programme will generally undergo three or more OGC Gateway Reviews 0: an early Review; one or more Reviews at key decision points during the course of the programme, and a final Review at the conclusion of the programme.

Project Reviews are carried out under OGC Gateway Reviews 1 - 5; typically a project will undergo all five of these Reviews during its lifecycle – three before commitment to invest, and two looking at service implementation and confirmation of the operational benefits.

It has been agreed with the Welsh Government Assurance Hub that Programme Gateway Reviews 0 will be carried out. The initial Gateway Review of the All Wales PET Programme will be a Programme Assessment Review, so that the Business Justification Case for the Cardiff site can be considered at the same time. This will take place in June 2021.

Gateway reviews relating to subordinate projects will be agreed with the Welsh Government Assurance Hub and reflected in respective business cases following endorsement of this PBC.

The likely profile of Gateway Reviews in the Programme is shown in the Table 65 below. The likely profile of Gateway Reviews for the Projects are shown in the Table 66 below.

Table 65: Programme Review Gateways

Type of Gateway (Gate)	Proposed Date
Programme Assessment Review	June 2021
Gate 0: Strategic Review	January 2023
Gate 0: Strategic Review	January 2025

Table 66: Project Review Gateways

Type of Gateway (Gate)	Proposed Dates			
	Project 1 - (Cardiff)	Project 2 - (North Wales)	Project 3 - (South West)	Project 4 - (4th scanner)
1. Business Justification				June 2022
2. Delivery Strategy				
3. Investment Decision		June 2022	June 2022	December 2024
4. Readiness for Service	April 2022			
5. Operations Review and Benefits Realisation	January 2023			April 2027

The proposed Project Review Gateways are aligned with key decision points that are applicable to each Projects individual local circumstance. For instance, there is urgency surrounding the need for update equipment at the Cardiff site which already has a fixed analogue scanner, therefore it would be appropriate to check on readiness for service here. In contrast however, the fourth scanner may benefit from more in-depth assurance as it will entail business justification based on live clinical demand data and a new site will need to be identified.

5.6.3 Internal Audit and Assurance

WHSSC is hosted by Cwm Taf Morgannwg University Health Board. There are established, existing governance processes in place at WHSSC. NWSSP (Audit and Assurance Services) carry out annual internal audits at WHSSC and internal audit reports are submitted to the Cwm Taf Morgannwg Audit Committee (Part 2) on a planned basis.

The benefit of effective internal audit is recognised within the NHS Wales Infrastructure Investment Guidance issued by Welsh Government. This expects NHS Wales organisations to utilise internal audit to benefit from independent and objective opinions to Executives, Accounting Officers and respective Boards. This should be supplemented by regular and appropriate reporting to respective audit committees.

The team at NWSSP (Audit and Assurance Services) have reviewed implementation plans and assessed the best approach for audit of the Programme. Colleagues at Audit and Assurance Services have suggested a one-off initial audit at programme level to assess the overall risk, governance arrangements and engagement (a suggested brief can be found in Appendix 2).

At the time of writing this PBC, we are awaiting approval from the Audit Chair to add the PET Programme Audit to the 2021/22 Internal Audit Plan, following which it will be submitted to the audit committee for approval.

The NWSSP Audit and Assurance Services may progress further reviews of the programme via the internal audit plan or project audits via the respective UHB audit plans (or provisions within respective BJCs), should key issues arise and subject to risk assessment.

5.6.4 Other areas of Assurance

The need for other areas of assurance was discussed by the Strategic Programme Board in March 2021 and it was agreed that no additional assurances are required for this Programme.

5.7 Procurement and Contract Management

The All Wales PET Programme will use Capital funding via the All Wales Capital Programme.

All of the major items of equipment are available on a compliant preapproved framework. NHS Wales organisations have direct access to this framework.

The multidisciplinary team within the Procurement Workstream of this Programme will make recommendations on the most economically advantageous tender and which providers that each organisation may use. The decision of which provider will sit with the procuring organisation, and they will enter into a contract with the organisation alone.

It is possible that the Procurement Workstream will propose running one procurement for the NHS equipment, depending upon the timings. For instance, if phasing of projects is less than two years apart, there may be an option to fix the costs and place orders at the same time, deploying when needed at a future date.

Carrying out a procurement exercise at a national level will most likely make the process at local level much faster.

The Procurement Workstream membership will consist of the specialists within NWSSP-SES, NWSSP-PS, organisations Procurement and Estates representatives, Programme Manager and Project Teams at relevant Health Boards, Trusts and Cardiff University.

It is anticipated that each organisation that subsequently hosts a PET scanner will enter into a contract with the supplier. This contract will be subject to the hosting organisations local governance and review processes.

5.8 Change Control

5.8.1 Change Control and Configuration Management

The Change Control Procedure will be managed by the Programme Manager. The Change Control Procedure will comprise of:

- Change Management Document - which gives guidance of version control in regards to documents and the change control procedure;
- Change Management Log - captures all version-controlled documents/products and change requests;
- Change Form - is a formal process, which staff are required to follow to request change to a version-controlled document / products.

The Project Teams and external contractors are expected to comply fully with the Change Control Procedure.

5.8.2 Change Management Framework

This framework will underpin the change process. The framework will shape the way that the process is managed, reflecting the following change management philosophy and principals:

- Recognise the need to maximise the Benefits of the change for patients, who should be at the heart of the changes made;
- Phase the Programme implementation so that lessons learned can be appropriately ascertained and avoid risks related to a 'big bang' approach;
- Test and prove the changes through careful piloting of any aspects of the new models and processes that can be implemented before new PET scanning facilities are commissioned;
- Work in partnership with staff and other stakeholders both within and outside of the All Wales PET Programme to engage all those involved in the delivery of care in the change process;
- Work effectively with stakeholders of interdependent Programmes and Projects, to ensure that the impact of any items outside of the control of this Programme are considered in a timely fashion, and
- Focus on staff skills and development required so staff are both capable and empowered to deliver healthcare effectively and to a high-quality standard in the new facility through new models of care.

Once the PBC has been endorsed, these principles will be revisited and confirmed. The change management framework and change management principles will be communicated to all stakeholders and staff as part of the launch of the change management process.

5.8.3 The Project Change Management Approach

The Programme Manager will design a change management approach that will encompass the framework and principles outlined above.

The implementation of a change management process will progress well in advance of relevant FBC approval for implementation sub projects.

Where proposed changes to the service impact on the workforce, the NHS Wales, Organisational Change Policy will apply. This national document makes clear the onus upon the service to consult with staff affected and their individual employment rights.

5.8.4 The Change Control Plan

Once the PBC has been endorsed a Change Management Plan will be developed and three actions will occur:

- The Core Plan will be reviewed by the SPB to identify other relevant areas that need to be included;
- Detailed plans will be set up for each of the tasks in the Core Plan; and
- An overall timetable will be developed and the high-level milestones communicated as part of the launch of the Change Management Plan.

Table 67 below outlines the core plan and the main tasks identified to date.

Table 67: Core Change Management Plan

Area	Planned tasks
Planning phase	Appoint key Programme roles and Change Managers, confirming responsibilities and leadership Confirm stakeholders and interested parties both within and outside the Programme Develop core plan in more detail, identifying high level milestones for the Change Management Plan, mapped to the overall Programme Plan Confirm involvement of HR, managers and other individuals/groups in the process
Communications and stakeholder engagement	Confirm communications lead and protocols (route and timing of approval of communications) Develop communications routes, including face to face briefings bulletins, intranet pages Formulate and agree key communications messages against high level milestones Set up stakeholder map and engagement plan Launch change Programme Ongoing communications work
Training and development	Work with HEIW, NIAW and national workforce groups for each professional role Work with staff through workshops and other training to clarify the workings of the new PET scanning Service Models and how these will impact in practice Identify national training and development required to fulfil roles and competencies Link training and development into communications plan and Workforce Workstream
Piloting	Identify and confirm areas where piloting of new models and practice will be implemented Confirm schedule of pilot work, mapped against high level project and change management milestones Agree feedback arrangements from pilots and how this links into training/development, communications and overall change management plan Execute pilots, feedback and report progress
Full Implementation	Identify scheduling/phasing of full implementation Using results of piloting and training work, develop detailed implementation and transition plan, mapped to project phasing Discussion and agreement with key staff Execute implementation and transition plans

5.9 Programme Plan

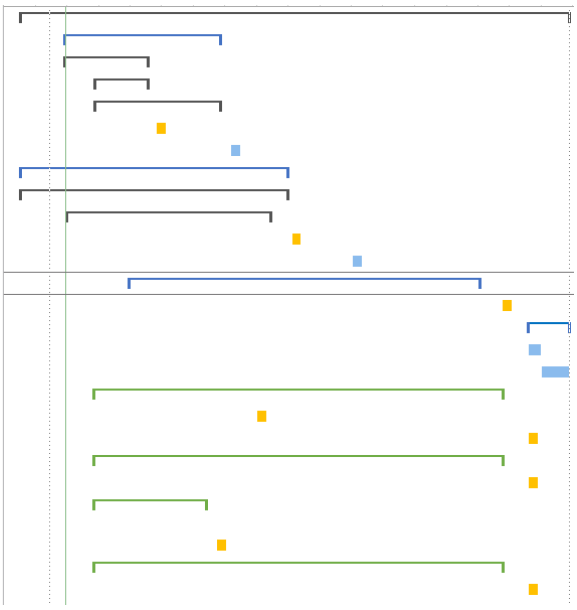
The Programme plan with details of milestones, durations of tranches and work streams is shown in Figure 14 below.

At the time of writing this Management Case many of the component Project plans are not substantially developed. This is a result of the level of infrastructure design maturity and the fact that no procurement activities have yet taken place. Please see Appendix 1 for a more detailed plan.

All programme time estimates have been based on advice from NHS Wales Shared Services Partnership and following benchmarking with other similar health schemes.

Figure 14: High level Programme Plan

All Wales PET Programme Implementation	1761 days	Mon 05/10/20	Mon 05/07/27
Tranche 1: PETIC scanner and cyclotron refresh	501 days	Fri 23/04/21	Fri 24/03/23
PET Scanner Replacement	266 days	Fri 23/04/21	Fri 29/04/22
Cyclotron refresh PETIC	170 days	Mon 06/09/21	Fri 29/04/22
Hot Cell refresh PETIC	405 days	Mon 06/09/21	Fri 24/03/23
LESSONS LEARNED AND POST TRANCHE REVIEW	30 days	Mon 06/06/22	Fri 15/07/22
EVALUATION OF BENEFITS, OUTCOMES & SPENDING OBJECTIVES	30 days	Mon 08/05/23	Fri 16/06/23
Tranche 2: PET Scanner installation (SW and North Wales)	860 days	Mon 05/10/20	Fri 19/01/24
Project 2: North Wales	860 days	Mon 05/10/20	Fri 19/01/24
Project 3: South West	656 days	Fri 30/04/21	Fri 03/11/23
LESSONS LEARNED AND POST TRANCHE REVIEW	30 days	Mon 05/02/24	Fri 15/03/24
EVALUATION OF BENEFITS, OUTCOMES & SPENDING OBJECTIVES	30 days	Mon 04/11/24	Fri 13/12/24
Tranche 3: Fourth Scanner (location TBD)	1125 days	Mon 07/02/22	Mon 01/06/26
LESSONS LEARNED AND POST TRANCHE REVIEW	30 days	Mon 07/09/26	Fri 16/10/26
Tranche 4: Programme Closure and Lessons Learned	131 days	Mon 04/01/27	Mon 05/07/27
Programme Implementation Review	40 days	Mon 04/01/27	Fri 26/02/27
Benefits Evaluation	90 days	Tue 02/03/27	Mon 05/07/27
Enabling Workstream 1: Workforce	1314 days	Tue 31/08/21	Fri 11/09/26
LESSONS LEARNED AND MID PROGRESS REVIEW	30 days	Mon 04/09/23	Fri 13/10/23
LESSONS LEARNED AND POST WORKSTREAM REVIEW	30 days	Mon 04/01/27	Fri 12/02/27
Enabling Workstream 2: Centres of Excellence	1314 days	Tue 31/08/21	Fri 11/09/26
LESSONS LEARNED AND POST WORKSTREAM REVIEW	30 days	Mon 04/01/27	Fri 12/02/27
Enabling Workstream 3: Radiopharmaceutical provision for Wales	364 days	Tue 31/08/21	Fri 20/01/23
LESSONS LEARNED AND POST WORKSTREAM REVIEW	30 days	Mon 06/03/23	Fri 14/04/23
Enabling Workstream 4: Procurement	1314 days	Tue 31/08/21	Fri 11/09/26
LESSONS LEARNED AND POST WORKSTREAM REVIEW	30 days	Mon 04/01/27	Fri 12/02/27



Key: Dark Blue lines denote a tranche, dark grey lines denote a Project, green lines indicate a workstream. Yellow bars denote mid-progress and end-progress evaluation, light blue bard indicates evaluation of benefits, outcomes and Spending Objectives.

5.10 Benefits Realisation

5.10.1 Benefits Realisation Strategy

The All Wales PET Programme team has worked closely with Welsh Government and other partners to ensure that management of the All Wales PET Programme benefits is robust. This work has included the identification and quantification of Programme benefits, where possible. This has allowed for the quantified benefits to influence the Economic Case where the selection of the preferred way forward was made. The quantification of benefits relating to the All Wales PET Programme reflect some wider societal benefits. These are included only where they can be directly attributable to the provisioning of the PET scanners.

The Blueprint for the Programme (Appendix 3) has been considered in developing the Benefits. Programme Benefits will be applied 100% in the PBC and then proportioned out across the subordinate business cases for Projects 1-4.

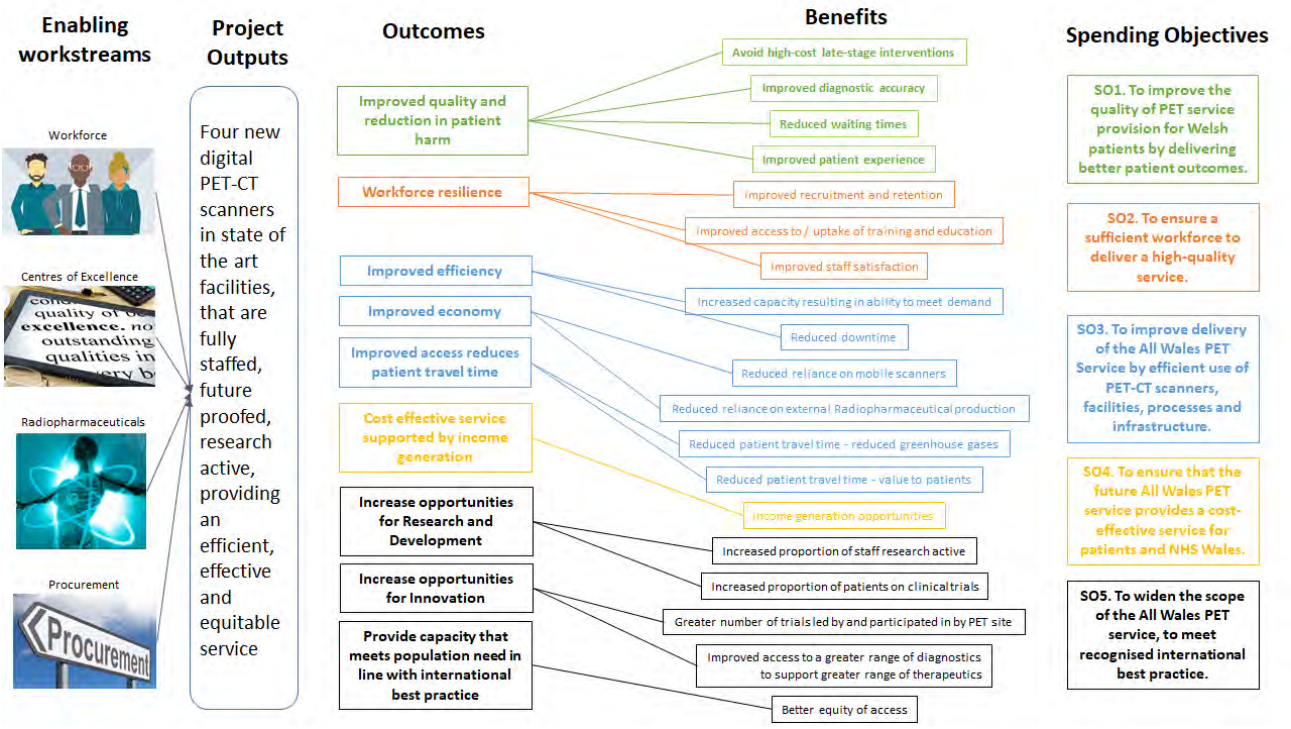
The Programme also contains non-quantifiable benefits and the Programme intends to maximise the delivery of all benefits, especially those that relate to improvement in the quality of patient outcomes.

All the Benefits identified in the Strategic Case and appraised in the Economic Case sections of the PBC are accounted for in the Benefits Register (Appendix 4). This Register notes timescales and ownership of benefits, in addition to how benefits will be measured.

5.10.2 Benefits Assurance and Mapping

One of the most important features in Benefits realisation is to ensure that the perceived benefits identified as part of the proposed investment will deliver the Spending Objectives. This can be visualised in Figure 15.

Figure 15: Benefits Map



As previously described in the Strategic Case the benefits associated with the programme have been identified and analysed, grouped by benefit criteria, and also matched to a beneficiary as illustrated in Figure 16 below.

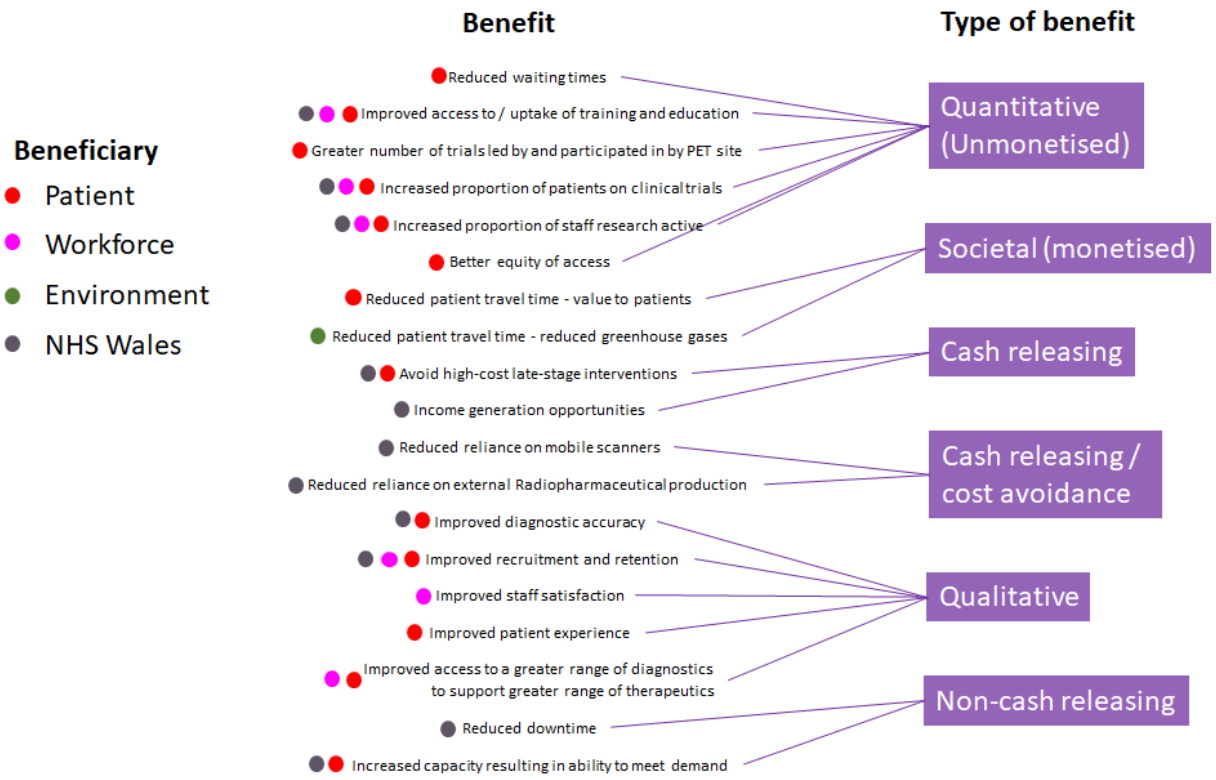
The outcome of the benefits mapping exercise demonstrated that there is a strong correlation between the five spending objectives and the benefits groups for the wider Programme. All Benefit Groups have been matched to a beneficiary, whether this be a patient, workforce, NHS Wales or the Economy.

5.10.3 Benefits Realisation Plan

Programme Benefits Realisation is intrinsically linked to Business Change delivery and as such, it requires a nationally agreed approach across all NHS Wales organisations. This must be supported by both local Project implementation teams.

A Benefits Realisation Plan will be prepared for the All Wales PET Programme. The plan will be designed to enable benefits that are expected to be derived from the Programme, to be planned for, managed, tracked and realised.

Figure 16: Benefit Criteria and Beneficiary



As part of the information required for the PBC, Benefits have been incorporated into a Benefits Realisation Register (Appendix 4) which details:

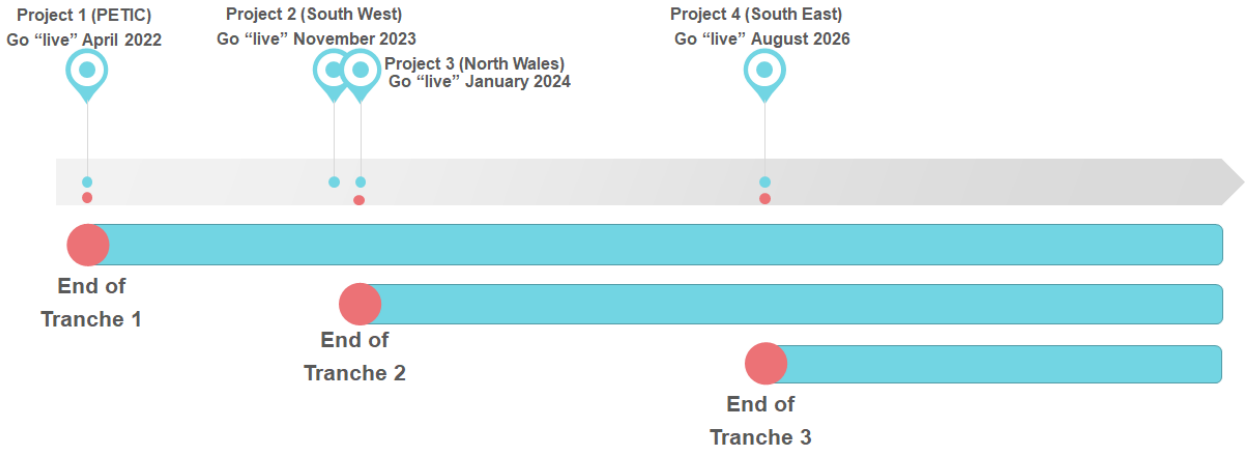
- Beneficiaries;
- Category of benefit;
- Baseline measure;
- Trajectory to target; and
- Benefit owners.

Each Project and their associated business cases will provide more detailed plans for Benefits Realisation.

Benefits will be baselined shortly after this PBC is endorsed and the Programme Manager will work with Project SROs and Project Managers to do this. As Benefits Owners, the Project SROs at each site will hold the responsibility for measuring the Benefits.

Completion of each Project will deliver a new (updated in Cardiff) PET scanning site. This will build and create core capability in each tranche, that will ultimately achieve the new operational state (or Outcome) when the scanners are “live”. Therefore, the All Wales PET Programme should begin to realise Benefits following completion of each tranche. This realisation phasing can be visualised as per Figure 17 below.

Figure 17: Benefits Realisation Timeline



5.11 Risk Management Plan

5.11.1 Risk Management Overview

The All Wales PET Programme will utilise its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from Project boards and Workstream groups, through to the Strategic Programme Board and/or the Health Board/Trust, as appropriate.

Each Project will hold its own risk register and this will be updated dynamically but also formally reviewed on a monthly basis by Project Boards.

A bimonthly risk report for the Projects will be submitted by the Project SRO and Project Manager to the All Wales PET Programme SRO and local Health Board appropriate body. This risk register will highlight new risks, the movement in existing risks and issues and where appropriate, it will recommend the closure of resolved risks or issues.

A comprehensive Programme risk register and accompanying paper will be produced by the Programme Manager for all Strategic Programme Board meetings. This paper will highlight new risks across the Programme including the Projects and workstreams, the movement in existing risks and issues and recommends the closure of resolved risks or issues.

The All Wales PET Strategic Programme Board, upon receiving a Project risk register (via the Programme Manager), will consider if the mitigating actions are sufficient and if the identified risks are receiving the right level of treatment.

The Strategic Programme Board will consider the escalation of Programme Risks onto the NIPSB Risk Register, as appropriate. The remainder of this section sets out the detailed management of risks and issues.

5.11.2 Issue and Risk Management Philosophy

Managing risk is a holistic approach, seeing effective risk management as a positive way of achieving the Programme's wider aims, rather than simply a mechanistic 'tick box' exercise, to comply with guidance. The Programme regards risk as the mirror opposite of benefits. Inadequate risk management would therefore reduce the potential benefits to be gained from the Programme.

Effective Risk Management supports the achievement of wider aims, such as:

- Effective Change Management;
- Enhanced use of resources;
- Better Programme and Project Management.

The programme will utilise WHSSC's Risk Management Framework to systemically identify, actively manage and minimise the impact of risk. This is done by:

- Identifying possible risks before they materialise and putting mechanisms in place to minimise the likelihood of them materialising with adverse effects on the project;
- Putting in place robust processes to monitor risks and report on the impact of planned mitigating actions;
- Implement the right level of control to address the adverse consequences of the risks if they materialise; and
- Having strong decision-making processes supported by a clear and effective framework of risk analysis and evaluation.

Once risks are identified, the response for each risk will be one or more of the following types of action:

- **Prevention** - where countermeasures are put in place that either stop the threat or problem from occurring, or prevent it from having an impact on the business or Programme;
- **Reduction** - where the actions either reduce the likelihood of the risk developing or limit the impact on the business or Programme to acceptable levels;
- **Transfer** - where the impact of the risk is transferred to the organisation best able to manage the risk, typically a third party (e.g. via a penalty clause or insurance policy);
- **Contingency** - where actions are planned and organised to come into force as and when the risk occurs; and
- **Acceptance** - where the Programme Management Board decides to go ahead and accept the possibility that the risk might occur, believing that either the risk will not occur or the potential countermeasures are too expensive. A risk may also be accepted on the basis that the risk and any impacts are acceptable.

The All Wales PET Programme will adopt a proactive approach to the identification, assessment and management of risks throughout the whole Programme. The effective management of risk and the prevention of issues arising will support the timely delivery of the Programme, by preventing delays, avoiding costs and ensuring quality is upheld.

The management of Programme risk will be in accord with the principals of WHSSC's Risk Management Policy where the All Wales PET Programme holds a Risk Register which is regularly monitored and updated.

5.11.3 Recording and assessment of risk

The All Wales Programme has a Risk Register that is a dynamic document which will be updated with all new identified risks being assessed. All risks will have an individual identifier, an assigned owner and be scored using the standard 5 by 5 matrices to ascertain the risk rating colour.

It is worth reiterating that as set out in the Commercial Case a number of the risks associated with the procurement will be either wholly transferred or shared with the supplier.

Figure 18: Risk Scoring Matrix

	Likelihood				
Impact	1 = Rare	2 = Unlikely	3 = Possible	4 = Likely	5 = Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

5.11.4 Review and Escalation of Risk

WHSSC has a simple Risk Management Framework that focuses on effective identification, reporting and management of risks. There are only three roles in the risk management process that are summarised in Table 68 below.

Table 68: Risk Management Roles

Role	Responsibility	Reporting / accountability
Risk Management Lead	Manages the process for identifying and addressing risk, maintaining the risk register on a day to day basis	SRO
Risk Management Sub Group	Brings together key risk owners to co-ordinate the identification and assessment of risks plus the management of key risks	PET Strategic Programme Board
Risk Owner	Individual or group responsible for developing and implementing risk mitigation measures for individual risks they are responsible for	As defined in the relevant Risk Register

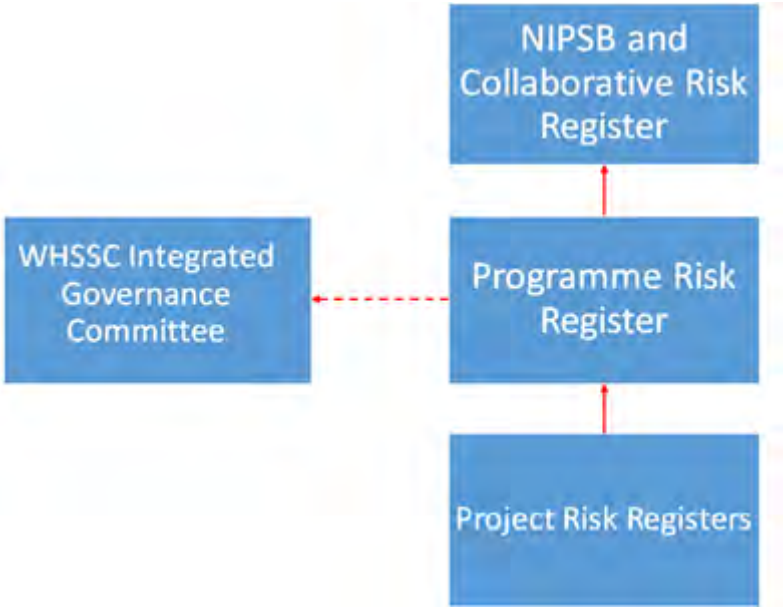
As mentioned above, Project risk registers will be reviewed monthly by the relevant organisation Project Team and by the PET Programme Board on a bi-monthly basis. Those risks that are marked as “Red” or “Amber” on a Project risk Register will be noted in the wider Programme Risk Register.

The Programme Risk Register will be reviewed once per quarter by the WHSSC Integrated Governance Committee for assurance purposes.

Programme risks noted as “Red” following countermeasure mitigation scoring will be escalated through the existing governance structure to the NIPSB at the monthly meeting.

Issues are Risks that have materialised. Similar to risk, the Strategic Programme Board will hold an Issues Register and follow the same escalation path. All issues should have an owner and an aligned action plan and will be reviewed during all Programme Project Board meetings. Issues that are outside the scope or authority of the Strategic Programme Board will be referred to the relevant Board or Group.

Figure 19: Risk Escalation Route



5.12 Arrangements for Post Programme Evaluation

The requirement to carry out a post programme evaluation is essential to determine if a Programme has (i) been successful; (ii) has it met the Spending Objectives and; (iii) realised its expected Benefits. Additionally, it ensures that lessons learned can be factored into future Projects and Programmes.

The All Wales PET Programme is committed to ensuring that a thorough Post-Programme Evaluation (PPE) is undertaken after the Programme has concluded, to ensure that positive lessons can be learnt. This is noted in tranche 4 of the Programme Plan.

The All Wales PET Programme is also committed to ensuring that lessons are learned at all key stages during implementation, so these can be fed into the wider Programme.

As such, there will be two Evaluation sessions held after each Tranche:

- **Lessons Learned and Post Tranche Review** – to be held two to three months post tranche completion.
- **Evaluation of Benefits, Outcomes and Spending Objectives** – to be held six to twelve months post tranche completion.

Immediately following implementation, all Projects will be reviewed against the usual measures for Projects: time, cost and performance, in addition to management and procurement processes. This will form the foundation of the “lessons learnt” sessions. The “lessons learnt” sessions will also provide benefits such as:

- An opportunity to improve the design, organisation, implementation and strategic management of projects and workstreams;
- An opportunity to ascertain whether the programme is running smoothly so that corrective action can be taken if necessary;
- Promote organisational learning to improve current and future performance;

- Avoid repeating costly mistakes;
- Improve decision-making and resource allocation;
- Improve accountability by demonstrating to internal and external parties that resources have been used efficiently and effectively, and
- Demonstrate acceptable outcomes and/or management action thus making it easier to obtain extra resources to develop healthcare services.

In addition to “lessons learned”, these post-tranche sessions will also provide an opportunity for the Programme to begin to assess and implement the Benefits Realisation Plan.

After a reasonable bedding-in period of six to twelve months, all Projects within a tranche will be subject to a more wide-ranging evaluation of costs and performance, as well as being reviewed against the Spending Objectives and the Benefits Realisation Plan.

It should be noted that as all Projects and Workstreams will report into the Strategic Programme Board on a bimonthly basis. In addition, the Board will remain open to comment and opportunities to determine lessons learned throughout the Programme life-cycle, and not just at the post-tranche formal reflection sessions.

The SRO will be responsible for ensuring that arrangements have all been put in place and that the requirements for PPE are fully delivered.

An Evaluation Steering Group (ESG) will be set-up and the Programme Manager will coordinate and oversee the Evaluation.

The costs of the final Post-Project Evaluation will be identified once the ESG and Evaluation Team are fully-established. These costs are therefore not currently included in the costs set out in this PBC.

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Appendices

Appendix 1 – Service Operating Model

Appendix 2 – Population Growth Projections

Appendix 3 – Collated Clinical Questionnaire narrative

Appendix 4 – PET demand forecast 10 year with variable inflation

Appendix 5 – Clinical Indication Analysis

Appendix 6 - Clinical Demand Model narrative

Appendix 7 – Workforce Board Output

Appendix 8 – Life Sciences Hub Wales – Horizon Scanning of Artificial Intelligence

Appendix 9 – Options Framework

Appendix 10 – PBC Forms

Appendix 11 – Economic and Financial Calculations

Appendix 12 – Full Programme Delivery Plan

Appendix 13 – Suggested Audit Brief from NWSSP Audit and Assurance Services

Appendix 14 – Programme Blueprint

Appendix 15 – Programme Benefits Tracker

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Your Ref/Eich cyf:
Our Ref/Ein cyf:
Date/Dyddiad:
Tel/ffôn:
Fax/Ffacs:
Email/ebost:
Dept/Adran:

Dr Sian Lewis
Managing Director,
Welsh Health Specialised Services Committee
Unit G1,
The Willowford,
Treforest Industrial Estate,
Pontypridd,
CF37 5YL

Dear Sian,

Re: All Wales Positron Emission Tomography (PET) Programme Business Case

I am writing on behalf of Cwm Taf Morgannwg UHB to express our support for the All Wales PET Programme Business Case (PBC). Following endorsement of the PBC at the NHS Health Collaborative Executive Group on the 18 May 2021, I sought and received support for the PBC through our Board of Directors.

The need to plan for future growth in PET scanning and to ensure that this is delivered by the most efficient and effective model to meet this is recognised. There are, however, a number of areas that have been highlighted by this recent review as set out below that will require further attention.

The first two of these relate to the Programme Business Case (PBC), and the further points relate to the development of Outline Business Cases (OBC) that will follow the PBC.

Regarding the PBC:

- The revenue cost and value for money benefits of the purchase of NHS PET scanners identified in the business case are recognised. However, given the known capital constraints identified across Wales, the preferred option may not be deliverable. In this context, it was noted that the alternative option of longer term contracts with commercial providers for

fixed units was not explored. However, this could be further considered as necessary depending on WG support for the capital case.

- It was not clear from the case why, given the greater value for money and lower cost of NHS run units, the much higher existing PETIC pricing is assumed to continue for the Cardiff unit, even after NHS capital investment in replacing the equipment. Why would the pricing then not be much more comparable with the estimated £577 per scan for the other units?

Regarding the further OBC which is assumed to be following the PBC:

- Can WHSSC confirm that this OBC or OBCs will come through the WHSSC scrutiny process (Management Group etc), recognising this PBC has not gone through that process?

- Particular aspects flagged for the further development of the case as it proceeds to OBC (subject to WG approval of the PBC), are as follows:-
    - Is the staffing model proposed robust and deliverable, noting the reported variation across the existing sites?
    - Are there any additional costs that need to be included e.g. integration of ICT / existing systems?
    - Assurance of costs for Radiopharmaceutical costs which are currently estimated and comparative information to support any other estimated costs within the PBC.

Yours sincerely

[Chief Executive or Chair, as appropriate]

cc Ian Gunney (NHS Capital, Estates & Facilities, Welsh Government)

AGENDA ITEM
3.1.8

CTM BOARD

TRANSFER OF LAUNDRY SERVICES

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Lee A Wyatt, Programme Director: Key Strategic Projects (NWSSP); Mandy Pady, Unit Finance and Business Partner (CTM Finance); Russell Hoare, Assistant Director OSS (CTM Facilities)
Presented by	Gareth Robinson, Interim Chief Operating Officer
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Laundry Services Transfer Group	08/07/2021	NOTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
NWSSPC	NHS Wales Shared Services Partnership Committee
NWSSP	NHS Wales Shared Services Partnership

1. SITUATION/BACKGROUND

1.1 The All Wales Laundry Review formally commenced in May 2016, with the NHS Wales Shared Services Partnership Committee (NWSSPC) approving the programme initiation and subsequent review of the Laundry production units within NHS Wales.

1.2 Throughout the last four years, a number of significant milestones have been achieved and a number of key decisions have been made to support the continual development of the All Wales Laundry Programme Business case.

1.3 This SBAR document provided by NWSSP outlines the guiding principles and critical success factors against which the agreed transfer of the All Wales Laundry Service will be completed.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 In relation to Church Village Laundry, the objective is to maintain the provision of laundry services "as is" but to complete a number of actions to allow the seamless transfer and ongoing provision of services to existing customers.

2.2 The intention remains to maintain the service within its current model, with anticipated variation in terms not anticipated until the commissioning of the new Laundry Production Unit as stipulated by the ongoing All Wales Laundry Programme Business Case currently estimated in 2024.[1]

2.3 It is proposed that all applicable assets and liabilities will transfer from CTM to (NWSSP) with effect from the 1st October 2021. It is not envisaged that land and buildings will transfer.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The elements identified as critical to enable the transfer are:

3.2 Finance – Identification and agreement of a baseline covering both pay and non-pay expenditure within an agreed timeframe that excludes the pandemic influence or variation. This is key to ensuring NWSSP is able to maintain service provision and cover all expected costs based on agreed time range in scope for the baseline currently set at 2019/20.

[1] Estimated and subject to change based on the business case process

3.3 Workforce – as per the workforce principles agreed with Workforce & Organisational Directors (WODs), it is proposed that the laundry unit staff will remain employees of the health board whereby they would be governed under a Service Level Agreement by NWSSP management – to work with Shared Services for the duration of the period until the decommissioning occurs.

3.4 During the decommissioning period the Health Board will actively seek redeployment opportunities for the staff concerned. At the conclusion of this period the Health Board (HB) will afford the identified staff with prior consideration for HB vacancies. This will allow the ability to consider the wishes of individuals, taking into consideration their geographical and personal preferences and constraints, and entering into a dialogue over their preferred options.

3.5 Customers – Existing customers identified to enable continuation of existing arrangements and appropriate communication in relation to the change of ownership and management.

3.6 Transport – Ensuring existing fleet operations remain intact to allow continued transport of linen to existing drop/collection points.

3.7 Product & Stock – Ensuring the availability of existing stock/linen and products required to continue the service operation, product and delivery of linen.

3.8 Support Services – Continuation of externally provided support services for the laundry such as Estates engineering, maintenance, or other critical services deemed essential to support day to day laundry operation.

3.9 Health & Safety – Evaluation and development of a special programme of Health & Safety improvements post April.

4. IMPACT ASSESSMENT

Quality / Safety / Patient Experience implications	Yes (Please see detail below)
	Critical success factors have been provided above and in SBAR for the resource elements Finance, Workforce, IT, Customers, Capital and Estates, Transport, Product & Stock, Support Services, and Health & Safety.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Report provides details of the SBAR only, no EIA required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Critical success factors have been provided above and in SBAR for the resource elements Finance, Workforce, IT, Customers, Capital and Estates, Transport, Product & Stock, Support Services, and Health & Safety.
Link to Strategic Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

5. RECOMMENDATION

The Health Board is asked to:

5.1 APPROVE the Church Village Laundry Transfer SBAR which outlines the guiding principles and critical success factors against which the agreed transfer of the All Wales Laundry Service will be completed, to allow NWSSP to continue the running of the Church Village laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case.

5.2 ENDORSE the continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the Laundry by the Health board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above.

5.3 NOTE that further transformation activity will be scheduled.

5.4 NOTE that that the staged transfer will allow NWSSP to run the service from 1st October 2021 with a further stage to address elements in relation to asset transfers and other more complex elements.

July 2021

SBAR– Church Village Laundry Transfer

Situation

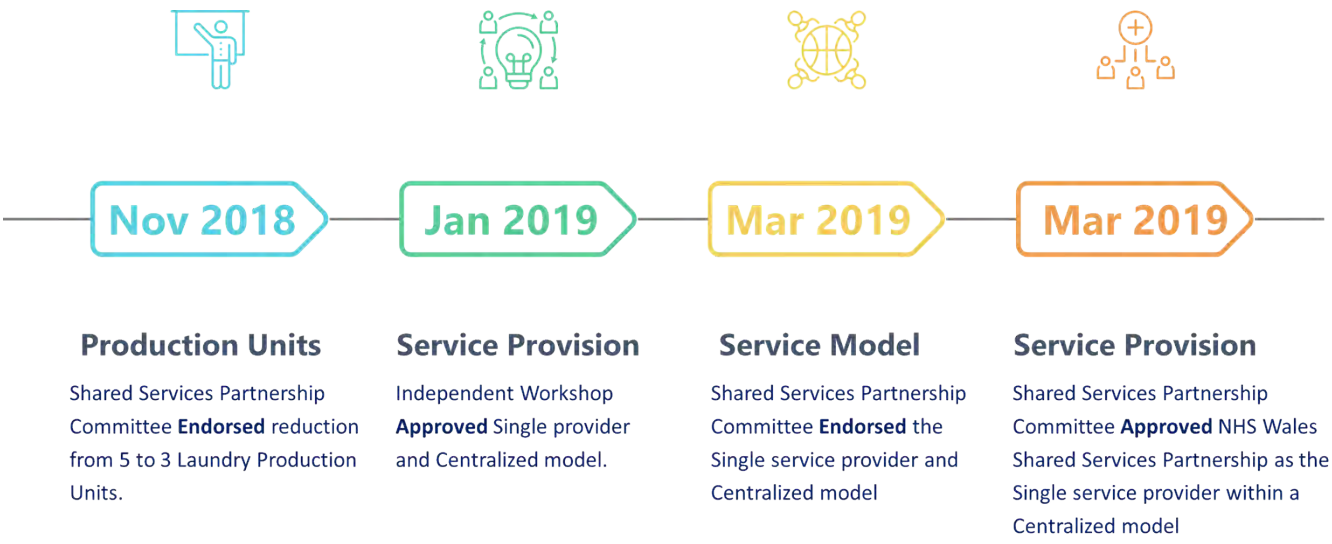
This document outlines the guiding principles and critical success factors against which the agreed transfer of the All Wales Laundry Service will be completed.

Background

The All Wales Laundry Review formally commenced in May 2016, with the NHS Wales Shared Services Partnership Committee (SSPC) approving the programme initiation and subsequent review of the Laundry production units within NHS Wales.

Throughout the last four years, a number of significant milestones have been achieved and a number of key decisions have been made to support the continual development of the All Wales Laundry Programme Business case.

The key milestones and decision points already approved include decisions by the Shared Services Partnership Committee, whereby approval or endorsement was given to the following:



It is important to note throughout the process items that have been previously approved or Endorsed remain unchanged:

- The preferred option - Three LPUs (Laundry Production Units) to provide the future service, endorsed by SSPC Nov 2018.
- A Single Service Provider, endorsed by SSPC March 2019
- Centralised and Single Management of the Service, approved by the SSPC in March 2019 as the NHS Wales Shared Services Partnership Committee.

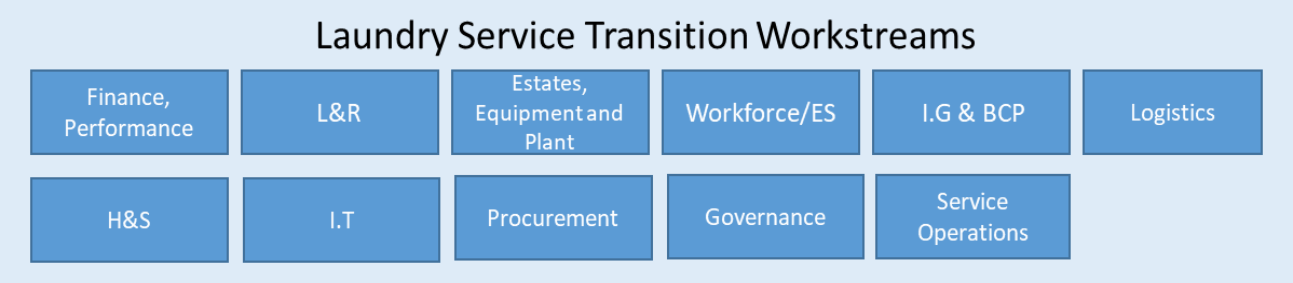
These decisions act as the basis for the next planned steps, which the Laundry Transfer Project running in parallel to the ongoing programme business case development will seek to execute to conclude the transfer to NWSSP (NHS Wales Shared Services Partnership) of the existing Laundry Production Units into NWSSP by April 2021.

Originally, the intention was to complete the transfer in October 2020 but due to the pandemic and winter pressures, this was delayed until April 2021. To support this transfer the establishment of a project board is taking place with focus on drafting a set of guiding principles and a number of supporting workstreams.

The guiding principles seek to propose high-level objectives across:

- Land & buildings
- Equipment & plant
- Finance (Transfer of expenditure to provide service, based on costs baseline April 19 - March 20)
- Transport and logistics (Drivers & fleet)
- Products & equipment to provide the service (cages, linen & detergents etc)
- Workforce/resource to manage, operate, maintain and deliver the service[1]
- Continuation of existing service provision processes, procedures and contracts

Workstreams to support this activity:



<u>Critical Success Factors</u>:

The elements identified as critical to enable the transfer are

- Finance – Identification and agreement of a baseline covering both pay and non-pay expenditure within an agreed timeframe that excludes the pandemic influence or variation. This is key to ensuring NWSSP is able to maintain service provision and cover all expected costs based on agreed time range in scope for the baseline currently set at 2019/20.

- Workforce – as per the workforce principles agreed with WODs, it is proposed that the laundry unit staff will remain employees of the health board whereby they would be governed under a Service Level Agreement by NWSSP management –to work with Shared Services for the duration of the period until the decommissioning occurs. During the decommissioning period the Health Board will actively seek redeployment opportunities for the staff concerned. At the conclusion of this period the Health Board will afford the identified staff with prior consideration for HB vacancies. This will allow the ability to consider the wishes of individuals, taking into consideration their geographical and personal preferences and constraints, and entering into a dialogue over their preferred options.

[1] Within known existing demarcation points in line with the scope of the laundry project i.e. excluding linen rooms for example.

- Customers - Existing customers identified to enable continuation of existing arrangements and appropriate communication in relation to the change of ownership and management.

- Transport – Ensuring existing fleet operations remain intact to allow continued transport of linen to existing drop/collection points

- Product & stock – Ensuring the availability of existing stock/linen and products required to continue the service operation, product and delivery of linen.

- Support Services – Continuation of externally provided support services for the laundry such as engineering, maintenance, or other critical services deemed essential to support day to day laundry operation

- Health & Safety – Evaluation and development of a special programme of Health & Safety improvements post April.

Assessment

In relation to Church Village Laundry, the objective is to maintain the provision of laundry services "as is" but to complete a number of actions to allow the seamless transfer and ongoing provision of services to existing customers.

The intention remains to maintain the service within its current model, with anticipated variation in terms not anticipated until the commissioning of the new Laundry Production Unit as stipulated by the ongoing All Wales Laundry Programme Business Case currently estimated in 2024.[2]

It is proposed that all applicable assets and liabilities will transfer from CTM to NWSSP (NHS Wales Shared Services) with effect from the October 1st 2021. It is not envisaged that land and buildings will transfer.

Land & Buildings on/in which house the Laundry

Property Location: Church Village

Transfer objective

- It is envisaged that CTM will retain ownership of buildings and Land

Constraints &/or Dependencies

- None Noted – No Transfer

Transport

- NWSSP HCS provide the laundry transport

Transfer objective

- HCS continue to provide the transport service

[2] Estimated and subject to change based on the business case process

Constraints &/or Dependencies

- Assessment of current arrangements and review of resource, fleet, and licensing requirements.
- Continuation of agency driver resources when required.
- Finance captured within the finance pay & non-pay baseline.

Finance to provide the service

With the support of health board finance colleagues, the Laundry costs established are based on a review of the pre COVID baseline year of 2019/20 and these costs will be discussed with the Director of Finance and the costs would be subject to a final review by the Health Board before sign off.

Overriding Principles

- There should be no detrimental financial impact on the health board and/or NWSSP as a result of the transfer.
- The 2019/20 pre Covid actual non pay costs will be used as the financial baseline for 2021/22 once adjusted for inflation.
- Any unexpected significant costs or liabilities that come to light post transfer including Covid impact will be subject to further discussion.

The process under which NWSSP will charge for Laundry Services will be quarterly in advance.

Cwm Taf laundry	**£**
Pay	943,290
Non Pay	1,086,763
Total costs	2,030,053
Income	(42,298)
Net annual costs	1,987,755

Key Assumptions

Staff costs

- Staff costs will transfer to NWSSP with their full budget including on costs as from key milestone date, October 1st 2021.
- Cwm Taf will recharge NWSSP for the actual payroll costs incurred and the funding will be revised as required.
- Budgets for any vacancies will be fully funded.
- 0.2 WTE Band 6 Finance and 0.2 WTE Band 6 workforce support included

Non pay costs

- Laundry operating cost budget will transfer to NWSSP based on 2019/20 actual costs (Pre Covid) baseline adjusted for inflation.
- Operating costs will be compared to prior years and if significant variances exist individual line adjustments will be made on an exception basis, based on a monthly report supplied by CTM Laundry Management.

Income

- Laundry income will be baselined against the 2019/20 actuals.
- The proposed net cost of the service to the existing laundry providers will be based on the total operating costs less the anticipated invoiced income.
- Invoices to other laundry customers will be raised using the existing methods followed by the individual laundry units.

Overheads

- Where relevant Health Boards will not charge NWSSP for occupying and using the laundry sites unless the budget has been transferred.
- Where relevant Laundry staff will continue to have access to their existing mobile phones, laptops, PCs and peripherals and the use of photocopiers/printers and IT etc.
- Where relevant, if support is currently provided by the health board for the laundry but not included in the budget transferred to NWSSP that service will continue on an "as is" basis.

Workforce within the Laundry

The Church Village Laundry workforce in scope are those that support the laundry production including support roles such as maintenance engineering.

Constraints &/or Dependencies

- Workforce scope remains those within the LPU[3] Production environment
- Identification of required budgets within the finance workstream

Plant & Machinery to provide the service

The Laundry exists with full end-to-end equipment and machinery to enable the production of Linen for the health board and its customers.

Transfer Objective

Transfer ownership of the existing plant and machinery used to provide end-to-end linen service for the Church Village LPU, novating any lease/rental agreements as necessary.

[3] LPU – Laundry Production Unit

Constraints &/or Dependencies

- Provision of an asset register and subsequent agreement (5k plus Value)
- Provision of the inventory (Sub 5k value)
- Completion of an inspection report for forward risk and management purposes

Products & Equipment to provide the service

The Laundry consumes and utilise a range of products to enable day-to-day operation.

Transfer Objective

Transfer ownership of the existing linen products and consumables such as detergent and Linen stock to continue the provision of end-to-end linen services from the Church Village LPU and its existing customers.

Constraints &/or Dependencies

- Annual Stock take required.
- Procurement adjustments, novation's and cessations.
- Budget identified for stock and product purchasing.

Existing Service provision processes, procedures and contracts

To support and underpin day-to-day operations, a number of contractual arrangements exist to ensure the laundry can operate. Procurement teams are working through the respective detail to ensure continuation of all required contracts and process are managed to support the transfer of service.

Transfer Objective
Transfer (novate) ownership of the existing, appropriate, agreements and contracts to provide end-to-end linen services for the Church Village LPU.

Continuation of LPU specific processes e.g. Business Continuity Planning where support external to the LPU is required.

Constraints &/or Dependencies

- Dependant procurement contract novation
- Engagement with Laundry colleagues
- Dependency on Procurement teams
- Provision and Confirmation of existing agreements
- Transport evaluation
- Continuation of any externally [4]provided maintenance or support

[4] Externally – External to the workforce and operation within the LPU, for example HB Estates Support, Facilities support or 3rd party contractors

Service Level Agreements & Performance Data

The Laundry currently provides services to a range of customers including:

- Welsh Ambulance Services NHS Trust (WAST)

Transfer Objective

A generic Service Level Agreement (SLA) and appropriate schedules will the formulated on behalf of NWSSP to form the initial basis of the continuation of existing arrangements at the same cost to the health board and any existing customers and will be approved by the SSPC (Shared Services Partnership Committee).

This has been developed using data identified through due diligence, engagement with LPU management and where possible utilising limited existing documentation. It is important to note this will be further developed at timely intervals as the service evolves.

The SLA will be based on a fixed price for agreed linen volumes.

Should linen volumes fluctuate outside the agreed +/- tolerances they will be subject to regular reviews and appropriate annual adjustments for the agreed variable cost/saving. The SLA is in the process of being finalised with CT Teams.

In further support, Quarterly Service Reviews will be established to consider all aspect of the service from both a supplier and customer perspective in relation to how the partnership is working for both parties and any reflection on the SLA and Schedules, quality of service provided.

Constraints &/or Dependencies

- Identification/Use of existing SLAs between the HB and its customers
- Data to provide a baseline for NWSSP to develop a Service Level Agreement (SLA) which continues the existing services provided

IT and Technology

The laundry staff currently use IT equipment, systems and hardware as required by their role. This ranges from minimal electronic staff record (ESR) usage to use of MS365 applications and relevant hardware.

Laundry plant and Equipment also can potentially utilise network and other IT infrastructure as part of the day-to-day operation.

Transfer Objective

To support the transfer is it requested continuation of existing I.T. support arrangements continue until such as time whereby transfer, replacement or migration of assets can be undertaken in a safe and consistent manner.

Constraints &/or Dependencies

- Dependant on MS365 and SharePoint developments to enable migration activity into NWSSP.
- Identification of Assets.
- IT survey of laundry[5]

High Level Timeline of Planned Events

Transfer Stage 1

- Workforce – managed under an agreed SLA
- Finance
- Fleet – already provided by NWSSP
- Critical Procurement

Transfer Stage 2

- Continuation of Procurement activity

To further support the establishment of regular service and finance reviews will ensure adequate budget and workforce has been transferred in line with expectations set against the baseline period of 19/20 and to allow review of any other matters that emerge post transfer and also focusing on maintaining a continuation of quality and continuity of service.

To support the continuation of the services as currently provided from the Laundry to its customers, it is also requested that underpinning support services continue to be provided until suitable transfer, novation, migration activities be scheduled as listed above and appropriate projects and schemes are initiated to execute the required activity.

These services would typically include:

- Continuation of Health board provided services
- IT Support and continued system & hardware access
- Health board provided Facilities and maintenance externally provided from the Laundry own engineering or CTM HB support teams.

[5] Post Pandemic Restrictions

Recommendations

The Health Board is asked to:

- Approve the transfer of all agreed constituent parts to allow NWSSP to continue the running of the Church Village laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case.

- Endorse the continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the Laundry by the Health board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above.

- Note that further transformation activity will be scheduled.

- Note that that the staged transfer will allow NWSSP to run the service from October 1st with a further stage to address elements in relation to asset transfers and other more complex elements

Appendix 1 Cwm Taf laundry

Non Pay	2019/20	net adj	Final
30210 M&SE : Disposable	153		153
32040 Hardware & Crockery	200		200
32400 Staff Uniforms & Clothing	136,363	-136,363	0
32410 Protective Clothing	7,646	- 7,646	- 0
32420 PATIENTS CLOTHING	35		35
32510 Cleaning Materials	543		543
32520 Laundry Equipment	1,524		1,524
32530 Laundry Materials	57,525		57,525
32540 Laundry Maintenance	107,285		107,285
32710 B&L : Non-Disposable	223,315		223,315
32810 Other General Supplies & Services	482		482
33000 Printing Costs	31		31
33010 Stationery	159		159
33200 Postage & Carriage	848		848
33320 Telephone Call Charges	72		72
33610 Travel & Subsistence	905		905
33800 Leased Cars : Contract	9,159		9,159
35000 Electricity	91,573		91,573
35010 Gas	242,188	6,402	248,590
35020 Water	66,674		66,674
35030 Sewerage	34,913		34,913
35200 Rates		42,000	42,000
35820 Materials - Electrical	54		54
37640 Recharge : Minor Works	6,080		6,080
38110 WAS : Van Service	152,442		152,442
	1,140,170		**1,044,563**
Inflation uplift for 2020/21			20,891
Inflation uplift for 2021/22			21,309
Total non pay costs after adjustments			**1,086,763**

Pay	2019/20	net adj	Final
20681 Senior Manager Band 8A	64,589		64,589
2K121 Admin & Clerical Band 2	13,894		13,894
2K131 Admin & Clerical Band 3	30,161		30,161
2K141 Admin & Clerical Band 4	32,882		32,882
2K151 Admin & Clerical Band 5	43,895		43,895
2K161 Admin & Clerical Band 6	47,701		47,701
2M521 Domestic Band 2	4,103		4,103
2M821 Linen Services Band 2	599,281		599,281
2M831 Linen Services Band 3	52,853		52,853
	889,359		**889,359**
0.2 WTE Band 6 HR and 0.2 WTE Finance support			18,000
Inflation uplift for 2020/21			17,787
Inflation uplift for 2021/22			18,143
Total pay costs after adjustments			**943,290**
Total costs pa			**2,030,052**

Income	2019/20	net adj	Final
00924 Swansea Bay University LHB	(8,194)	8,194	(0)
01620 Welsh Ambulance NHS Trust Income	(2,983)	2,983	0
06700 Laundry Income	(12,490)		(12,490)
08100 Leased Car : Private Deductions Income	(2,245)		(2,245)
09400 VAT Recovered Income	-		
09440 Other Income	(25,920)		(25,920)
	(51,833)		(40,656)
Inflation uplift for 2020/21			(813)
Inflation uplift for 2021/22			(829)
Total income after adjustments			**(42,298)**
Total costs less total income pa			**1,987,755**

AGENDA ITEM
3.1.9

CTM BOARD

EQUALITY ANNUAL REPORT 2020-21

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Adam Pearce, Equality & Welsh Language Officer Liz Jenkins, Equality Manager
Presented by	Hywel Daniel Executive Director for People
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Not applicable.	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
	None

1. SITUATION/BACKGROUND

1.1 Each Financial year the Health Board publishes an Annual Report as part of its Public Sector Equality Duty under the Equality Act 2010. The report covers various reporting responsibilities detailed under the act, and other related reporting responsibilities such as Gender Pay.

1.2 The deadline for this to be published is twelve months from the end of the financial year to which it relates, so 31st March 2022 in this case.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The board needs to consider the report and approve it for publication.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Failure to approve the report in time could lead to the board failing to meet its reporting obligations under the Public Sector Equality Duty.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staff and Resources Individual Care Dignified Care Effective Care
Equality impact assessment completed	No (Include further detail below)
	The document is a descriptive report relating to actions completed and proposed over the next year.
Legal implications / impact	Yes (Include further detail below)
	The report needs to be published by March 31st 2022 to comply with the Equality Act 2010.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.

Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 That the Board APPROVES the Equality Annual Report 2020-2021 for publication.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Equality Annual Report

2020-2021

Contents

Equality Annual Report 2020-21: Introduction

This report aims to meet the requirements of the Equality and Human Rights Commission's, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'. This report relates to 2010-21 and is therefore the second produced since the transfer of the Bridgend local authority area to Cwm Taf Morgannwg University Health Board.

Since the last annual report, our main focus has been on supporting our Black, Asian and Minority Ethnic staff during the Covid-19 Pandemic, to minimise the equalities uncovered by the pandemic and to maximise the influence of our protected groups. This includes encouraging the completion of risk assessments, most recently on the ESR system and the development of a new Black, Asian and Minority Ethnic staff network. We have over 250 members in our network and communicate almost daily via a 'WhatsAapp' group; we have also established regular written communication via e-mail and newsletters. As part of the network's work we have developed a system for reporting racism and other discrimination based on personal characteristics and a buddy system whereby Black, Asian and Minority Ethnic staff can support each other. We have also promoted internal and external resources to increase awareness. Training is due to take place shortly and the system will be launched early in the new financial year. We are also encouraging Black, Asian and Minority Ethnic staff representation in the media and on stakeholder panels.

"How much of my total person can I bring to work, if I consciously leave part of myself at home? We need to let people be themselves."
BAME Board Champion

We have similarly developed a network for disabled staff and continued to grow our LGBT+ network. We have developed information hubs on the Health Board intranet for all three networks, which we have promoted via communication events during their respective history months in October, December and February.

We also focussed on the needs of patients with sensory loss and who needed language support during the pandemic and adapted communication systems. One example of this is the3 way interpretation and 'speech to text communication' to help patients understand when staff are wearing masks. We promoted our wide range of resources during Sensory Loss Awareness Month with the help of a Deaf service user. We also shared our Mental Health Sensory Loss Toolkit which we launched in January across Wales and will be featured in a forthcoming report by Action on Hearing Loss as the only health board in Wales that has on-line interpretation widely available, particularly for sign language users.

We launched our new Trans* patient toolkit on Trans* Day of Remembrance in November which was shared and well received by health boards throughout Wales. This covers a wide range of issues relating to the care of Trans* patients, not just as part of their pathway but when they access any of our services. It has already been used to support patient treatment, as has our Trans* staff policy to support individual staff during their early transition.

We have revisited and streamlined our EIA process and asked Workforce and Planning leads to give this priority as the single most effective way of highlighting and addressing Equality issues. This will be used in the 'Re-start' of services and also in the Vaccination Service.

We also revisited our new Strategic Equality Plan which was agreed in March 2020 at the request of the Equality and Human Rights Commissioner to take account of lessons learned from the Covid pandemic. In order to also

reflect our shift towards ‘Diversity and Inclusion’ we significantly changed the plan prior to its agreement and publication in March 2021 and will now cover the four year period to March 2025. The new plan further develops our existing aims and also strengthens our objectives for each protected group from a staff and patient perspective.

The following sections of the report highlight our activities in more detail, as well as providing various statistical information about the health board. The 2020-21 financial year has been dominated by the Covid-19 Pandemic, which has understandably had a profound impact on the healthcare sector, and has affected our capacity over the course of the year. Nonetheless, we remain proud of our efforts under extremely difficult circumstances, and have refused to allow the Pandemic to slow progress or to compromise in any way our commitment to Equality, Diversity and Inclusion.

Achievements during 2020-21

We're proud of our work in the last year:

Our BLACK, ASIAN AND MINORITY ETHNIC achievements:

- Modelled on the success we achieved with the *Ffrindiau* LGBT+ staff network, which was nominated for a 2019 NHS Wales Award, we have established a thriving new Black, Asian and Minority Ethnic Network with the aim of promoting equality of opportunity for Black, Asian and Minority Ethnic staff. We're extremely proud of the start this network has made, which if anything has exceeded the *Ffrindiau* network with over 250 members signing up within the first year.

- During a meeting with staff from the Equality and Human Rights Commission, our network members said that they could not have been supported or communicated with any more than they had during the pandemic and that they really feel part of the organisation.

"I have never worked in such a Black, Asian and Minority-Ethnic friendly organisation."
Network Member

- We have established a WhatsApp group for the Network which provides daily support for staff in their day to day queries and also to share information and opportunities with them. Further support will be provided by our new 'Buddy' system whereby volunteers will support Black, Asian and Minority Ethnic staff

"It's the first time I've really felt I belong in the health board."
Network Member

with issues that affect their working lives and help to signpost them to advice or the right support and effectively be a 'workplace friend'.

- We have created a new electronic reporting system for staff to report equality incidents such as harassment from colleagues or patients and this will be promoted alongside the buddy system in the new financial year.

- We send newsletters to our Black, Asian and Minority Ethnic staff and encourage their engagement through awareness and communications e.g. in Black History Month.

Our Disability Achievements

- We have established a new but steadily growing Disability network which includes staff who have disabilities, parents of disabled children and allies. We raised awareness during Disability History Month with the help of a disabled actor from the Emmerdale television programme which covered issues including hidden disabilities and shared personal stories. We followed this with Dyslexia awareness session and have developed a disability information hub on our intranet site.

"…having a forum where it is safe to raise issues of equality and access without feeling that colleagues might be rolling their eyes and thinking, there she goes, banging that old disability drum again."
Disabled Network Member

- The network has begun work to test our recruitment process and also to develop an empowerment passport whereby staff are encouraged to record their individual needs and share the document with their manager or during any subsequent or temporary move to another area.

"It's a chance to make positive changes within the Health Board, changes that mean something to the people whose lives are affected."
Disabled Network Member

- Other activities within the network include a social media campaign during Disability History Month in December where members of the network were able to tell their own stories, raising Disability awareness and promoting the network's work.

- We developed and promoted resources for patients with sensory loss during the Covid-19 Pandemic and were noted as an example of good practice in an Action on Hearing Loss report to Welsh Government on the provision of support to deaf patients and as the only health board that offers interpretation services.

Our LGBT+ Achievements

- We developed a Trans* Patient Policy to dovetail with the devolution of the Gender Pathway to Wales, making clear to staff the processes around working with Trans* Patients.

- To enable easy access to our Trans* Patient Policy we developed a Trans* Toolkit for staff, providing advice, guidance, links, reference information and other useful resources for staff. These resources have been shared with other NHS Wales organisations via the HOWIS system.

"Enrolment in the Ffrindiau Network has helped me as a Workforce professional to be aware of the needs of LGBTQ+ people and has educated me to use the correct language. I've also made some wonderful friends and colleagues who are there to support and help if needed."
Ffrindiau Network Member

- We took part in Virtual Pride in August in collaboration with other health boards and shared a video which we developed to promote our network with the help of our Board Champion. We also promoted a full week of events all aimed at raising awareness. We released a further video as part of the toolkit launch and have repeatedly promoted our resources including our helpline. Our network has grown as a result of these activities and we have refreshed our terms of reference and action plan with a view to undertaking focussed work to support staff and patients.

- We undertook further promotion of the network

- We have continued to monitor and promote the use of our Online Interpretation systems, which have provided a valuable service during the Covid-19 pandemic when conventional face-to-face interpretation has been impossible.

"I no longer have to worry whether an interpreter has been booked when I come to appointments."
CTMUHB Patient

- By October 2020 usage of the system had returned to Pre-Covid levels, despite (or perhaps because of) a reduction in the usage of face-to-face interpretation. Usage of the system in November 2020 was higher than at any point previously. The system both saves the Health Board money relative to face-to-face and ensures that interpretation is available on-demand in a broader range of settings – such as a pandemic.

“Having access to the system meant we could gain consent and avoid a patient’s operation being cancelled.”
CTMUHB Staff Member

- Altogether, interpretation has been sourced in over 50 different languages through either Online, Face to Face or Telephone interpretation.

- Interpretation has been used to support remote appointments via Attend Anywhere.

Equality Impact Assessment

- We have streamlined our Equality Impact Assessment process to ensure timely and appropriate completion. We have produced new guidance and templates and located them in a new dedicated intranet area for easy access by staff. As part of the new process an Equality specialist views each EIA and this has improved quality and detail. Training has been developed to support this and is being offered to the Re-start of services programme.

- We have also updated the process to take into account the new Socio-economic equality duty.

- Services/strategies assessed under the new process have included the Pharmaceutical Needs Assessment process, the Records Management Policy, the Covid-19 Vaccination Program and many others.

Other Equality-related Work

- In response to the UK’s departure from the European Union, we have carried out a communication and information campaign aimed at those members of staff who are citizens of European Union member states, providing advice and signposting free legal guidance on how to apply for the right to remain in the UK.

- We have developed an Equality calendar to ensure that key messages and awareness is promoted throughout the year linked to key dates and that goodwill and well-being messages are sent regularly to staff.

- We are also contributing to initiatives in the wider Organisational Development team, including Employee Experience, and the development of a suite of EDI and Welsh Language training resources.

- Progress against the Welsh Language Standards has been reported in the Welsh Language Annual report.

Our Strategic Equality Plans

2019-20 was the last year of the previous SEP which covered the period 2016-20. Consequently we worked on developing a new SEP to cover the period 2020-24, which was subsequently confirmed by the Health Board; however following the upheaval caused by the Covid-19 Pandemic it was agreed to revisit our SEP to ensure that it reflected the health board's new context. The new SEP therefore covers the Period 2021-25, and like previous plans contains the three main strategic aims as follows:

Strategic Aim 1: Improved access and experience for patients throughout the Health Board Strategic Objectives
Strategic Aim 2: Improved staff engagement and experience
Strategic Aim 3: Mainstreaming, Monitoring and Compliance

Information and Monitoring

Workforce data and statistics are cornerstones of our work and are used to inform our strategies and future planning, for example Pay Equality (see the next section). These are some of the ways in which data has informed our work over the past year:

- Equality data was used in the development of the new Strategic Equality plan and our work prioritisation e.g. our current focus on disability and LGBT projects.

- Black, Asian and Minority Ethnic staff data was used to identify and target departments to carry out Black, Asian and Minority Ethnic Risk Assessments during the Covid-19 Pandemic. Individual staff were not identified using this data.

- Gender Pay data has been used to record the organisation's Gender Pay Gap as well as identifying particular areas of concern.

- Ethnicity and Pay Grade data as well as Recruitment statistics were used to identify areas where staff from Black, Asian and Minority Ethnic groups may experience a relative lack of career progress. This will inform our Race Equality work in future.

- Workforce data around staff nationality was used to identify the managers of staff from European Union countries as part of our Brexit information strategy.

Steps taken to identify and collect relevant information

The completeness of the Health Board's Equality Data was equal or better in 2020-21 in all categories compared to

the previous year, continuing a long-term improvement that was briefly arrested in 2019-20:

	2015/16*	2016/17*	2017/18*	2018/19*	2019/20	2020/21
Age	100%	100%	100%	100%	100%	100%
Gender	100%	100%	100%	100%	100%	100%
Disability	42%	50%	56%	61%	64%	68%
Sexual Orientation	60%	62%	65%	68%	58%	69%
Religion	60%	62%	65%	68%	58%	69%
Ethnic Origin	99%	94%	95%	99%	90%	90%

*Figures prior to 2019/20 are Cwm Taf figures predating the Bridgend boundary change.

The return to the long-term trend is likely the result of the mitigation of the two factors which probably caused the anomalous results in 2019-20 (the Bridgend boundary change and the intake of temporary staff to initially manage the Covid-19 Pandemic).

Limitations of Data

At the time the data was collected there was no field for transgender status on ESR nor any way to log anything other than Male or Female for Gender, however this is being reviewed and in future should be addressed in time for the next annual report. Staff are able to select 'Mx' as a title within the system, but it is not possible to report on titles used, and doing so would only capture a small subsection of the Trans* community.

Employee relations activity data is not captured for data protection reasons given the small numbers and risk of identification.

Comprehensive training information has been included in the report although information is not included on unsuccessful applications for training as this information is

not recorded. Similarly it is not possible to distinguish between internal and external applicants for promotion on NHS Jobs.

Any reasons for not collecting the relevant information

Steady progress has been made to date and this work will continue. Staff may sometimes be reluctant to disclose personal information particularly in the current national climate of concern about data breaches and misuse. Because staff data is recorded electronically it may be difficult to capture some staff groups who do not have regular computer access at work. As noted elsewhere, system limitations prevent the capture of certain information (e.g. Trans* status). The main employment system for the Welsh NHS (NHS ESR – Electronic Staff Record) is managed outside Wales on a UK-wide basis.

The ability to record Trans* status has been requested for some years has yet to be implemented.

Pay Equality

Cwm Taf Morgannwg has a statutory duty to report its Gender Pay Gap. In addition, for the first time the Health Board will be providing information on Ethnicity Pay.

Gender Pay

In 2020-21 the Gender Pay Gap at Cwm Taf Morgannwg – the difference in mean hourly pay between men and women – was 27%; this compares to 29% in 2019-20 and 28% in 2018-19.

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£22.7906	£17.21
Female	£16.6305	£14.83
Difference	£6.1601	£2.39
Pay Gap %	**27.03**	13.87

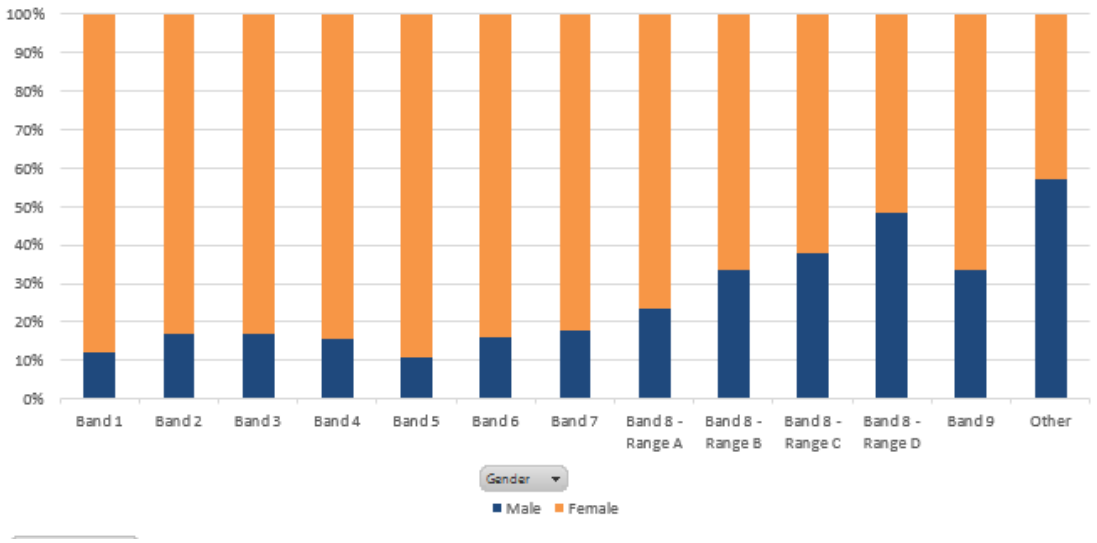
This gender pay gap is significantly higher than in the country more generally, although it is similar to pay gaps reported by other NHS Wales organisations.

A detailed analysis of Gender Pay was completed in 2019 and its findings, including a number of recommendations, inform the Strategic Equality Plan.

The pay rates for all roles in the health board are determined centrally within a strict structure and fixed pay bands; it is therefore unlikely that there is any direct discrimination taking place in terms of equal pay. Women are well-represented at every level of the organisation and make up at least 50% of all Agenda for Change pay grades. There is however scope for broader gender diversity at Executive level and in our medical pay grades.

The disparity in pay may reflect the overall permeation of women within the organisation, who make up the majority of staff at almost all pay levels, with the overwhelming majority in Bands 1-7 with less representation proportionately at higher bands:

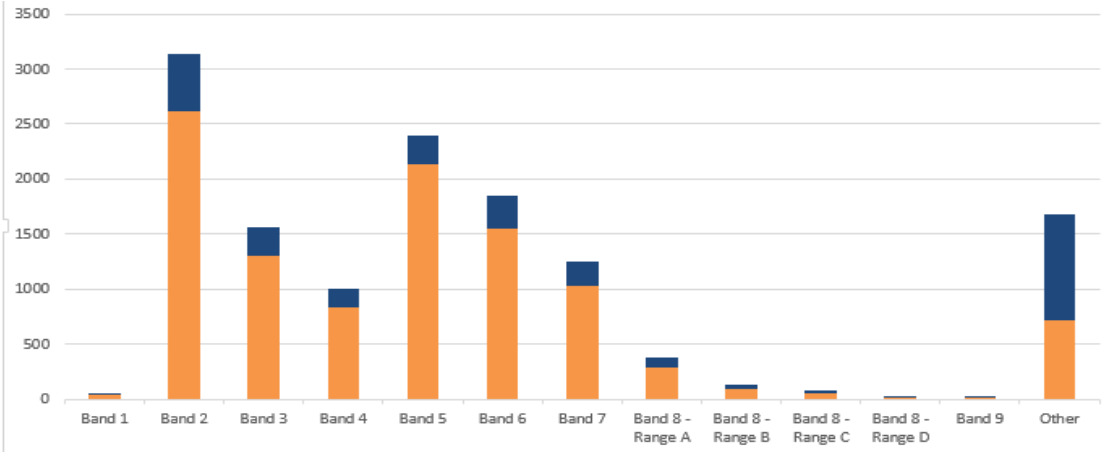
Pay Bands (Gender %; All Staff)



This situation remains largely unchanged since 2019-20.

It is noteworthy that many roles in Bands 1-7 are in careers such as nursing (including non-registered healthcare support work), other healthcare professions, catering, cleaning, administration and other careers which are traditionally seen as 'female' professions. These bands also represent the vast majority of the workforce as a whole:

Pay Bands – (Absolute Numbers; All Staff)

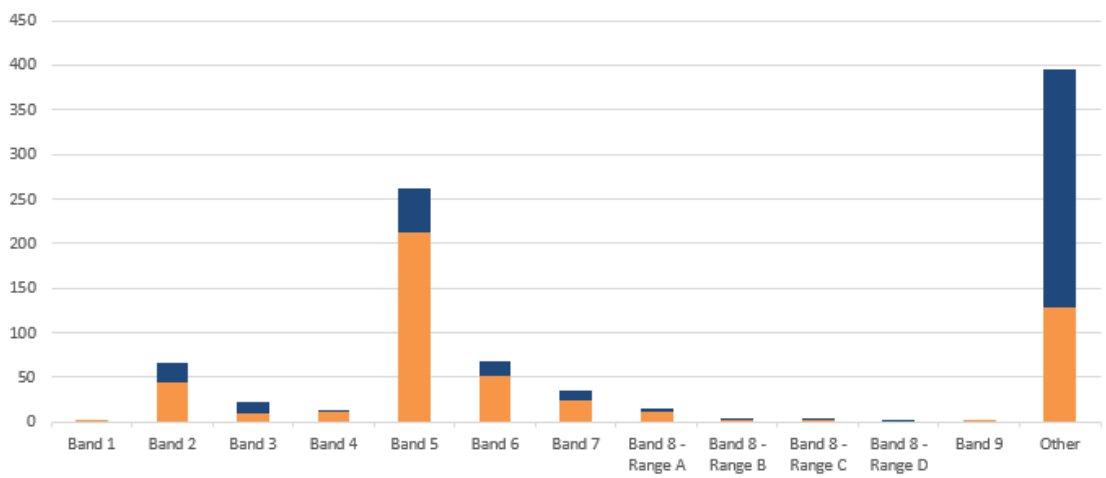


Whilst there are some male-dominated professions represented within these bands (e.g. porters and roles in ICT) these form only a very small proportion of the total workforce. In terms of pay grades, men are only comparatively well represented in senior management and amongst the health board's doctors (the field "other" in the above graph includes all medical pay grades, including all qualified doctors); this has a big impact on the Pay Gap % however as qualified doctors are paid well above the average for the health board.

Ethnicity and Pay

The profile of Black, Asian and Minority Ethnic staff within Cwm Taf Morgannwg University Health Board differs substantially from the staff body as a whole. Black, Asian and Minority Ethnic staff are disproportionately concentrated in the Medical and Dental and Nursing & Midwifery Registered Staff groups; this is likely due to overseas recruitment campaigns specifically targeting qualified doctors and nurses.

Pay Bands – (Absolute Numbers; Black, Asian and Minority Ethnic Staff)

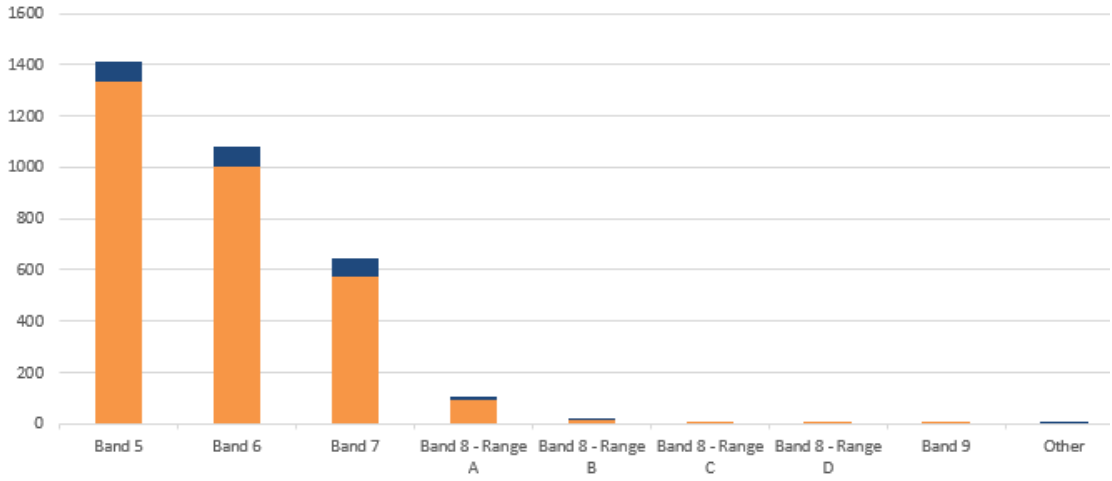


Blue and orange indicate male and female staff respectively within the pay band. 'Other' includes all medical staff. Very broadly speaking, these are salaries comparable to Band 7 or higher.

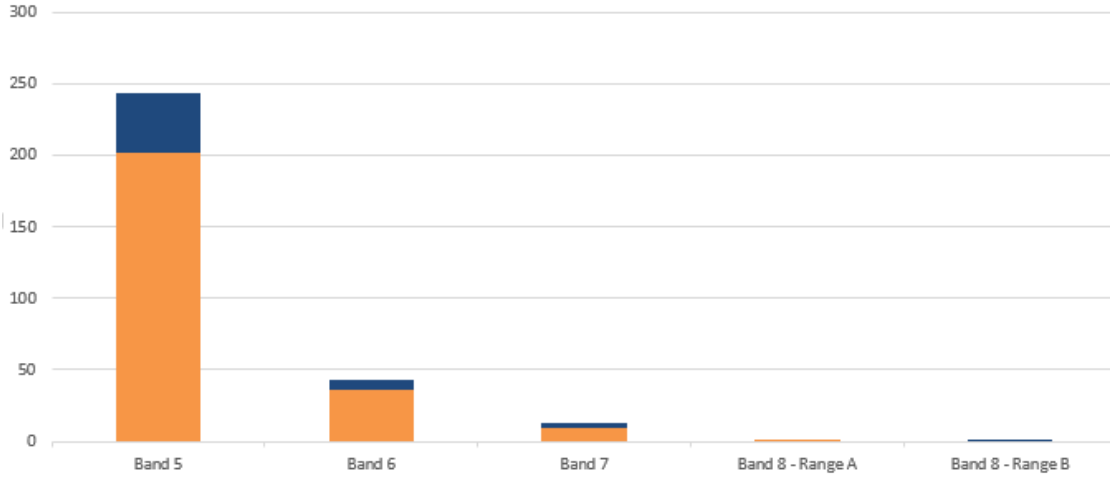
This difference means that Black, Asian and Minority staff are paid, on average, more than their white counterparts, as they are much more likely to be qualified medical practitioners or graduate nurses.

Nonetheless, analysis comparing the numbers of qualified nursing staff on different pay grades suggests that nurses from Black, Asian and Minority Ethnic backgrounds are typically in less senior roles and therefore paid less when compared with their white counterparts. Nurses from these backgrounds are much more likely than their White counterparts to be in Band 5, the starting pay grade for qualified nurses, and much less likely to be in higher grades:

Nursing and Midwifery Staff – White Nursing Staff



Nursing and Midwifery Staff – Black and Asian Minority Ethnic



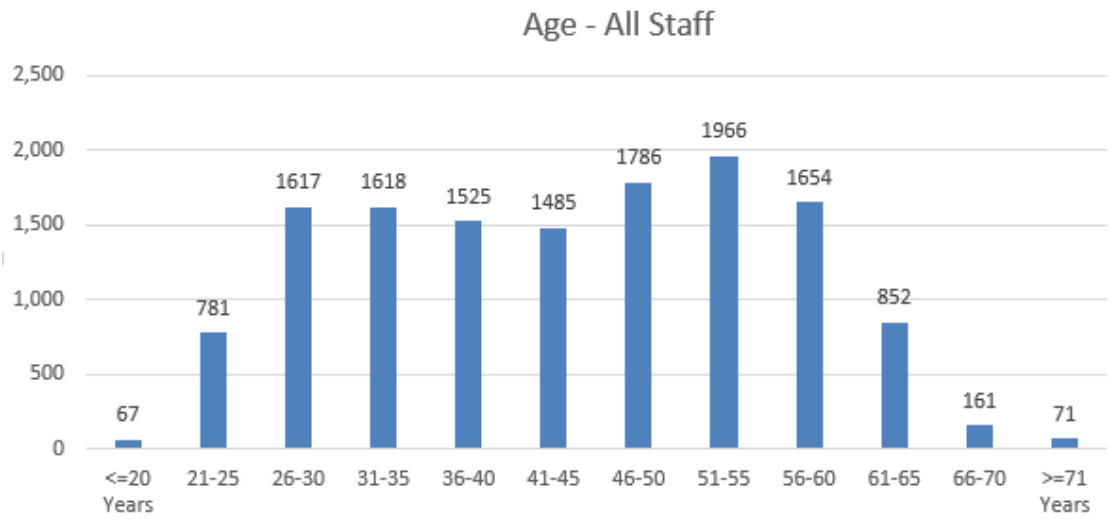
Addressing this finding, among others, will form the basis of the work carried out by the Health Board in collaboration with the Black, Asian and Minority Ethnic Network in the future.

Employment Equality information

Workforce Information – Staff in post

The number of staff in the dataset used in this report is 13,583. This is a significant decrease compared to the 14,738 reported in the previous year, reflecting the significant number of temporary staff recruited around April 2019-20 in the initial response to the Covid-19 Pandemic. Note that these figures include part-time and casual staff (though not agency workers); the FTE figure for 2020-21 is 11,129.

Age



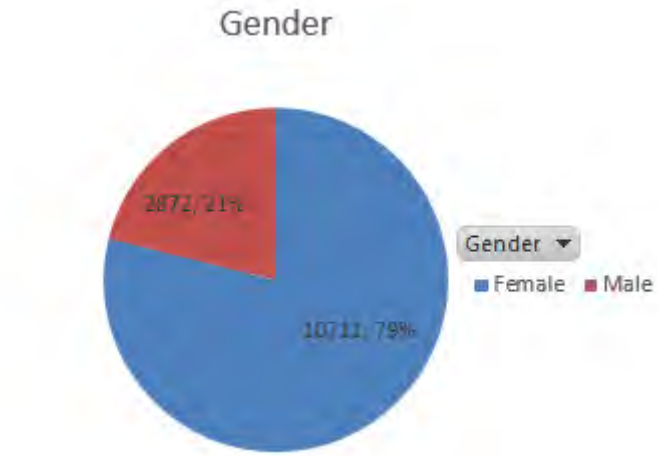
The age profile of the staff body has remained relatively stable since 2019-20, with an expected degree of churn showing slight variations between individual categories. All categories have shown decreases (in line with the decreased total on the payroll), however the largest relative decreases were in the two youngest groups, perhaps representing the large number of temporary Covid-19 staff in those groups.

The youngest age group remains under-represented in the health board as a whole. This is likely in part due to the high

number of graduate roles within the Health Board: university graduates would normally be aged 21 or higher, and a degree is a requirement for many starting roles in the Health Board e.g. registered nurse, occupational therapist, physiotherapist, etc.

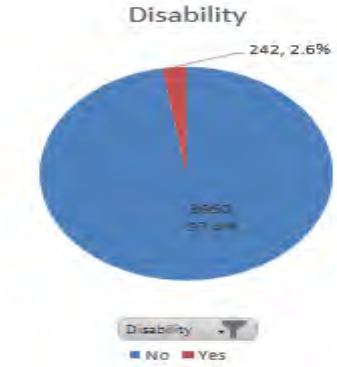
34.6% of staff are aged over 50, representing a slowing or halt in the downward trend seen over previous years.

Sex / Gender



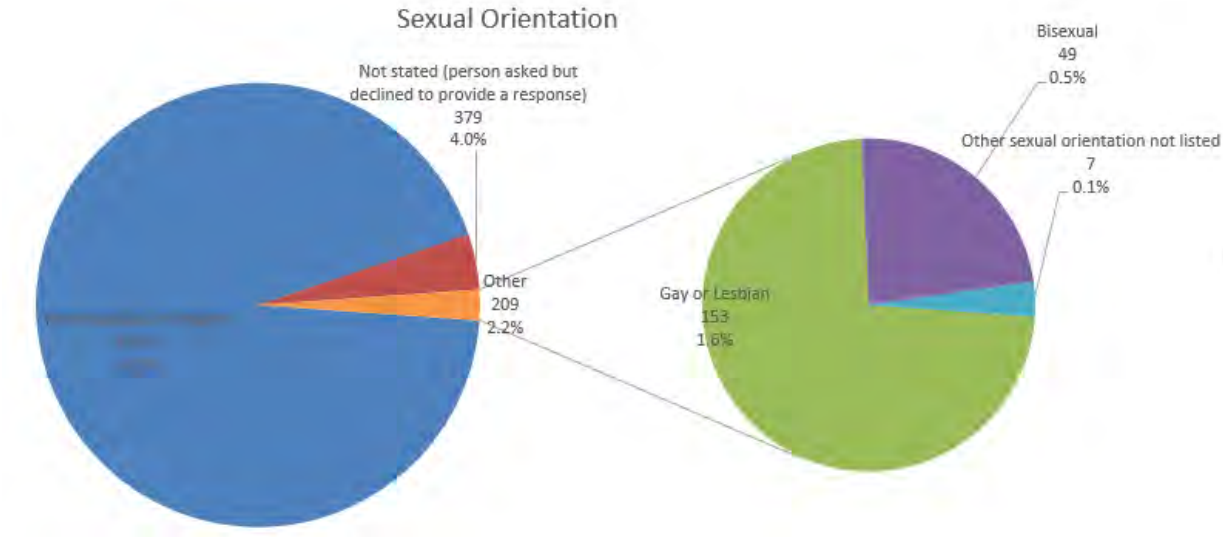
79% of staff are female, no change on the previous year and consistent with previous years (80% in 2018-19). More information about men and women at Cwm Taf Morgannwg UHB is available in the Gender Pay section above.

Disability



There are low numbers of staff who declare a disability compared to the local population, however the proportion who have done so declared (2.6%) shows a small rise from the previous year (2.2%).

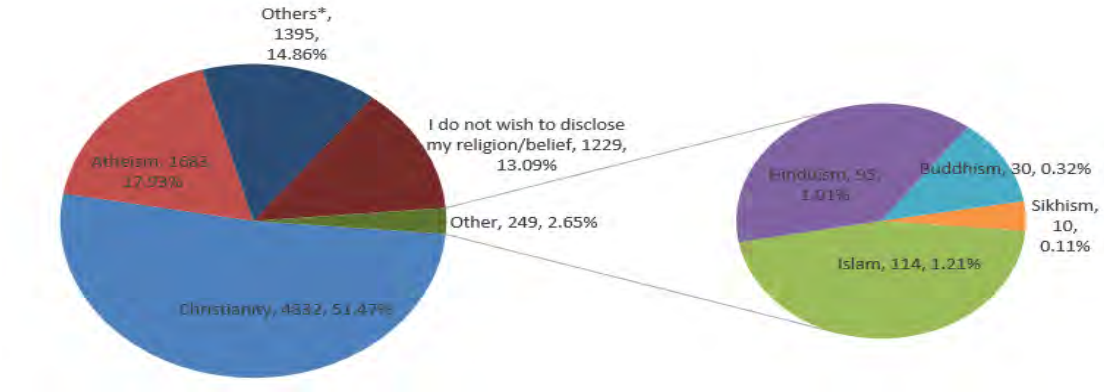
Sexual Orientation



The numbers identifying with all Sexual Orientations have increased, in line with the increase in the completeness of the data from 58% to 69% identified in the Information section above. The proportion of the workforce identifying as a sexual orientation other than 'Heterosexual' has increased from 2% in 2019-20 to 2.2%.

This reflects a long-term trend in a gradual increase in the proportion of staff over time identifying as LGB. This is likely explained by the younger cohort being more likely to identify as LGB (removing all staff over 35 years old increases the LGB proportion to 3.6%); on this basis we would expect the proportion of the staff body identifying as LGB to continue to slowly grow in the future.

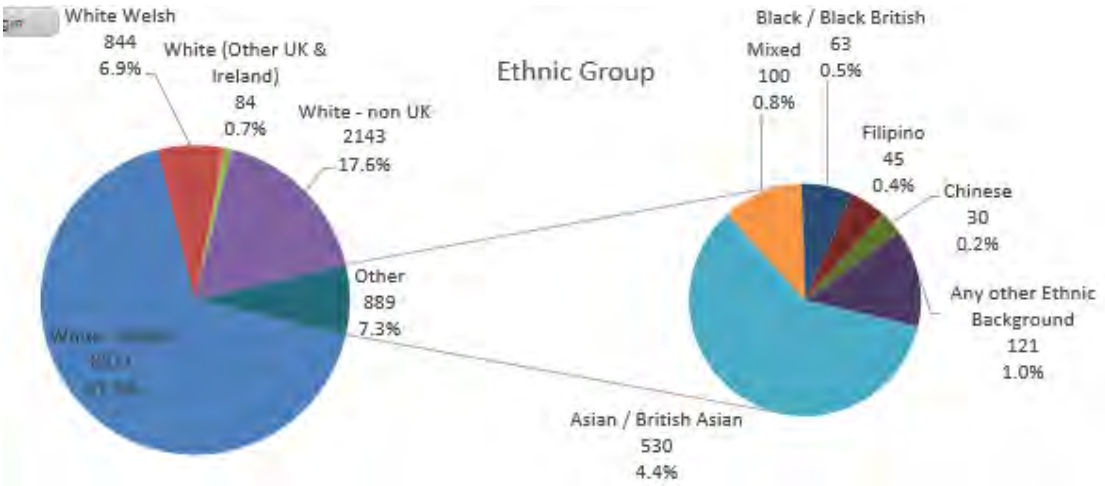
Religion and Belief



(*"Others" includes small numbers identifying as Jain or Jewish but consists mainly of individuals describing their religion as "Other.")

The low numbers from minority religions reflect the local community. Overall the religious profile is very similar to that recorded in previous years.

Race, Ethnicity and Nationality



The ethnic profile of health board staff has seen a small but significant change since 2019-20. The proportion of staff in the White – non-UK group has fallen from 22.5% to 17.6% (-4.9%; a drop which represents 559 individuals); this has seen a corresponding rise mainly in the White British (+4.6%) but also a small rise in the proportion of staff from Black, Asian and Minority Ethnic backgrounds (including Mixed Race).

This chance could be related to the UK's departure from the European Union as the majority of the *White – non-UK* group consists of individuals from the European Union. The health board has made efforts to retain its staff and subject to a completion of the relevant documentation, all health board employees would have been legally able to stay within the UK.

Recruitment Equality Profile:

The below table shows application data for Cwm Taf advertised between 1st April 2020 and 31st March 2021. The first row shows the overall total and these figures provide baseline statistics. In all subsequent rows, cells have been highlighted in red or blue wherever figures are unusually high or low (respectively) – meaning at least 20% higher or 20% lower – than these baseline figures.

Very small groups (<5) have been hidden but are included in the totals. There are many reasons why a particular group may experience more or less success than the average and it is important to note the impact of intersectional effects, particularly age (LGBT+ and ethnic minority candidates are younger on average). These figures will form the basis for work in this area in the future.

	Group	Applications	Interviews	Appointments	% Interviewed	% Successful Interviews	% Successful Applications
Totals	All Staff	39976	7463	1300	18.67	17.42	3.25
Gender	Male	11549	1695	247	14.68	14.57	2.14
	Female	28327	5739	1051	20.26	18.31	3.71
	I do not wish to disclose	100	29	2	29.00	6.90	2.00
Age	Under 20	1021	135	24	13.22	17.78	2.35
	20 - 24	6068	863	165	14.22	19.12	2.72
	25 - 29	9291	1354	243	14.57	17.95	2.62

	30 - 34	7014	1161	233	16.55	20.07	3.32
	35 - 39	4767	974	169	20.43	17.35	3.55
	40 - 44	3399	835	139	24.57	16.65	4.09
	45 - 49	3182	811	112	25.49	13.81	3.52
	50 - 54	2721	699	106	25.69	15.16	3.90
	55 - 59	1765	457	70	25.89	15.32	3.97
	60 - 64	636	155	27	24.37	17.42	4.25
	65+	96	19	8	19.79	42.11	8.33
	Not stated	16	0	4	0.00		25.00
Ethnic Origin	WHITE - British	29466	6355	1148	21.57	18.06	3.90
	WHITE - Irish	122	37	9	30.33	24.32	7.38
	WHITE - Any other white background	1250	198	34	15.84	17.17	2.72
	All White	30838	6590	1191	21.37	18.07	3.86
	ASIAN or ASIAN BRITISH - Indian	1819	211	17	11.60	8.06	0.93
	ASIAN or ASIAN BRITISH - Pakistani	1462	75	16	5.13	21.33	1.09
	All Asian	4315	399	50	9.25	12.53	1.16
	All Black	2334	175	14	7.50	8.00	0.60
	All Mixed	892	113	17	12.67	15.04	1.91
	Others	1180	98	18	8.31	18.37	1.53
	I do not wish to disclose my ethnic origin	417	88	10	21.10	11.36	2.40
Disability	No	38310	7093	1246	18.51	17.57	3.25
	Yes	1229	278	43	22.62	15.47	3.50
	I do not wish to disclose whether or not I have a disability	437	92	11	21.05	11.96	2.52
Sexual Orientation	Heterosexual or Straight	37488	6926	1218	18.48	17.59	3.25
	Gay or Lesbian	976	215	35	22.03	16.28	3.59

	Bisexual	538	106	12	19.70	11.32	2.23
	Others	148	21	6	14.19	28.57	4.05
	I do not wish to disclose my sexual orientation	826	195	29	23.61	14.87	3.51
Religion	Atheism	8240	1606	306	19.49	19.05	3.71
	Buddhism	278	31	6	11.15	19.35	2.16
	Christianity	15459	3137	545	20.29	17.37	3.53
	Hinduism	1083	104	9	9.60	8.65	0.83
	Islam	3607	225	34	6.24	15.11	0.94
	Others	6535	1334	246	20.41	18.44	3.76
	I do not wish to disclose my religion/belief	4774	1026	154	21.49	15.01	3.23

Training Equality Profile:

The following tables show the training completion rates for different groups within the health board. “Completed” indicates the training was carried out, “Confirmed” indicates that the participant was offered a place but did not attend the training; “Not Completed” indicates the participant attended only part of the training.

Training completion rates are broadly similar except where groups are extremely small, in which case it is difficult to make inferences as individual circumstances will have significant effects on the data.

Gender

Gender	Completed	Confirmed	Not Completed	Completion %
Female	44,358	30,202	29	**59.47%**
Male	6,822	7,572	4	**47.38%**

Ethnic Group

Ethnic Group	Completed	Confirmed	Not Completed	Completion %
A White - British	32,620	15,425	14	**67.87%**
B White - Irish	222	110		**66.87%**
C White - Any other White background	4,595	2,971	3	**60.71%**
C2 White Northern Irish	8	4		**66.67%**
C3 White Unspecified	1,480	1,778	1	**45.41%**
CA White English	95	17		**84.82%**
CB White Scottish	47	20		**70.15%**
CC White Welsh	3,074	1,195		**72.01%**
CF White Greek	1	1		**50.00%**
CH White Turkish	2	1		**66.67%**
CK White Italian	14	12		**53.85%**
CP White Polish	36	21		**63.16%**
CV White Serbian	2			**100.00%**
CX White Mixed	4	4		**50.00%**
CY White Other European	59	27		**68.60%**
D Mixed - White & Black Caribbean	84	50		**62.69%**
E Mixed - White & Black African	47	28		**62.67%**
F Mixed - White & Asian	112	45	1	**70.89%**
G Mixed - Any other mixed background	106	51		**67.52%**
GC Mixed - Black & White	18	8		**69.23%**
GD Mixed - Chinese & White		3		**0.00%**

GE Mixed - Asian & Chinese		21		0.00%
GF Mixed - Other/Unspecified	11	14		44.00%
H Asian or Asian British - Indian	1,183	773	2	60.42%
J Asian or Asian British - Pakistani	89	178		33.33%
K Asian or Asian British - Bangladeshi	61	36		62.89%
L Asian or Asian British - Any other Asian background	526	253	4	67.18%
LA Asian Mixed	20	8		71.43%
LB Asian Punjabi	2	13		13.33%
LC Asian Kashmiri		3		0.00%
LE Asian Sri Lankan	11	6		64.71%
LF Asian Tamil	37	8		82.22%
LG Asian Sinhalese	4	2		66.67%
LH Asian British	25	20		55.56%
LK Asian Unspecified	13	39		25.00%
M Black or Black British - Caribbean	62	34		64.58%
N Black or Black British - African	123	109		53.02%
P Black or Black British - Any other Black background	33	38	1	45.83%
PC Black Nigerian	5	2		71.43%
PD Black British	3			100.00%
PE Black Unspecified	3	1		75.00%
R Chinese	45	47		48.91%
S Any Other Ethnic Group	361	225	1	61.50%
SA Vietnamese	6	1		85.71%
SB Japanese		1		0.00%
SC Filipino	196	75		72.32%
SD Malaysian		3		0.00%
SE Other Specified	25	19		56.82%
Z Not Stated	2,554	5,494	3	31.72%
Unspecified	3,156	8,580	3	26.88%

Disability

Disability	Completed	Confirmed	Not Completed	Completion %
No	20,242	7,694	20	72.41%
Not Declared	364	217		62.65%
Prefer Not To Answer	2	3		40.00%
Unspecified	30,092	29,711	13	50.31%
Yes	480	149		76.31%

Age Band

Age Band	Completed	Confirmed	Not Completed	Completion %
<=20 Years	508	1,137		30.88%
21-25	4,954	4,311	4	53.45%
26-30	6,406	6,444	7	49.82%
31-35	6,880	5,631	4	54.97%

36-40	5,608	4,083	6	**57.83%**
41-45	5,403	3,376	4	**61.52%**
46-50	6,545	3,502	3	**65.12%**
51-55	7,117	3,699	2	**65.79%**
56-60	5,329	3,343	2	**61.44%**
61-65	2,146	1,745	1	**55.14%**
66-70	247	369		**40.10%**
>=71 Years	37	133		**21.76%**
Unspecified		1		**0.00%**

Sexual Orientation

Sexual Orientation	Completed	Confirmed	Not Completed	**Completion %**
Bisexual	271	134		**66.91%**
Gay or Lesbian	967	296	1	**76.50%**
Heterosexual or Straight	36,341	16,531	16	**68.71%**
Not stated (person asked but declined to provide a response)	1,206	661		**64.60%**
Other sexual orientation not listed	34	3		**91.89%**
Undecided	18	26		**40.91%**
Unspecified	12,343	20,123	16	**38.00%**

Religious Belief

Religious Belief	Completed	Confirmed	Not Completed	**Completion %**
Atheism	7,628	3,227	2	**70.26%**
Buddhism	87	71		**55.06%**
Christianity	19,447	8,702	9	**69.06%**
Hinduism	213	247		**46.30%**
I do not wish to disclose my religion/belief	4,698	2,225	3	**67.83%**
Islam	269	306		**46.78%**
Jainism	5	2		**71.43%**
Judaism	8	2		**80.00%**
Other	6,326	2,808	3	**69.23%**
Sikhism	29	33		**46.77%**
Unspecified	12,470	20,151	16	**38.21%**

Conclusion

2020-21 has been an extremely difficult year for the Health Board and one where the priority has understandably been to tackle the Covid-19 pandemic. Our key role during the pandemic was to promote risk assessments for our Black, Asian and Minority Ethnic staff and to support them going forward through the work of the network. However we also continued in our work to promote Equality, Diversity and Inclusion, and we are proud of our achievements in these areas over the past twelve months.

The repercussions of the Pandemic will no doubt profoundly influence the future direction of the health board and the Welsh NHS more widely, and we expect that our work in Equality, Diversity & Inclusion will be no exception. Nonetheless we aim to continue building on our past successes and work towards creating a more equitable organisation for our staff, our patients and all our stakeholders.

Cwm Taf Morgannwg has an ambition to become a leader in diversity and inclusion and our aim is now to tackle equality, diversity and inclusion at a systemic level, to address the inequalities which exist in our organisation, and to create a culture where no one is left behind.

AGENDA ITEM
3.1.10

CTM BOARD

WELSH LANGUAGE ANNUAL REPORT 2020-21

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Eleri Jenkins, Welsh Language Services Manager Adam Pearce, Equality & Welsh Language Officer Ben Screen, Translation Manager
Presented by	Hywel Daniel Executive Director for People
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
People & Culture Committee	(14/07/2021)	ENDORSED FOR APPROVAL

ACRONYMS	
	None

1. SITUATION/BACKGROUND

1.1 Each Financial year the Health Board publishes an Annual Report on the Welsh Language under the Welsh Language Standards. The report covers various reporting responsibilities detailed under the individual standards.

1.2 The deadline for this to be published is six months after the end of the financial year to which it relates, so 31st October 2021 in this case. Information included in this report will form part of the Health Board's Annual Plan hence the need for Board approval as soon as possible.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The board needs to consider the report and approve it for publication.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Failure to approve the report in time could lead to the board failing to meet its reporting obligations under the Welsh Language Standards.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staff and Resources Individual Care Dignified Care Effective Care
Equality impact assessment completed	No (Include further detail below)
	The document is a descriptive report relating to actions completed and proposed over the next year.
Legal implications / impact	Yes (Include further detail below)
	The report needs to be published by October 31st to comply with the Welsh Language Standards.

Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 That the Board APPROVES the report for publication.

Welsh Language Standards
Annual Report 2020-2021

Based on data collected 1st April 2020 – 30th March 2021

Mae'r ddogfen hon ar gael yn Gymraeg
This document is available in Welsh

This report was prepared by the Equality and Welsh Language Department
CTT_Welshlanguageunit@wales.nhs.uk

Contents

Foreword

I am pleased to present this annual report on the progress we have made with the implementation of the Welsh Language Standards during the period 2020-2021.

Although this year has been very challenging for the Health Board, we have embraced digital technology and new ways of working which have improved services and paved the way for future innovation. Our new bilingual Artificial Intelligent Covid-19 Chat bot was the first of its kind in Wales and provided an opportunity to work collaboratively with a global organisation.

The initiatives outlined in this report are testament to our commitment to providing the best possible service to our Welsh speaking communities and we will continue to develop these and other initiatives over the next year.

Paul Mears
Chief Executive, Cwm Taf Morgannwg University Health Board

Introduction

The Welsh Language (Wales) Measure established a legal framework to impose duties on certain organisations to comply with Standards. NHS Wales is one of these organisations and must comply with Welsh Language Standards (No 7) Regulations 2018. These regulations led to a compliance notice being served, and these were received by Cwm Taf Morgannwg University Health Board (CTMUHB) on 30th November 2018.

The Welsh Language Standards aim to:
- provide greater clarity to organisations on their duties in relation to the Welsh Language
- provide greater clarity to Welsh speakers about the services they can expect to receive in Welsh
- ensure more consistency of Welsh Language services and improve their quality.

The duties which derive from the Standards mean that organisations in Wales should not treat the Welsh Language less favourably than the English language.

From 30th May 2019 Cwm Taf Morgannwg University Health Board had a statutory duty to comply with the Welsh Language Standards as stated in the Compliance Notice. The Welsh Language Standards supersedes the Health Board's Welsh Language Scheme.

In accordance with the requirements of the Standards, the Health Board must produce an annual report in relation to each financial year, which deals with the way in which CTMUHB has complied with the Standards. The report must be published no later than 6 months following the end of the

financial year to which the report relates. This annual report covers the period between 1st April 2020 and 30th March 2021.

The matters that must be reported on include:

- How the Health Board has complied with the Standards with which we were under a duty to comply during that year.

- The number of complaints received in relation to the Standards.

- The number of staff who have Welsh Language skills.

- The number of new and vacant posts that we advertised which were classed as:
  (i) Welsh Language skills essential
  (ii) Welsh Language skills needed to be learnt
  (iii) Welsh Language skills desirable
  (iv) Welsh Language skills not necessary

This report has been compiled to cover the requirements above, and is set out to conform with specific guidance from the Welsh Language Commissioner.

Background / Context

From 30th May 2019 Cwm Taf Morgannwg University Health Board (CTMUHB) had a statutory duty to comply with the Welsh Language Standards as stated in the Compliance Notice. The Welsh Language Standards supersedes the Health Board's Welsh Language Scheme.

The compliance notice for CTMUHB can be accessed on the Welsh Language Commissioner's website. It is also available via the Cwm Taf Morgannwg website and intranet site.

If an individual or a group believes there has been a failure on the part of the Health Board to comply with a standard, they can address this via the concerns section of our website.

Accountability

Responsibility for compliance with the Welsh Language Standards sits with every member of staff in the Health Board to the extent that the individual Standards are relevant to their own role(s). The job description of each member of staff includes a commitment to comply with relevant legislation, and more recent job descriptions specifically mention the Welsh Language Standards.

Overall responsibility for corporate compliance with the Standards sits within the Equality Diversity and Inclusion department, part of the Workforce and Organisational Development Directorate and thus under the Director of Workforce and Organisational Development.

This report was produced by that team, who are responsible for supporting the Health Board with complying with the Standards.

Matters Arising During the Reporting Period

Governance

A Welsh Language Standards working group was established in February 2019 to ensure information about the Standards was shared across the whole of the Health Board. The working group includes representatives from all directorates who are responsible for ensuring compliance in their area. Each Integrated Locality Group also has responsibility for implementing Welsh Language Standards action plans within their area. Progress is monitored by the Health Board's Welsh Language Manager and reported to the People and Culture Committee and Executive Management Board.

Progress on compliance with the Welsh Language Standards between 1st April 2020 and 30th March 2021 is outlined in this report.

The Welsh Language Standards include:

1. Service Delivery Standards
2. Policy Making Standards
3. Operational Standards
4. Record Keeping Standards
5. Standards which deal with Supplementary Matters

1. How the Health Board has complied with the Standards with which we were under a duty to comply during 2020-21.

Welsh Language Manager Summary

Service Delivery Standards

Communication, reception and telephone services

Work on translating patient appointment letters continued over the last year. To date bilingual letters were sent to patients from 1765 clinics. We have succeeded in doing this by using the latest technology and best practice. We have incorporated translation memory software, predictive typing and machine translation with built-in AI functions under the control of competent translators who are members of Cymdeithas Cyfieithwyr Cymru. This has allowed us to process letters seamlessly, and save their content for later use.

- A new partnership with Merthyr College has enabled us to continue with the Agored Cymru accredited reception skills course. As well as the 29 staff who received this training last year, 5 new staff have enrolled onto a new online version of the course. We hope to increase the numbers enrolling onto this course as pressures ease with the Covid-19 pandemic.

- The Health Board is now able to offer a Welsh language service in the Concerns team, the Royal Glamorgan Hospital Outpatients reception and the Bridgend Medicines Management service. The new bilingual skills strategy enabled recruiting managers to identify the gap in provision and positions were advertised with Welsh language skills as an essential criteria.

- Our in–house interpreter has offered online interpretation at Board meetings over the last year. A second member of the translation team has begun interpretation training at the University of Wales Trinity St David to expand our provision of interpretation across the Health Board. It is hoped that developments within Microsoft Teams will improve our ability to offer interpretation going forward.

- The Welsh Language team have embraced digital technology during the Covid-19 pandemic. The creation of an online ward/departmental auditing tool on the Welsh intranet page enables the team to monitor compliance and ensure staff are aware of their responsibilities with the Standards. Information is gathered on:

(i) Bilingual signage.
(ii) Availability of Welsh patient leaflets.
(iii) Bilingual telephone service
(iv) Staff awareness of Welsh and which staff are Welsh speakers in the department.
(v) Use of *Iaith Gwaith* (Orange logo) lanyards, badges or embroidered uniforms.
(vi) Whether patient language choice is noted and the active offer is delivered.
(vii) Whether a Welsh Language champion has been designated for the Ward.

The online auditing tool was introduced to staff in February 2021 and will be used widely throughout the year to monitor compliance. The auditing tool is part of a wider 'More Than Just Words' toolkit developed by our team. The Translation Manager also keeps internal records of all translation requests received, in terms of where they come from and who sends them. This information can be used in tandem with this unique digital tool to see where the demand for the translation element of our service comes from and where low-take up may be. As translation is

and will continue to be a significant method to ensure compliance. This can be used to create a service-use profile to allow us to target areas where there may be non-compliant patient documentation.

Mwy na geiriau

More than just words

Panel Darllenwyr

Mae Tîm Gwasanaethau Cymraeg Bwrdd Iechyd Cwm Taf Morgannwg yn awyddus i sefydlu Panel Darllenwyr, i sicrhau bod ein taflenni gwybodaeth a deunydd i gleifion yn addas o ran iaith. Y bwriad yw i'r Panel wirfoddoli i ddarllen ein taflenni a'n deunydd, er mwyn sicrhau bod y fersiynau Cymraeg yn glir, yn hawdd eu darllen ac o safon uchel.

Beth fydd gofyn i fi ei wneud?

- Darllen y wybodaeth yn eich amser eich hun;
- Ateb ychydig o gwestiynau byr am y daflen i wirio eich bod wedi ei deall;
- Rhoi adborth i ni am iaith, termau a geiriau, a sut mae gwybodaeth wedi ei geirio;
- Rhoi unrhyw sylwadau eraill i ni sydd gyda chi am y gwaith.

Sut alla i gymryd rhan?

Bydd y taflenni a'r deunydd yn cael eu hanfon atoch chi trwy e-bost, a bydd holiadur adborth byr i chi hefyd. Y cyfan fydd eisiau i chi ei wneud yw darllen y wybodaeth ac ateb y cwestiynau byr. Bydd cyfle hefyd i chi roi unrhyw sylwadau yr hoffech chi eu gwneud.

Bydd eich adborth chi yn gyfraniad mawr at ansawdd ein gwaith ac addasrwydd deunydd Cymraeg i'r gymuned ehangach. Byddwn ni'n defnyddio eich sylwadau i wella ein gwasanaethau cyfleithu ac i ddarparu gwasanaeth sy'n diwallu anghenion ein defnyddwyr. Os hoffech chi gymryd rhan, anfonwch e-bost at CTT_WelshLanguage@wales.nhs.uk

E-bost:
CTT_WelshLanguage@wales.nhs.uk

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

- Over the last year, the Welsh Language Team have worked closely with NWSSP and the Welsh Risk Pool to ensure patient consent leaflets are translated to the highest standard and are reviewed regularly to ensure consistency and accuracy. The translation of all therapy related patient leaflets was completed in 2020 and an ongoing programme of translation of other patient leaflets is ongoing and prioritised according to use.

- A patient reader group has been set up to ensure patient leaflets are clear and easy to read. This has coincided with an internal protocol for the translation of clinical material. The feedback from this group assists with the standardising of terminology and will lead to clearer communication in Welsh. Over time the translation team will analyse trends in comments to fine-tune our internal style and approach to clinical translation. Further information about this project can be found in the Translation project update in Appendix 1

- Collaborative work with NHS Wales' translators to develop a bank of health related terminology is ongoing. The next step is to work with Welsh speaking consultants and field experts to verify the work. This will ensure consistency in the use of terminology across Wales. Further information about this project can be found in the Translation project update in Appendix 1

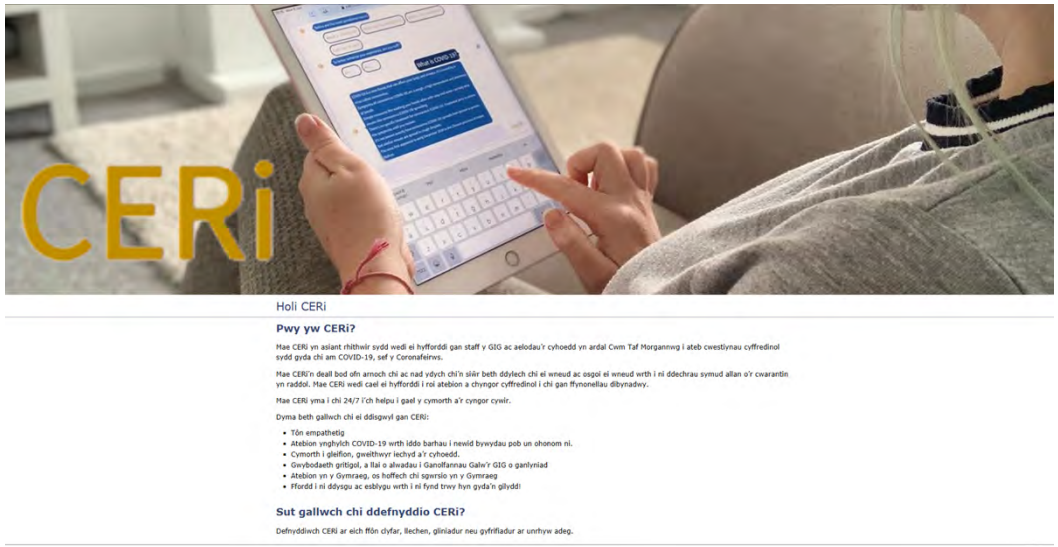
- An extensive programme of translation of the Health Board's website content took place over the summer period in preparation for the transfer to a new platform. The Communications team, NHS Wales Informatics Service and the Translation team have ensured that the new website is bilingual and has the ability to publish both English and Welsh content at the same time.

- A new Regional More Than Just Words Forum has been set up to support collaborative work between the Local Authorities, Colleges and 3rd Sector organisations within the Health Board area. One of the first projects for the group involved gathering resources for an online Welsh in the Workplace Careers Fair organised by Careers Wales.
  The Welsh Language team gathered information from NHS Wales' organisations and delivered a seminar on the day which was streamed live to every Welsh Comprehensive School in Wales.

- A Welsh in Health Care presentation has also been produced for English Comprehensive Schools and is available in a Careers Wales teacher resource pack.

- The Welsh language team worked collaboratively with the NHS Wales Informatics Service, Research and Development staff and IBM to develop a new bilingual Coronavirus chat bot. This is the first use of Artificial Intelligence for patient information in Wales and will provide a platform for similar healthcare chat bots in the future. Further information about this project can be found in the Translation project update in Appendix 1. The chat bot is available on the Cwm Taf Morgannwg University Health Board website:

https://cwmtafmorgannwg.wales/ask-ceri/



Areas for Improvement

- Further work is required to ensure all patient leaflets and consent forms are bilingual.
- Increase the number of staff attending the new online reception skills course as pressures of the Coronavirus pandemic ease.
- Increase use of the online Ward/departmental auditing tool as pressures of the COVID-19 pandemic ease.

Policy Making Standards

- The Health Board's policy group includes a member of the Equality and Welsh Language team who is able to monitor the quality of new and revised policies to ensure that they adhere to the Equality Impact Assessment policy. This includes ensuring the policy has positive effects, or increased positive effects on
  (a) Opportunities for persons to use the Welsh Language and
  (b) Treating the Welsh Language no less favourably than the English language.

- A new policy for the development, review and approval of organisational wide policies includes guidelines about the Welsh Language Standards. This policy is published on the Health Board's website and can be found here.

- A new Welsh Language and Primary Care Policy was produced in collaboration with Aneurin Bevan UHB and Cardiff and Vale UHB. This policy was approved by the Director of Primary Care and People and Culture Committee. The policy has been published on the Health Board's website and can be found here.

Areas for improvement

- Ensuring the new Welsh Language and Primary Care Policy is implemented through the development of staff training.

Operational Standards

- The new Bilingual Skills Strategy is slowly making a difference with the recruitment of Welsh speakers into key job roles. The concerns team recently appointed a Welsh speaking member of staff to deal with compliments and complaints through the medium of Welsh. Other roles filled by Welsh speakers include a receptionist at the Royal Glamorgan Hospital, a Physiotherapy Assistant and position in the Medicines Management Call Centre in Bridgend.

- The Welsh language team support recruiting managers with the translation of Welsh essential job descriptions and the advertising of jobs on Welsh recruitment sites. Support is also offered with shortlisting and interviewing to ensure the successful candidate has the appropriate Welsh language skills for the job.

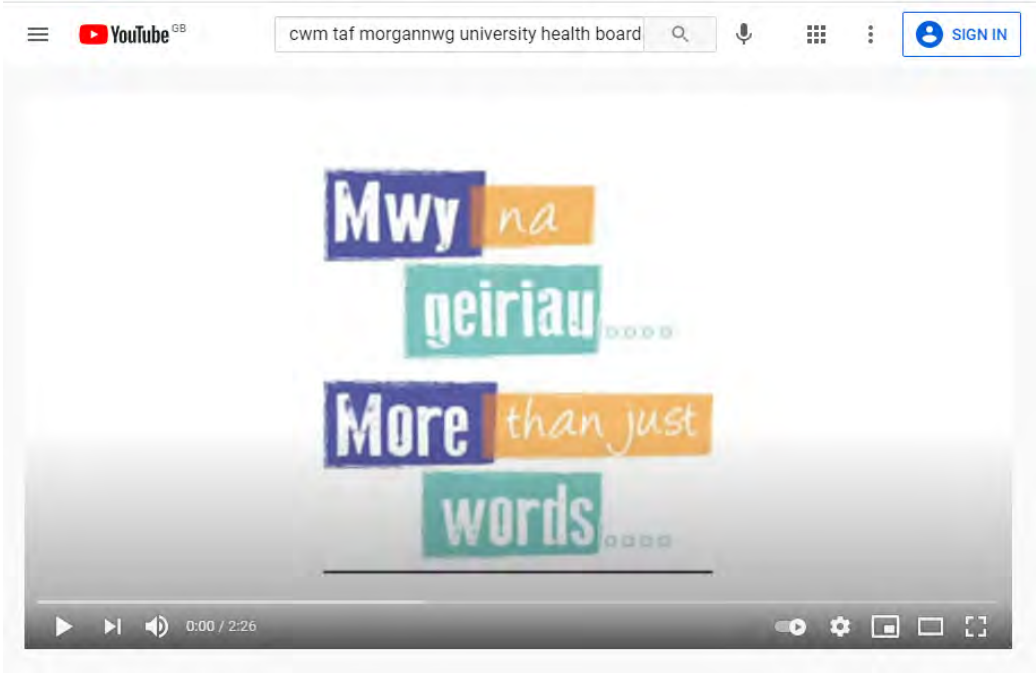
- The Health Board has continued to offer free Welsh courses to all staff. The usual classroom lessons delivered by the Learn Welsh team were transferred to an online platform due to the COVID-19 Pandemic. The success and popularity of the online lessons this year led to the inclusion of other learning providers such as Say Something in Welsh and a course with Merthyr College.

- Despite the Coronavirus pandemic, the numbers of staff learning Welsh have continued to grow. 70 members of staff signed up for the following courses:

  Entry level 1 – 11
  Entry level 2 – 4
  Intermediate – 2
  Say Something in Welsh – 39
  10 hour online course – 9
  Reception skills course - 5

- The Health Board has a fully functioning bilingual area on the intranet dedicated to providing services and support material to promote the use of the Welsh Language. A new More Than Just Words Toolkit, developed by our team, includes information about the Welsh Government's More Than Just Words Strategy and Action Plan. The toolkit also provides resources for staff to use with patients such as Work Welsh posters, resources to learn Welsh phrases and words and a list of Welsh speaking staff to contact if support is required with Welsh speaking patients.

- The following staff training video was created to help staff understand the principles of the More Than Just Words Strategy:



https://www.youtube.com/watch?v=myjFFPjcq_U

- 9294 (73.4%) of Staff have carried out a self-assessment of their Welsh Language skills as part of the mandatory training programme. These skills are recorded on Electronic staff record (ESR).

- A new online programme of corporate induction has been developed including a new Welsh language awareness session. This session is mandatory for all new staff and supports compliance with standard 102.

- Collaborative work with the NHS Wales Shared Services Partnership Welsh Language Team on the translation of job descriptions is ongoing. To date the Health Board has translated 40 of the most used job descriptions including Nursing and Therapies positions. This work will continue throughout 2021.

- A new five year plan to increase clinical consultations in Welsh was published on the Health Board's website in October 2020. This plan can be found here.

Areas for Improvement

- Ensure managers understand and implement the Bilingual Skills Strategy. This will be included in the new management development course and delivered to recruiting managers in each Integrated Locality Group.

- Continue to develop a process for translating job descriptions and advertisements in collaboration with NHS Wales Shared Services Partnership.

- The new online corporate induction programme needs to be translated to ensure the Health Board complies with standard 97(ch).

- Extend the use of dedicated Welsh recruitment websites to promote Welsh essential jobs as well as local community group such as the Mentrau iaith.

Record Keeping Standards

- The Patient Care and Safety team deal with all complaints on behalf of the Health Board and a record of these is held on a system called Datix. Information on making a complaint is available bilingually on the Health Board's website and a Welsh speaking member of staff is able to deal with enquiries through the medium of Welsh.

- The Health Board keeps a record of staff Welsh Language skills on ESR and provides staff with a list of Welsh speakers able to support patients on SharePoint which can be accessed when required.

- NHS Wales Shared Services Partnership keep a record of the posts advertised by the Health Board and provide a report in respect of standard 117 in April each year.

Standards which deal with Supplementary Matters

- The document with which the Health Board is under a duty to comply, and the extent to which it is under a duty to comply with those Standards is available on the Health Board website and can be found here.

- The Patient Care and Safety team deal with all complaints on behalf of the Health Board and a record of these is held on a system called Datix. Information on making a complaint is available bilingually on the Health Board's website and can be found here.

- This report includes information on the way in which the Health Board has complied with the Standards with which it is under a duty to comply with during the period 1st April 2020 and 31st March 2021. This report is available on the website.

2. The number of complaints received in relation to the Standards.

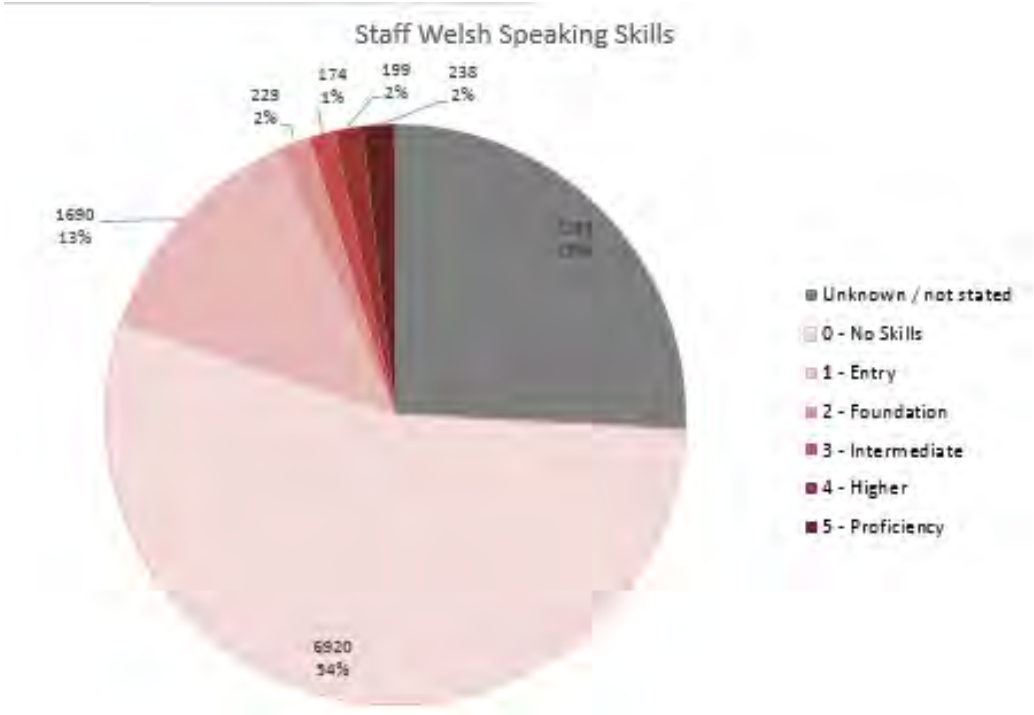
- The Health Board received one complaint during this reporting period in which the Welsh Language was mentioned.

  The complaint was in relation to non-compliance on the Health Board's Facebook account. A post including a video was posted on the English Corporate Facebook page and was not available in Welsh on the equivalent Welsh page. This post was in relation to public COVID-19 information and the communications team believed the urgency of the post was covered by the Civil Contingency Act 2004. The complainant also received correspondence in English from a new member of staff. This message should have been referred to a Welsh speaking member of staff and an apology was issued. The complainant did not respond to the letter explaining the Health Board's actions.

  In response to the complaint, new staff in the communications team have received information about the Welsh Language Standards and guidance on the Health Board's communications protocol.

3. The number of staff who have Welsh Language skills.

The following graph depicts the Welsh skills (Speaking/Listening) of the Health Board's staff as of 31st March 2021.



- These statistics are the second set to be released which reflect the new post-2019 boundaries of the Health Board (following the incorporation of the Bridgend Local Authority area).

- The table below compares the numbers with those reported in the previous reporting year. The statistics show a small increase in the number of Welsh speakers in the health board at all skill levels.

Category	2019-20	2020-21	Change	% change
Unknown/unrecorded	3624 (29.20%)	3292 (25.84%)	-332	-3.36%
Level 0	6392 (51.49%)	6920 (54.30%)	+528	+2.81%
Level 1	1649 (13.28%)	1690 (13.26%)	+41	-0.02%
Level 2	207 (1.67%)	229 (1.80%)	+22	+0.13%
Level 3	160 (1.29%)	174 (1.37%)	+14	+0.08%

Level 4	169 (1.36%)	199 (1.56%)	+30	+0.20%
Level 5	212 (1.71%)	238 (1.87%)	+26	+0.16%

- This increase is not more than could be accounted for by the decrease in the number of staff whose skill levels are unknown (the biggest increase was seen in those reporting no Welsh skills). It is therefore not possible to definitively claim that the Welsh language skills amongst the staff body have increased, although this is likely given the increase across all levels.

- Statistics are based on staff group as reported by ESR. Levels refer to the NHS Language Skills matrix and are self-reported. All statistics refer to ability at 'Speaking and Listening'; figures are also collected for 'Reading' and 'Writing' and are available on request, but do not significantly differ from the above.

- A breakdown by Integrated Locality Group is available in Appendix 2.

4. The number of new and vacant posts that we advertised which were classed as:
   (i) Welsh Language skills essential
   (ii) Welsh Language skills needed to be learnt
   (iii) Welsh Language skills desirable
   (iv) Welsh Language skills not necessary

- The number of jobs and the Welsh Language skill level required advertised over during the last financial year April 2020 to March 2021 is as follows:

  Total number of jobs advertised: 2406
  Jobs advertised which were classed as Welsh skills essential – 10
  Jobs advertised which were classed as Welsh skills needed to be learnt – 0
  Jobs advertised which were classed as Welsh skills desirable – 2206
  Jobs advertised which were classed as Welsh skills not necessary - 190

- The number of jobs advertised as Welsh essential has increased slightly on the previous year. Roles where Welsh skills were considered essential included a concerns officer, a receptionist, a physiotherapy assistant and a medicines management call centre operator.

- Following the approval of the new Bilingual Skills Strategy in March 2020, opportunities to embed the strategy have been limited due to the COVID-19 Pandemic. The strategy will form part of an updated recruitment and retention policy this year as well as the focus of Welsh language awareness training in a new management course. The Health Board therefore expects the number of jobs advertised as requiring Welsh skills to increase in the next financial year.

Conclusions and Proposed Actions

The Health Board made considerable changes to its working practices during 2020-21, partly due to the COVID-19 pandemic. We are working with the Project Management office to ensure that equality impact assessment is fundamental to the current ‘re-set’ of services and this will provide further opportunity to embed the Standards.

Throughout the COVID-19 pandemic, the Welsh Language Team worked remotely to ensure patients received information bilingually and developed new digital resources for staff to use with patients. The Health Board has made considerable progress with the translation of patient letters and communication but there is a significant amount of work to do to ensure the Health Board is a fully bilingual organisation. The action plan below highlights the areas for improvement over the next year.

The Health Board intends to implement the following projects relating to the Welsh Language Standards during 2020-21:

Type of Standard	Project	Department responsible	Timescale
Service Delivery Standards	Identify and translate non-compliant patient letters and leaflets	Welsh Language Team	Ongoing
Service	Continue to develop a bank of	Welsh Language Team	Ongoing

Delivery Standards	terminology in collaboration with NHS Wales' Translators and clinical experts. This will feed into the Welsh Government consultation		
Service Delivery Standards	Promote and monitor the use of the online auditing tool to ensure all wards and departments are compliant with the Standards.	Welsh Language Team Clinical Staff	July 2021
Service Delivery Standards	Promote and increase participation in the reception skills course	Welsh Language Team Facilities Primary Care Managers	December 2021
Policy Making Standards	Develop Welsh Language Awareness Training for Primary Care staff to ensure the Welsh Language Policy for Primary Care (standard 78) is implemented	Welsh Language Team Primary Care Managers	March 2022
Operational Standards	Ensure managers understand and implement the Bilingual Skills Strategy. This will be included in the new management development course and delivered to recruiting managers in each Integrated Locality Group.	Welsh Language Team Learning and Development Recruiting Managers	Nov 2021
Operational	Continue to develop a process for	Welsh Language Team	Ongoing

Standards	translating job descriptions in collaboration with NHS Wales Shared Services Partnership	NWSSP	
Operational Standards	Provide a fully bilingual Corporate Welcome induction for new staff	Welsh Language Team Learning and Development Team	Sept 2021
Operational Standards	Increase the numbers of staff attending Welsh courses focusing on confidence building.	Welsh Language Team	March 2022

Appendix 1: Translation Update

Translation projects completed or commenced during this statutory reporting period

Project 1: Improve the availability of clinical terminology, and ensure consistency in the field

This project aimed to achieve the following:

- Establish a system of clinical supervision over terms coined by CTM's Welsh Language Services Team and other NHS teams;
- Establish a system for sharing these coined and verified terms with others in NHS Wales through a common platform, to promote consistency.

Advantages we saw in terms of compliance under the Welsh Language Standards:

- An increase in clinical terminology available to NHS Wales translators, that is terms that have been checked by clinical experts for translation work. This will ensure that translation work is of a better standard so that Welsh is not treated less favorably than English;
- Time savings as less time is spent researching and coining terms. The cumulative effect of this will be to free up translation staff time to focus on other pieces of work, which will have a positive impact on our level of compliance as further translation can be achieved;
- Correct terminology, to ensure that Welsh is not treated less favorably than English.

Note: We will respond in full to the Welsh Government's consultation on linguistic infrastructure and terminology, “National policy on Welsh linguistic infrastructure” in due course.

Project 2: CERI Chat Bot

The aim of the project from the perspective of the Welsh Language Services Team:

- Offer advice on machine translation to Health Board and IBM staff, and find and offer domain-specific data for the health field from the Health Board's translation memory resources;
- Translate up to 30k words to the highest standard for the Welsh language output of the chat bot.

Advantages we saw in terms of compliance under the Welsh Language Standards:

- The Health Board's first ever chat bot available in Welsh without issue;
- As these types of technology are going to be increasingly used, it was important to include Welsh in this bot using artificial intelligence and professional translation services, to set the foundation for the future.

Project 3: Establish a protocol for translating clinical leaflets and other clinical information including the Readers' Panel

The project aimed to achieve the following:

- Create a formal protocol to be followed to ensure the quality and safety of clinical translation work, following best practice in the field based on research;
- Readers' Panel for translation work, to check the readability of clinical leaflets.

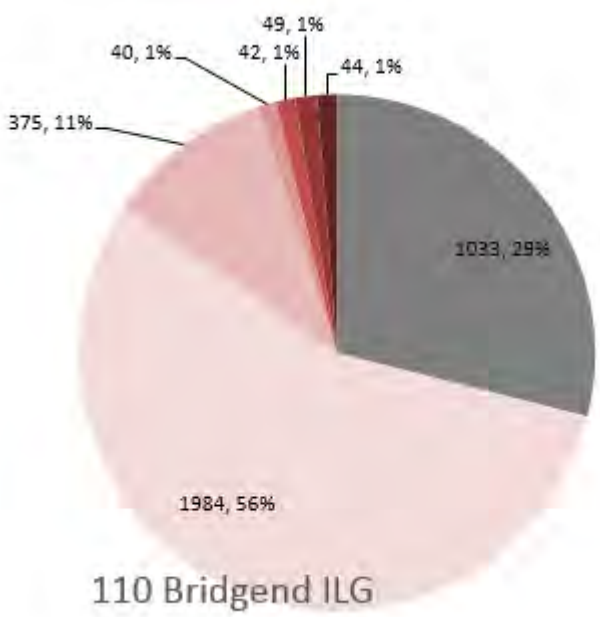
Advantages we saw in terms of compliance under the Welsh Language Standards:

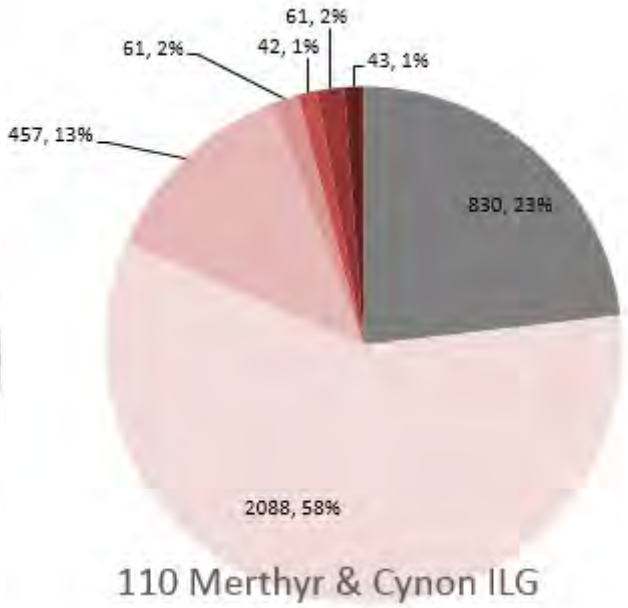
- Ensure the safety and quality of clinical leaflets and other forms of clinical information in Welsh, to ensure that the Welsh language is treated no less favorably than the English language.

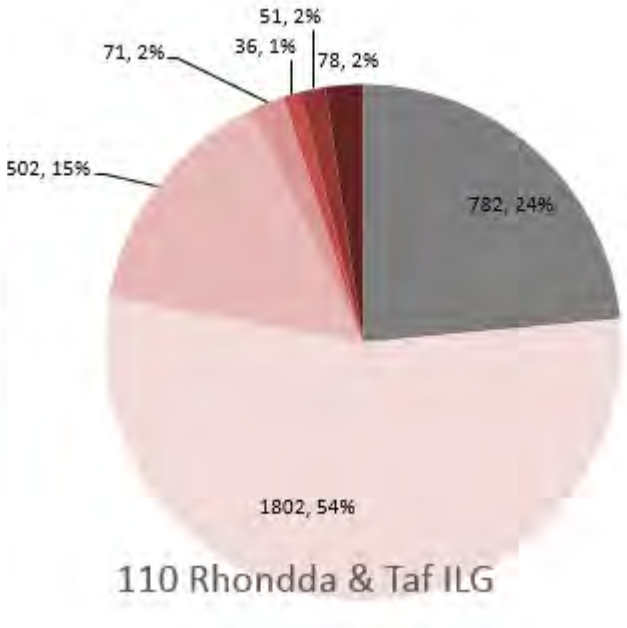
Further information on these projects, including the project brief, is also available.

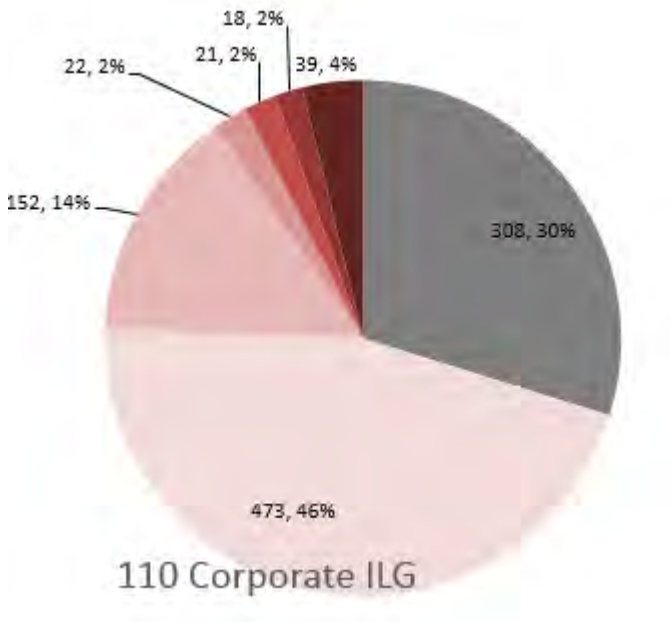
Appendix 2: Breakdown of Welsh Skills by ILG

The following graphs depicts the Welsh Language skills of Cwm Taf Morgannwg University Health Board staff by ILG (Integrated Locality Group).








18, 2%
21, 2%
22, 2%
39, 4%
152, 14%
308, 30%
473, 46%
110 Corporate ILG

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

ACTIONS ARISING FROM PREVIOUS BOARD MEETINGS

	Minute Ref.	Date	Agreed Action	Lead Director	Timescale	Status as at July 2021
1	HB/20/229	26.11.20	Integrated Performance Dashboard Suggested a discussion was held at a future Board meeting in relation to the work being undertaken on Planned Care and the focus being placed on the Elective Strategy for the next 6-12 months	Interim Chief Operating Officer	Complete	On agenda

2	HB/20/174	30.09.20	Safe, Sustainable and Accessible Emergency Medicine and Minor Injury and Illness Services for the People of Rhondda Taff Ely Formal proposal in relation to Paediatrics Services to be presented to the November meeting Programme of work to be included in future iterations of the report to enable Board members to have assurance that timescales identified were being met	Medical Director	In progress	A Business Case for the RGH ED Workforce was presented to and approved at the June Management Board and recruitment has commenced to fill the vacancies and convert locum positions to permanent positions across the Multi-Disciplinary Team RTE ILG are currently exploring Minor Injury Unit provision at Ysbyty Cwm Rhondda and how it can link with the Urgent Primary Care Centre initiative being led by the Rhondda Cluster. The specific work to be taken forward in relation to Paediatrics Services has been out on hold pending the development of the Health Board's Clinical Strategy.

3	Agenda Item 4.2	27.05.21	Neonatal and Maternity Improvement Programme Update to be sought outside of the meeting in relation to the outcome of discussions held regarding the implementation of the Leadership Development Programme.	Director for People	In progress	Meeting to be held on 3 August 2021 with Maternity Leadership Team to discuss further
4	Agenda Item 4.3	27.05.21	Continuous Improvement Self-Assessment Process in response to Targeted Intervention Road map to be presented to a future meeting of the Board	Chief of Staff	Complete	Governance Timeline included as an appendix to the report being presented to the July meeting
5	Agenda Item 5.2	27.05.21	Population Health Update Review to be undertaken outside of the meeting in relation to the current position regarding Healthy Food Options for staff.	Director for People	In progress	The Strategic Lead for Wellbeing has been exploring the option of food stalls and it was hoped that the stall should be in place by August subject to Health & Safety requirements
6	Agenda Item 5.2	27.05.21	Population Health Update Discussion to be held outside of the meeting in relation to developing skills for staff in health promotion and the need to ensure managers have been provided with the appropriate training to address this.	Director for People/Director of Public Health	In progress	Meeting between the Director of People and Director of Public Health in the process of being arranged

7	Agenda Item 5.2	27.05.21	Population Health Update Review to be undertaken outside of the meeting to determine how the Health Board could become accredited as a living wage employer.	Director for People	Complete	This review has been completed. Accreditation is via the Living Wage Foundation. The cost of accreditation is £480 +VAT annually. For this annual fee CTM would be able to display the Living Wage Employer Mark, to recognise our commitment to paying the Living Wage. CTM would also be listed on the Living Wage Foundation website and employer map. It should be noted that all NHS Wales organisation are required to pay all employees the living wages. All CTM adverts already confirm that we are a Living Wage Employer. We are also building this strap line into our Job Description Template. This approach brings the benefits of having the Living Wage Mark, without the associated costs.

8	Agenda Item 5.4	27.05.21	E-Cigarettes Update – Smoke Free Hospital Premises Further clarity to be provided in relation to the enforcement of this policy at a future meeting.	Director of Public Health	Complete	Enforcement sits with the Local Authority but there are requirements on the HB to make 'reasonable steps' to prevent people (staff, patients and the public) smoking on site. The public health team have been supporting the Smokefree Group under the chair of the Head of Operational Health, Safety & Fire to do this. The group have an operational plan they are working to in order to meet these steps.

9	Agenda Item 6.1	27.05.21	Integrated Performance Dashboard Review to be undertaken of current thrombolysis performance outside of the meeting to determine the correct performance rating	Deputy of Therapies & Health Sciences	September 2021	A meeting was held on 16th July with the Delivery Unit to look at the RCP SSNAP data base. We are guided that Wales should be aiming for a 20% thrombolysis rate, though this is a step change for all LHBs, but will be a feature of our stroke improvement plan which will be presented to September Board. Current performance in Prince Charles and Princess of Wales Hospitals, like the rest of Wales identifies that changes are needed in the stroke pathway to enable increase in thrombolysis rates which is a time dependent intervention.
10	Agenda Item 6.4	27.05.21	Organisational Risk Register Review to be undertaken of Risk 4253. Response to be provided to P Roseblade outside of the meeting regarding the current position.	Interim Chief Operating Officer	Complete	Response provided outside of the meeting

AGENDA ITEM
3.2.2

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	29 July 2021
FOI Status[1]	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Richard Morgan-Evans, Chief of Staff
Presented by	Paul Mears, Chief Executive Officer
Approving Executive Sponsor	Chief Executive
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to keep the Board up to date with key issues affecting the Organisation. A number of issues raised within this report feature more prominently within reports of the Executive Directors as part of the Board's business.

1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports that follow, and also highlights topical areas of interest to the Board.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 New appointment to the Director of Strategy & Transformation

I am pleased to announce that after a competitive interview process we have appointed Linda Prosser as our Executive Director of Strategy & Transformation. Linda brings a great deal of experience from a broad background within the NHS. Previously she has been supporting the Health Board as the interim Director of the Unscheduled Care Improvement Programme. Linda has already started in the role and will be leading the ongoing development of our clinical strategy work.

2.2 Kelechi Nnoaham awarded an Honorary Professorship

It brings me great pleasure to share that Kelechi Nnoaham, our Executive Director for Public Health, has been awarded an honorary Professorship at Cardiff University Medical School.

As we're all aware, Kelechi has been leading the way with his work on population health and ensuring we begin to make much needed upstream interventions to improve the health of our population. Kelechi is very keen to continue to draw on relationships with our academic institution partners for the benefit of the Health Board. Many congratulations Kelechi.

2.3 Joint Executive Team with Welsh Government

On the 15th June the Executive Team from CTMUHB were invited to a Joint Executive Team meeting with our Welsh Government NHS colleagues. This historically regular forum, which has been delayed due to the covid pandemic, allowed us to share the pressures our staff have faced over the last year as well as showcase the plans we have in place to ensure we can continue to improve our services and meet the demands around planned care recovery.

It was great to receive strong positive feedback from Dr Andrew Goodall and his team around how we plan to recover from the pandemic and how we will be taking our population health and clinical strategy plans forward throughout 2021 into 2022.

2.4 Organ donation – Health Board Performance

As an organisation Cwm Taf Morgannwg University Health Board is always extremely supportive in ensuring we contribute towards the

UK organ donation programme as managed by NHS Blood and Transplant service. Despite the previous year being very challenging, the Health Board facilitated 6 actual solid organ donors resulting in 10 patients receiving a transplant during the time period.

During this past year we referred 108 patients to the organ donation service where 52 met the referral criteria and were included in the UK Potential Donor Audit.

We should always ensure we continue the focus on organ donation because, despite the best efforts of multiple individuals and teams, in Wales last year 17 people died waiting for an organ transplant and 159 people continue to wait on the list as of 31 March 2021.

2.5 Sustainability focus

The topic of sustainability continues to prominently feature on agendas within the Health Board and throughout Wales. It was great to see the 'Green Health Wales' launch, held virtually on 29th June, which provided a collaborative forum to understand more about the impacts of our actions on the planet whilst sharing ideas for how we can play our part in reducing the negative impact on the planet within healthcare.

We have already started developing our ambition to drive forward the sustainability agenda within CTM and we held a 'kick off' session with interested clinical and non-clinical staff on the 18th June to do this. Linda Prosser, our Director of Strategy and Transformation, will provide overarching leadership for this important agenda but it's not just about what we do internally. We are already talking about the sustainability issue with our local authority partners and have a workshop planned at the end of July to discuss what more we can do together.

2.6 Corporate accommodation review

Due to changes in how many of us have been working since the start of the covid pandemic there is a requirement to ensure we best utilise our non-clinical office space rather than having premises around the CTM geography either being underutilised or perhaps not used at all.

We are currently undertaking a review to look at the potential options and requirements for our central corporate accommodation. This review leads off from a survey we shared with corporate accommodation staff earlier in the year. The responses showed staff saw benefits in being able to work in a more agile way, including a blended approach between home and office working.

It is our intent to learn lessons from the way we have had to adapt to agile working during the covid pandemic as well as to challenge ourselves by taking on-board ideas of how our industries have adapted and changed to ensure the working environment is fit for 21st century working.

2.7 Appointment as Lead Chief Executive Officer for the Value in Health National Programme

It brings me great pleasure to announce that I have been appointed as the lead Chief Executive for the national Value in Health Programme. Over the coming weeks CTM will begin to host this national team, which is led by its Senior Responsible Officer (SRO), Dr Sally Lewis. I look forward to championing Value Based Health Care throughout Wales as well as within CTM to be able to bring great benefit to the NHS in Wales.

2.7 New Ministerial priorities announced

On the 9th of July we were informed of the key priorities announced by the Minister for Health and Social Care. These priorities reflect closely and build upon those reflected in the NHS Planning Framework for 2021-2022. The eight priorities include:

- Covid-19 response
- NHS Recovery
- Working alongside social care
- A Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional wellbeing
- Supporting the health and care workforce
- Population health, notably through the lens of pandemic experience and health equality, is fundamental

These priorities chime with CTM's emerging priorities and its key strategic goals, which are outlined in a dedicated paper to Board in July.

2.8 Update on increased patient demand across primary and secondary care incl. covid.

Over recent weeks there has been unprecedented levels of patients accessing urgent and emergency services across primary care, acute hospitals and within mental health services.

As one example of this impact at the end of May, we were averaging 480 patients accessing our three EDs every day. Before Covid, we

would see an average of 530. We are now regularly seeing over 600 patients per day accessing EDs. This is having a considerable impact on performance.

Recently I chaired a Primary Care summit with a number of GPs to discuss how we could support primary care. At this forum we agreed a range of actions to take forward. We will continue to meet regularly with primary care teams and the Local Medical Committee (LMC) to monitor the situation and support GPs through these very challenging times.

I aim to meet secondary care clinicians over the coming weeks at all three acute hospital sites to understand their concerns and talk about the plans we have developing and in place.

We must not forget that despite the fantastic vaccination programme the covid threat still remains and we are once again seeing covid positive patients admitted to our hospitals. This is something we will track very closely to make sure the configuration of our hospitals are set up to best meet covid and non-covid demand.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Board should note the changing context and environment for commissioning and delivering healthcare and wellbeing services, in the context of balancing the need to continue to respond to the COVID-19 pandemic, as well minimizing harm from non-COVID-19 activity, and providing essential and routine services to our communities. This balance will bring a new set of issues to manage and risks to consider.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	It is anticipated that all elements of quality, safety and patient safety will be impacted positively by the implementation of the "Continuous Improvement in response to TI Programme".
Equality impact assessment completed	No (Include further detail below)

Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The CTM Board is asked to:

- NOTE the report.

AGENDA ITEM
3.2.3

CTM BOARD

BOARD COMMITTEE/ADVISORY GROUP HIGHLIGHT REPORTS

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Emma Walters, Corporate Governance Manager
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Director of Corporate Governance / Board Secretary
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 A number of Committee/Advisory Groups have been held since the Board last met in May 2021; namely the Audit & Risk Committee; Stakeholder Reference Group; Remuneration & Terms of Services Committee; Planning, Performance & Finance Committee; Population Health & Partnerships Committee; Digital & Data Committee; People & Culture Committee and the Local Partnership Forum.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	There is no direct impact on resources as a result of the activity outlined in this report.

Impact	
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 The Board are being asked to NOTE the following Highlight Reports:

- Audit & Risk Committee (Appendix 1);
- Stakeholder Reference Group (Appendix 2);
- Remuneration & Terms of Services Committee (Appendix 3);
- Planning, Performance & Finance Committee (Appendix 4);
- Population Health & Partnerships Committee (Appendix 5);
- Digital & Data Committee (Appendix 6);
- Local Partnerships Forum (Appendix 7);
- People & Culture Committee (Appendix 8).

AGENDA ITEM
3.2.3 Appendix 1

HEALTH BOARD MEETING	
HIGHLIGHT REPORT FROM THE AUDIT & RISK COMMITTEE	
DATE OF MEETING	29/07/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Emma Walters, Corporate Governance Manager
PRESENTED BY	Cally Hamblyn, Assistant Director of Governance & Risk
EXECUTIVE SPONSOR APPROVED	Director of Corporate Governance and Risk

REPORT PURPOSE	TO NOTE

ACRONYMS	
WHSSC	Welsh Health Specialised Services Committee
EASC	Emergency Ambulance Services Committee

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit & Risk Committee at its meeting on 9 June 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	Positive Escalation: • The Committee received and welcomed the ISO14001 External Audit Report and asked for their thanks to be extended to the Team for achieving the accreditation which was a significant achievement
ADVISE	• The CTMUHB Annual Report for 2020/2021 was received and endorsed for onward submission to Board for approval; • The WHSSC and EASC Governance Statements for 2020/2021 were received and noted alongside the National Imaging Academy Governance Compliance Statement; • The CTMUHB Annual Accounts for 2020/2021 were received and endorsed for onward submission to Board for approval. The WHSSC and EASC Final Accounts for 2020/2021 were also endorsed; • The Audit Wales: Audit of the Financial Statement (ISA 260) Report (including the Letter of Representation and Audit Opinion) was received and noted by the Committee • The Committee received the Audit Recommendations Tracker. Concerns were raised by Committee Members regarding 'mission drift' against some of the recommendations, and the number of recommendations that have been allocated to one Director specifically. The Committee also requested that future versions of the report include a chart which highlights the original target dates set against the proposed revised target dates; • The Committee received the Local Counter Fraud Update and noted that further work was required to increase awareness of and visitors to the Counter Fraud Sharepoint page and noted that further work was required to address the overpayments of salary issues being experienced. The Committee welcomed the announcement that G Galletly had been appointed as the Health Board's new Counter Fraud Champion; • The Committee received an In Committee report on Financial Control Procedures Medical Variable Pay – Summary of Authorised Breaches. The Committee requested that an Executive Team discussion was held to identify the most appropriate arena for scrutiny moving forwards.

	Part 2 Hosted Bodies • The Committee received the WHSSC Corporate Risk Assurance Framework and Risk Register and were advised that work was underway to re-evaluate the risk target scores.
ASSURE	• The Committee received the Organisational Risk Register and noted that reporting timelines were in the process of being adjusted to ensure the Committees were being presented with the most recent version of the report.
INFORM	The Committee received the following items for information/approval on the consent agenda: • Clinical Audit Forward Plan 2021-2022; • Clinical Audit & Effectiveness Policy & Strategy; • Procurement and Scheme of Delegation Report; • Outcome Report – Audit & Risk Committee Effectiveness Survey; The Committee received and noted the following Internal and External Audit Reports: • Internal Audit Progress Report; • Internal Audit Review – Targeted Intervention; • Internal Audit Review – Digital Response to Covid; • Head of Internal Audit Opinion and Annual Report 2020-2021; • Audit Wales – Audit & Risk Committee Update; • Audit Wales – Structured Assessment Phase 1 Report; • Audit Wales National Report – Personal Protective Equipment Part 2 Hosted Bodies • The Committee received and approved the WHSSC Review of Financial Control Procedures; • The Committee received and noted the WHSSC Internal Audit Recommendations Tracker; • The Committee received and noted the EASC Risk Register;

	• The Committee received and noted the Internal Audit Review into EASC Recruitment
APPENDICES	Choose an item.

AGENDA ITEM
3.2.3 Appendix 2

HEALTH BOARD MEETING	
HIGHLIGHT REPORT FROM THE STAKEHOLDER REFERENCE GROUP	
DATE OF MEETING	29 July 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Michelle Lloyd, Business Support Manager – Planning & Partnerships
PRESENTED BY	Linda Prosser, Director of Strategy & Transformation
EXECUTIVE SPONSOR APPROVED	Linda Prosser, Director of Strategy & Transformation

REPORT PURPOSE	For noting

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Stakeholder Reference Group at its meeting on the 9th June 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Sub Committee is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no issues to escalate.
ADVISE	TRANSPORT FOLLOWING WELSH GOVERNMENT CONSULTATION Members had chosen the theme of transport as part of the Stakeholder Reference Group Work Programme following a recent Welsh Government Consultation around transport. Presentations in relation to transport were received from the Welsh Ambulance Service NHS Trust, Cwm Taf Morgannwg University Health Board and a joint presentation was received from the Third Sector. A written update in relation to transport from a Local Authority perspective was received from Paul Mee, of Rhondda Cynon Taf County Borough Council. Difficulties that patients, cares and relatives encounter including in some cases high costs in relation to transport were raised and discussed amongst the group.
ASSURE	

INFORM	AN AUDIENCE WITH PROFESSOR MARCUS LONGLEY, CHAIR OF CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD Professor Marcus Longley attended the meeting, introduced himself to stakeholder members and provided an opportunity for stakeholders to ask questions. A number of questions on a range of topics were received and responses provided. The Stakeholder Reference Group Members thanked Professor Marcus Longley for his attendance at the group and for providing an opportunity for members to directly ask questions. Members also expressed their thanks and best wishes to Professor Marcus Longley as he leaves Cwm Taf Morgannwg University Health Board following his 4 year completion as Chair. STAKEHOLDER REFERENCE GROUP SUPPORT ON UPCOMING DISCUSSION AREAS PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 60 DAY CONSULTATION Information had been circulated to Members in relation to the Pharmaceutical Needs Assessment Consultation which ends on the 13th July 2021. The group were invited to review the document and complete the survey.
APPENDICES	NOT APPLICABLE

AGENDA ITEM 3.2.3

APPENDIX 3

CTM BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE REMUNERATION & TERMS OF SERVICE COMMITTEE

DATE OF MEETING	29th July 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business.
PRESENTED BY	Marcus Longley, Chair/ Independent Member
EXECUTIVE SPONSOR APPROVED	Hywel Daniel, Executive Director for People

REPORT PURPOSE	FOR NOTING

ACRONYMS	
	None Identified.

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Remuneration & Terms of Service Committee at its meetings on 20th May and 15th and 24th June 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	Nil
ADVISE	20th May 2021 The Committee approved a report for the appointment and interim salary for the new Executive Director of Strategy & Transformation. 15th June 2021 A briefing was received around the secondment of the Medical Director to Welsh Government as National Medical Lead for the Covid-19 recovery programme. Initial proposals in relation to backfill arrangements for the CTMUHB Medical Director portfolio were also discussed with agreement of a report in this regard to the next meeting. 24th June 2021 The Committee approved a report setting-out interim arrangements for the Medical Director function which included the payment of a responsibility allowance to the Interim Medical Director. It was agreed that once further work around the Medical Director sub-structures was complete this would be brought back to the Committee. 24th June 2021 A report was approved regarding the remuneration and extension of the fixed-term contract to 31st December 2021, for the joint interim appointment of the Director of Therapies and Health Sciences. 24th June 2021 A report was approved regarding the extension contract for the interim Chief Operating Officer to 31st October 2021. 24th June 2021 A summary of the current position with regard to Executive Objectives was received and it was agreed that the report

	would be prepared for the Committee during August 2021 providing the complete suite of objectives in a revised format.
ASSURE	The Committee approved its first Annual Report for the year 2020/21. The corresponding Committee Effectiveness Survey Improvement Plan was noted.
INFORM	Nil
APPENDICES	NOT APPLICABLE

HEALTH BOARD
HIGHLIGHT REPORT – PLANNING, PERFORMANCE & FINANCE COMMITTEE

DATE OF MEETING	29/07/2021

/

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Kathrine Davies, Corporate Governance Manager
PRESENTED BY	Mel Jehu, Independent Member (Committee Chair)
EXECUTIVE SPONSOR APPROVED	Director of Strategy and Transformation, Chief Operating Officer, Director of Finance

REPORT PURPOSE	FOR NOTING

ACRONYMS	
IMTP	Integrated Medium Term Plan
ILG	Integrated Locality Groups
PPF	Planning, Performance & Finance

1. PURPOSE

1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Planning, Performance & Finance Committee which took place on 22 June 2021.

1.2 Key highlights from the meeting are contained in section 2.

1.3 The Board are requested to NOTE the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	• The Month 2 Finance Update was received and the Committee noted the forecast recurrent deficit of £31.4M at the end of 2020-21 which was consistent with the latest draft financial plan submitted to Welsh Government on the 11 June 2021.
ADVISE	• The Committee received a presentation on the current position in relation to the Integrated Medium Term Annual Plan (IMTP) 2021-22. The Committee approved the updated Annual Plan for submission to Welsh Government and noted that further updates were expected prior to submission, but these would not fundamentally alter the Plan and would require Executive approval. • The Committee received the PPF Committee Annual Report for 2020-21. The Committee endorsed the Annual Report for submission to the Health Board, subject to the amendments raised and agreed to complete the Annual Self-Assessment questionnaire via Survey Monkey for review at the next meeting.
ASSURE	• The Committee received the Audit Wales Structured Assessment Report Phase 1 and noted that the monitoring of the Management Response would remain with the Audit and Risk Committee and that the Planning, Performance & Finance Committee would monitor the performance aspect of the Plan. • A detailed review of the Integrated Performance Dashboard was undertaken noting the assessment summary in relation to the following areas: • Re-Setting Elective Services

	• Referral to Treatment Times (RTT) • Unscheduled Care • Elective Waiting Lists • Cancer Waiting times • Stroke Services • Mental Health Measures • The Committee received the Organisational Risk Register and reviewed the Planning, Performance & Finance risks, noting the changes identified within the report. • The Committee received a presentation on the Child and Adult Mental Health Services (CAMHS) Internal Enhanced Special Measures and noted the performance progress being made with the Interim enhanced management team support. The Committee agreed to receive a further update on progress at the October 2021 meeting.
INFORM	• The Committee received for information the Monthly Monitoring Returns to Welsh Government for Months 1 & 2.
APPENDICES	NOT APPLICABLE

Agenda Item 3.2.3 Appendix 5

HEALTH BOARD

HIGHLIGHT REPORT - POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

DATE OF MEETING	29/07/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report

PREPARED BY	Kathrine Davies, Corporate Governance Manager
PRESENTED BY	Keiron Montague, Vice-Chair, Population Health & Partnerships Committee
EXECUTIVE SPONSOR APPROVED	Linda Prosser, Executive Director of Strategy & transformation; Gareth Robinson, Chief Operating Officer (interim).

REPORT PURPOSE	FOR NOTING

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board.

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Population Health and Partnerships Committee at its meeting on the 7th July 2020.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to NOTE the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There are no items to report in this section
ADVISE	• At the time of the Committee meeting there were no relevant items on the Organisational Risk Register that had a score of 15 or above requiring them to be assigned to the Committee. However, following an action arising out of the last meeting, a new risk had now been added to the Risk Register relating to the Population Health Inequalities/Transformation Fund. This issue is scheduled to be considered by the Management Board in July 2021. The outcome of this would be notified in the next iteration to the Committee in October 2021. • The Committee received and noted the discussion and options paper on CTMUHB as a Population Health Organisation that set out an evidence-based framework for action and an evidence based rationale for the potential action areas identified and Executive Leads. • A report was received and noted on Learning & Disability Services Strategic Update which provided an update on key areas of strategic work for Learning Disability services within Cwm Taf Morgannwg UHB. The Committee agreed to receive the data on the number of people with learning disabilities receiving annual health checks, vaccinations and cancer screening. • The Committee received and noted an update on Primary Care Dental Services that were provided across CTMUHB, along with an overview of the impact the Covid-19 Pandemic has had and the measures used to

assess performance.

- A report was received on HMP Parc – Key Findings from the Health and Social Needs Assessment. The report provided an update on the planned transfer of healthcare for HMP Parc residents from the current provider (G4S Healthcare) to CTMUHB. The Committee also noted the overview of the health and social care needs assessment that was recently commissioned. The Committee felt that further consideration was required from the Executive Team on the process of how the risk of the transfer was managed to ensure the Board had oversight due to the complexities and issues that might arise.

- The Committee received an update on Systems Groups on progress since August 2020 on embedding the systems approach across the organisation. The Committee agreed to receive a future update specifically looking at the role of the community working with the systems group. The Committee agreed that the next update would focus on plans for increasing community involvement.

- A report was received on the Regional Partnership Board Transformation Fund, the challenges associated with delivery against this and the plans in relation to sustainability going forward. Members noted the key findings from the recent evaluation commissioned to understand the impact the programme was having on services which would help inform future funding decisions.

- The Committee received a report on Population Health Management that provided the Committee with an update on the population segmentation and risk stratification approach to Population Health Management in CTMUHB.

ASSURE	• The PHP Committee Annual Report 2020-21 was approved. • The Committee Annual Effectiveness Survey Action Plan was also approved.
INFORM	• The Committee approved the Smoke-Free Premises and Vehicles Wales Regulations 2020 on Electronic Nicotine Delivery Systems (ends or E-cigarettes) Engagement Plan. • The Committee approved the Health Board Commitment to Children's Rights
APPENDICES	Not Applicable

AGENDA ITEM 3.2.3

CTM BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE DIGITAL & DATA COMMITTEE

DATE OF MEETING	29/07/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Kathrine Davies, Corporate Governance Manager
PRESENTED BY	Ian Wells, Digital & Data Committee Chair / Independent Member
EXECUTIVE SPONSOR APPROVED	Kelechi Nnoaham, Director of Public Health Georgina Galletly, Director of Corporate Governance/Board Secretary.

REPORT PURPOSE	FOR NOTING

ACRONYMS	
NWIS	NHS Wales Informatics Service
DHSSG	Digital Health Strategy Steering Group

1. PURPOSE

1.1 This report provides the Board with details of the key issues considered at the meeting of the Digital & Data Committee which took place on 12 July 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no items identified for Alert/Escalation.
ADVISE	A presentation was received and noted the findings of the first phase of an IT Infrastructure Review. The Committee received a report on the Clinical Coding Improvement & Transformation Plan noting an update on progress on clinical coding and the plan in place to improve and transform coding services. An oral update was received on an Internal Audit of IT Service Management noting continuing progress. An update on the management response to the findings of an Internal Audit Baseline Assessment. The Committee received an Internal Audit Report on the Digital Response to the Covid-19 Pandemic which had received "reasonable assurance" rating. The Committee also received three reports in-committee relating Cyber Security, Cyber Awareness and strategic risks relating to the Digital Programme.
ASSURE	The Committee Annual Report 2020-21 was approved. The Committee Annual Effectiveness Survey Action Plan was noted. The Committee considered its Terms of Reference as part of the annual review requirement and these were approved with no changes. An update was received on the Organisational Risk Register entries related to ICT risks with a score of 15 or more. Members NOTED three new risks had been added, four risks had decreased and one had been closed. The Committee

	noted that the Risk Register would be presented to the Board at its meeting on 29 July 2021. A report was received on the All-Wales Information Governance Toolkit Outcome Report. Members noted the update on the implementation and outcome of the Information Governance Toolkit Self-Assessment. Members NOTED areas of compliance along with areas for improvement. The Committee received a report on the Digital Programme Assurance and noted progress. Highlight reports from the Information Governance Group meetings held in April and June 2021 were received and noted.
INFORM	One policy was approved: • Records Management Policy
APPENDICES	NOT APPLICABLE

AGENDA ITEM
3.2.3 Appendix 7

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD	
HIGHLIGHT REPORT FROM THE LOCAL PARTNERSHIP FORUM	
DATE OF MEETING	29/07/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Karen Wright, Assistant Director of Workforce
PRESENTED BY	Hywel Daniel, Executive Director for People
EXECUTIVE SPONSOR APPROVED	Hywel Daniel, Executive Director for People

REPORT PURPOSE	FOR NOTING

ACRONYMS	
CTM	Cwm Taf Morgannwg
ILG	Integrated Locality Group
LPF	Local Partnership Forum

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Local Partnership Forum at its meeting on 6 May 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Committee is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	No items to alert or escalate to the Board.
ADVISE	No items to advise to the Board.
ASSURE	Workforce Policies Endorsed and noted the following Workforce Polices to be approve by the People and Culture Committee: • Retirement Policy; • Retirement Process and Guidance; • Respect and Resolution Policy; and • Respect and Policy FAQs. The current backlog of Occupational Health appointments was discussed. It was confirmed that Occupational Health were putting together a robust plan to ensure that the service is sustainable. The paper was to be submitted to the Executive Team on Tuesday 1 June 2021. Occupational Health Service It was further confirmed that experienced senior nurses are joining the team on a temporary basis, to help with the backlog of cases and that from September 2021 the Occupational Health Department will engage a student nurse. COVID-19 Vaccination Centre Workforce Update A COVID-19 Vaccination Centre Workforce Update was provided, outlining the short, medium and long term actions being taken to address the shortage of clinical staff workforce. This included assurance that a CVC Recruitment plan and timeline has been produced and is being reviewed and updated on a weekly basis and presented to the Strategic and Operational Boards. It was confirm that there are two recruitment work streams - 1) Fixed Term / Secondment Band 3 HCSWs, Band 5 RNS /AHPs 2) Bank Band 3 HCSWs and Band 5 RNs / AHPs. It was noted that the Health Board has set up a dedicated CVC Staff Bank. COVID-19 Vaccination Update

	A COVID-19 Vaccination update was provided, which covered the areas of community transmission, hospital outbreaks, test and contact tracing, staff testing and the vaccination delivery plan. Targeted Intervention Update The LPF were provided with a Targeted Intervention Update. It was confirmed that each of the three self-assessment domains had an Executive Lead and partnered up with an Independent Member, working with the ILGs, to gather evidence to demonstrate ongoing improvement.
INFORM	International Nurse Recruitment The LPF were asked to note the content of the CTM video on International Nurse Recruitment. https://vimeo.com/535298424 It was confirmed that WFOD, working with the ILGs and Finance Business Partners are reviewing how many unfilled nurse vacancies it has across the Health Board. This data will inform future international nurse recruitment plans. Finance Update The LPF was provided with an overview of the Health Boards 2020/2021 financial position and reoccurring deficit position. They were also informed of the development of a draft financial plan to address financial deficit in 2021 / 2022 with a view to break even.
APPENDICES	NOT APPLICABLE

AGENDA ITEM
3.2.3 Appendix 8

CTM BOARD	
HIGHLIGHT REPORT FROM THE PEOPLE & CULTURE COMMITTEE	
DATE OF MEETING	29/07/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Kathrine Davies, Corporate Governance Manager
PRESENTED BY	Dilys Jouvenat, Independent Member/ Chair of the People and Culture Committee
EXECUTIVE SPONSOR APPROVED	Hywel Daniel, Executive Director for People

REPORT PURPOSE	FOR NOTING

ACRONYMS	
	None Identified.

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the People and Culture Committee at its meeting on the 14 July 2021.

1.2 Key highlights from the meeting are reported in section 2.

1.3 The Board is requested to NOTE the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	• There are no matters to escalate to the Board on this occasion.
ADVISE	• The Committee received a Presentation on Employee Experience and Wellbeing • The Committee received a Presentation on Equality, Diversity and Inclusion which included highlights from the Equality Annual Report 2020/2021 and Welsh Language Standards Annual Report 2020/21 • A report was received on the Corporate Health Standard. Members were pleased to note the retention of the Gold Health Standard.
ASSURE	• The Committee received the Metrics Report which provided key workforce metrics for April / May 2021, with historic trends. • The Committee received a report on the Disclosure and Barring which provided an update on the current position in terms of compliance. • The Committee received a report on the topic of Medical Workforce and Efficiency which provided an update to the committee on the current situation in medical workforce and the medical efficiency work streams, projects and overall department. Members agreed after this initial combined submission, there will be a report submitted to the committee at every meeting, with the alternating titles of Medical Workforce and Medical Efficiency. . • The Committee received a report on the Organisational Risk Register for those matters where risks had a score of 15 or more assigned the Committee, noting actions taken to manage or mitigate those high-level risks. It was noted that the Organisational Risk Register would continue to evolve as it was embedded within the organisation.
INFORM	• The Committee: • Ratified the adoption of the all-Wales Respect and Resolution Policy and FAQs that were

	approved under urgent Chairs Action following the April 2021 meeting. • Approved the Shared Parental Leave Policy • Approved the Committee Annual Report for 2020-21 • Noted the Committee Self-Assessment Improvement Plan. • Approved the Equality Annual Report for 2020-21. • Approved the Welsh Language Standards Annual Report for 2020-21 • Noted the Committee's updated Annual Business Cycle • Noted the Annual Review of the Committee's Terms of Reference (with no changes) • Noted the development of a Procedure for Dealing with Anonymous Communications (which would be approved via the Management Board)
APPENDICES	Not applicable.

AGENDA ITEM
3.2.4

CTM BOARD

JOINT COMMITTEE REPORTS

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Emma Walters, Corporate Governance Manager
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance / Board Secretary
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 To present the Board with a number of Joint Committee reports for information only.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 A number of Joint Committee meetings have been held since the Board last met in May 2021, namely the Shared Services Partnerships Committee, the Emergency Ambulance Services Committee and the Welsh Health Specialised Services Committee.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Key risks and any matters for escalation are set out in the appended Joint Committee Reports.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not applicable
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 The Board are being asked to NOTE the following Joint Committee Reports:

- Shared Services Partnerships Committee;
- Emergency Ambulance Services Committee;
- Welsh Health Specialised Services Committee.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Presentation on IP5

The Programme Director provided an update on the facility at Imperial Park, Newport (IP5). The building was originally purchased to provide contingency for a no-deal BREXIT but has proved to be invaluable in responding to the challenges provided by COVID and in developing additional services. The site was formally acquired by NWSSP in March 2019 and the original business case (prior to COVID) envisaged a number of services moving into the facility. Many of these have been achieved (Relocation of the Cwmbran Store and the HCS South East Regional Hub; Temporary Medicines Unit and the development of office space which is now being used by the Medical Examiner Service). Some planned developments have been either delayed or abandoned due to the impact of COVID (Theatre Kitting; WEQAs; Health Incubators and Baby Bundles). A number of services that were never envisaged prior to COVID have now been established in IP5 (Production of PPE Packs for Primary Care; Storage of Lateral Flow Test Kits; Storage of Renal Fluids and Pulse Oximeters; Medical Records Storage; establishment of the Temporary Medicines Unit; Picking of PPE and Diluent Packs for the Vaccination Programme and more recently the collation of support for India). Members were very appreciative of the presentation, and of the efforts of staff at the site, in supporting NHS Wales and the wider public sector over the last 12 months.

Presentation on Primary Care Services

The Director of Primary Care Services provided a presentation on how NWSSP could better support the objectives of the Strategic Programme for Primary Care. Traditionally, NWSSP Primary Care Services has been largely a transaction-based service but recent months and years have seen the development of a number of expert services. Focusing on Cluster development, the Director highlighted a number of recognised issues including governance and IT issues, evaluation of performance, and support for development. He saw a number of opportunities where NWSSP could assist further with Clusters, including governance and

workforce support, data management and Shared Care Interface. NWSSP would be acting on behalf of Health Boards in helping to drive this agenda, rather than looking to replace them, and could utilise standard systems and processes to tailor solutions to local circumstances. SSPC members were appreciative of the presentation and were particularly focused in ensuring that NWSSP made use of the data at its disposal to benefit the wider NHS community.

Managing Director's Report – the main issues noted were:

- Engagement with the Foundational Economy One of the key priorities in this year is to build opportunities for strengthening our engagement with the foundational economy in supply chain and procurement. Our Procurement Strategy embraces the Wales First principles nurturing local supply chains and provides opportunities via competitive tendering to promote economic regeneration, by ensuring equal opportunities via local, regional, and national strategies on all contracts for goods and services. By adopting these principles this improves the Welsh economic operators' abilities to access and realise opportunities, which in turn also provides significant environmental benefits by sourcing locally. We are continuing to engage with stakeholders and the market to enable foundational economy outcomes from our procurement processes.
- HCS – Electrification of Fleet - Our Health Courier Services recently took delivery of six fully electric vans that are the first in a number that have been ordered and which will be a key component in the implementation of our Decarbonisation Strategy.
- Annual Plan - Positive feedback has been received following the submission of the Annual Plan to Welsh Government and we are currently awaiting official feedback.
- Quality and Safety Committee - Arrangements have now been finalised with Velindre regarding the establishment of the Quality and Safety Committee which enables us to discharge the (Partnership) Committee's resolution on this matter from last September.
- TRAMS - We are in the process of appointing a Director of Pharmacy Technical Services to help manage the Transforming Access to Medicine Service. A revised Programme Board will also be established to drive forward both the OBC and FBC. The role of the SRO is likely to be held jointly between the NWSSP Managing Director and the Chief Pharmacy Officer, Welsh Government.

Items Requiring SSPC Approval

Scheme of Delegation

The Director, Legal & Risk Services presented a paper to request changes to the Scheme of Delegation in respect of the Existing Liabilities Scheme. The paper also covered a request to further extend the COVID expenditure limits to the end of September and to increase the ESR recharge limit from £750k to £1m. The SSPC ENDORSED these requests.

Legal & Risk Case Management System

The Director, Legal & Risk Services, presented a paper on the award of a Case Management System. Implementation of this system will deliver a host of benefits for NHS Wales, including enabling more administrative tasks to be undertaken by junior staff, and thereby freeing up the time of senior lawyers, and also providing an easier route for Health Boards to access information on cases relevant to them. The SSPC NOTED and ENDORSED the contract award.

PPE Strategy

The Director of Finance & Corporate Services introduced this item which included the recent Audit Wales review into the procurement and delivery of PPE which concluded positively, and particularly when compared to the NAO report into the arrangements in England. The task now is to deliver a longer-term strategy for PPE provision. The aim is to have the plan in place with effect from September 2021.

Oracle Finance and Procurement System Upgrade

The Director of Finance & Corporate Services provided a verbal update on progress with the new Oracle upgrade. It was noted that an update on the results of the User testing would be presented at a STRAD meeting later that day and a decision to progress with the update would be made once the results from the user testing had been reviewed.

Annual Governance Statement

The Head of Finance & Business Development presented the final draft Annual Governance Statement which will be formally approved at the end of June Audit Committee. The statement is largely positive, reflecting the challenging year of working in a pandemic, and for which external and internal audit reports have demonstrated that systems and controls have largely been maintained, whilst measures implemented in direct response to the pandemic (e.g. PPE provision and site safety) have been successful. There were no limited or no assurance reports and only a very small number of control weaknesses identified, which had previously been reported to the Committee. There are still a few aspects of the statement which are still in draft. The Committee ENDORSED the statement for formal approval at the June Audit Committee.

Service Level Agreements

The Head of Finance & Business Development presented a paper on changes to the SLAs in place between NWSSP and health organisations across Wales for provision of services. The SLAs require formal annual review and approval by the SSPC. It was noted that both Digital Health and Care Wales and Health Education and Improvement Wales became full members of the Partnership Committee with effect from 1 April. The SSPC APPROVED the updated SLAs.

Audit Committee Terms of Reference The Head of Finance & Business Development presented an updated Terms of Reference for the Shared Services Audit Committee which the Committee APPROVED.
Finance, Workforce, Programme and Governance Updates
Laundry Services - Three of the current five NHS laundries in Wales transferred over to NWSSP on 1 April 2021 as planned. Work is now on-going to improve the facilities and arrangements for each of these laundries, and to implement the operational SLAs that have previously been agreed at Committee. Further work is being undertaken with Cwm Taf Morgannwg UHB and Hywel Dda UHB to enable the two remaining laundries to be transferred later in the year. Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. Finance and Workforce Report – The final position for 2020/21 was that all financial targets had been met and NWSSP achieved planned surplus of £21K (after a £2m distribution to Health Boards and Trusts), subject to external audit. The total expenditure for Welsh Risk Pool for 2020/21 was £123.8m and the Risk Share agreement was invoked at the IMTP value of £13.8m. Corporate Risk Register – there remain one red risk on the register, relating to the replacement of the NHAIS system. A new risk has been added following a number of attempted bank account mandate frauds in March, but procedures have been further strengthened to protect against this. Issues and Complaints 2020/21 Annual Report – The report highlighted a slight drop in the number of complaints and an improvement in response times. Finance Monitoring Reports – the Committee were provided with the monitoring returns for Months 12 and 1 for information. Audit Committee Assurance Report – the report relating to the Audit Committee held on 20 April was provided for information.
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to NOTE the work of the SSPC and ensure where appropriate that Officers support the related work streams.
Matters referred to other Committees
N/A

Date of next meeting	22 July 2021

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 9 MARCH 2021 AT 13:30HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Deputy Chief Executive, Aneurin Bevan University Health Board ABUHB
Jamie Marchant	Director of Primary, Community and Mental Health, Powys PTHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Sian Harrop-Griffiths	Director of Planning, Swansea Bay SBUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/01	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Jo Whitehead was welcomed to the meeting. The meeting in January 2021 had been cancelled due to the operational pressures related to the coronavirus pandemic.	Chair

EASC 21/02	APOLOGIES FOR ABSENCE Apologies for absence were received from Judith Paget, Carol Shillabeer, Steve Moore, Andrew Carruthers and Mark Hackett.	Chair
EASC 21/03	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair
EASC 21/04	MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2020 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 10 November 2020. Members RESOLVED to: • APPROVE the Minutes of the meeting held on 10 November 2020.	Chair
EASC 21/05	ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows: EASC 20/45 & 20/57 Learning Lessons of working during a pandemic Jason Killens confirmed that information had been received at the Welsh Ambulance Services NHS Trust (WAST) Board meeting and would be circulated with the minutes of the meeting. EASC 20/70 CASC as Co-Chair Task and Finish Group Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. Stephen Harrhy explained that the work was of joint Ministerial interest. Members noted three areas of interest; response to non-injury fallers aligned with local schemes; falls prevention and checks on homes (similar to fire prevention) and working with WAST to provide direct support in a first responder role where time matters most. Members noted that there was general support for this and the latest update report would be circulated with the minutes of the meeting. EASC 20/74 Serious Adverse Incidents (SAIs) Jason Killens gave an update on the position related to SAIs and benchmarking the WAST position and some issues in bringing information together. A further report would be brought to the next meeting. Other SAI information was also being shared via the Directors of Nursing Group across Wales.	CEO WAST CASC CEO WAST

	EASC 20/74 Health and Safety Executive Improvement notices re personal protective equipment Jason Killens explained that a letter had been sent to Chief Executives during the summer of 2020 to explain the position. Members noted that the amount of time WAST staff were in PPE was still an issue for the HSE although the concern was being mitigated. This action was closed. EASC 20/74 Overview list to tackle performance Members noted that the EASC Management Group would discuss this issue at its next meeting and report back. EASC 20/93 Beyond the Call Members noted that the Beyond the Call document - the National Review of Access to Emergency Services for those experiencing mental health and /or welfare concerns was now available on the EASC website: https://nccu.nhs.wales/qais/btc/ EASC 20/95 NEPTS Winter Capacity Members noted the central winter funding monies provided and it was agreed this was a positive report. This action point was closed. EASC 20/95 Safe Cohorting of Patients Members noted the variety of work to reduce handover delays. Providing additional capacity was key across NHS Wales and a number of initiatives were ongoing which would be monitored via the EASC Management Group and would be reported back at a future meeting. EASC 20/95 Operational Delivery Unit (ODU) Members were aware that the ODU was up and running and was linking with the Chief Operating Officers meeting and that the work on escalation would also be important to its function. A report would be provided to the next Chief Operating Officer's meeting and a further update would be provided at a future meeting. (Len Richards joined the meeting) EASC 20/95 Information Members noted that this work was linked with the development of a dashboard. This work would also allow health board to better plan services by working in partnership with WAST in managing the demand in real time. The aim was to work with health boards and Welsh Government to integrate ongoing work. A further update would be provided at a future meeting.	CASC CASC CEO WAST CASC

	EASC 20/95 Post production lost hours Jason Killens explained that active conversations had been taking place with trade union and staff side colleagues on the modernisation agenda. A further report would be provided in the WAST report at the next meeting. The Chair suggested reordering the Action Log to have the most recent issues first which was agreed. Members RESOLVED to: • NOTE the Action Log.	CEO WAST Ctte Sec
EASC 21/06	MATTERS ARISING There were no matters arising.	
EASC 21/07	CHAIR'S REPORT The Chair's report was received. Members noted the meetings being attended by the Chair and that the work of the groups were all overlapping and crossing boundaries. The Urgent and Emergency Care Programme was changing and this would have an impact on the work of the Committee. The complex landscape had been referred to in 'A Healthier Wales' and Members felt that more work was needed to simplify the system in Wales. Members also noted the Chair's objectives set by the Minister. Members RESOLVED to: • NOTE the Chair's report.	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/08	CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following key items: • Ministerial Ambulance Availability Taskforce Members noted that the Interim Report had been unanimously supported by the Taskforce Members and submitted to the Minister. The report would be shared with Members following its clearance through Welsh Government processes. The aim of the Taskforce was to work in a complementary way with the EAS Joint Committee. One of the main aims would be to develop a vision of what a modern ambulance service needs to look like and Members welcomed an opportunity to have a detailed discussion at a future meeting.	CASC

	Members were notified of a secure website which had been developed to share information with the Taskforce and the EASC members would also be invited to access the information provided. • Emergency Medical Retrieval and Transfer Service (EMRTS) Members were notified that accessing capital funding had been an issue for the service in terms of their expansion plans and this had now been resolved. Stephen Harrhy agreed to discuss the capital funding with Sian Harrop-Griffiths (Swansea Bay UHB) outside of the meeting. • Non-Emergency Patient Transport Service (NEPTS) Members noted that the roll out was almost complete; the final two health boards would soon complete the transfer and the CASC thanked the Members for their support in progressing this matter. • Emergency Medical Services Framework Members noted that the EMS Framework had been refreshed. The version produced was less technical than previous iterations but continued to link to the care standards and core requirements but was more focused on outcome and outputs, a change which was welcomed by the Members. There were no specific issues to raise and the framework had been discussed at the EASC Management Group. Members noted a small number of small amendments would be required (although not likely to be material) and the Members agreed that the Chair take Chair's action to sign off. The Chair thanked Stephen Harrhy for the report and Members RESOLVED to: • NOTE the Chief Ambulance Services Commissioner's report • APPROVE the Chair and CASC to finalise the EMS Framework (subject to no material issues being identified) for 2021-22.	CASC / Director of Finance CASC/Chair
EASC 21/09	WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. Members noted: • Covid Pandemic WAST had been able to de-escalate from REAP3 (Resource Escalatory Action Policy) to REAP2 and additional support which had been received, for example from the military, would be stepped down by the end of March.	

	Work had commenced on reconfiguring the crews to the previous position and work also was underway to capture any lessons learned from the second wave. • Red Performance Members noted red performance had increased since December (which had been very challenging); the previous month (February) had closed at 64%. • Delays Patient waiting times and the pressures in the system due to the second wave had led to unacceptable ambulance waiting times. Members noted that an increase in serious adverse incidents relating to patient waiting times had been experienced. This was also the experience of other ambulance services across the UK in terms of the impact on communities. In terms of community based incidents Members noted that they were being investigated jointly between WAST and health boards. • Non-emergency patient transport services (NEPTS) Two further health boards were just about to cross over to the national model with only one health board yet to transfer. • Changes at Health Boards Members noted the impact of health board service changes on WAST and it was important to learn lessons. Recruitment had taken place, which was additional to the WTE136, for the changes in the ABUHB services. The Chair thanked Members in relation to the work undertaken to transfer NEPT services into WAST. The Chief Ambulance Services Commissioner also highlighted that WAST had undertaken escalation procedures which had not previously been taken. At the Demand Management Plan (DMP) levels 5 and 6 this had led to people in communities who would have normally received an ambulance response being left to make their own arrangements. These decisions had been reviewed and at the time no other actions were available. However, Members noted the opportunities for learning and creating a system where escalation processes across the system, working with the operational delivery unit, might assist in avoiding such drastic action needing to be taken. Members RESOLVED to: • NOTE the WAST provider report.	

Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/10	EASC ANNUAL PLAN & COMMISSIONING INTENTIONS The EASC Annual Plan and Commissioning Intentions was received. In presenting the report, Ross Whitehead explained that the Annual Plan was shorter than usual to meet the expectations of the Welsh Government and focussed on EASC activities only. Members noted the intention to focus on three areas in alignment with health boards' resetting: 1. Focus on commissioned services 2. Transformational work programmes 3. Develop the commissioning cycle more fully Members noted that the Annual Plan and Commissioning Intentions had been discussed at the EASC Management Group and the guiding principles agreed included: • Intentions will be at the strategic level and will be extant for a minimum of 3 years • Collaborative priorities ie WAST, HBs and EASC Team will be agreed annually for each intention • They will focus on delivery and outcomes • Each intention will have annually agreed aims, product or indicator or a combination of these. • They will recognise the challenges of resetting in post-Covid environment and the opportunities to fast track service transformation • They will not replace or override extant requirements within the commissioning framework or statutory targets or requirements. Ross Whitehead explained that for emergency medical services the commissioning intentions included: • seizing the opportunities afforded by the Welsh Clinical Response Model and the 5 Step EMS Ambulance Pathway. • optimising the availability and flexibility of front line resources to meet demand. • maximising productivity from resources and demonstrate continuous improvement. • developing a value-based approach to service commissioning and delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients. • collaborating to reduce and prevent harm, and improve quality of service and outcomes for patients. • collaboratively developing and delivering services that allow the ambulance service to contribute to the wider health system.	

	For NEPTS and Emergency Medical Retrieval and Transfer Service (EMRTS), a slightly different approach was taken as both services were in a transition period and would need time to consolidate the major service changes. The EMRTS expansion work would also include the development of the Critical Care Transfer Service for Wales. A Task and Finish group had been developed working towards the service going live later in the year. Members asked about the 111 Service Programme and Contact First which were more specifically mentioned within the WAST plan. Members discussed that the Committee was not currently responsible for commissioning these services under the Statutory Establishment Order for the EAS Joint Committee. Members were aware of the increasing symbiosis of the 999 service and the 111 Service Programme. The 111 Service Programme Board was also considering the right governance arrangements to avoid duplication. Stephen Harrhy explained that plans were in place to meet with the Programme Director of the 111 Service and WAST to discuss how progress could take place and would advise EASC and the 111 Programme Board in due course. Jo Whitehead shared some reflections on being new in NHS Wales; recent induction meetings and the potential of developing a modern ambulance service and increasing the roles of staff groups such as paramedics and diversifying health care control rooms to support patients before they fail. Jo Whitehead also raised the opportunity for real change to blur primary, community, secondary, tertiary and ambulance service care lines and whether more opportunity for additional transformational service development could be included in the plan and intentions. Members noted the work of the Ministerial Ambulance Availability Taskforce and the need to consolidate ambition which would be a helpful discussion at a future meeting as a ‘Focus on’ session. The finance section of the Annual Plan was discussed including the requirement of the recurrent funding commitment from last year to support WAST in recruiting the additional 136wte staff to close the relief gap. Other provisions for non-recurrent funding was discussed as well as recognising the commitment from ABUHB to fund the service changes associated with the new Grange University Hospital. There were no additional resource expectations for the NEPT service within the plan.	CASC Chair

	The EMRT service had been allocated funding to establish the Critical Care Service (£1.7m) as well as funding to support the Major Trauma Network. Members noted that the expectations of WAST regarding the requirement in the demand and capacity review for efficiency changes, roster reviews, reduction of post-production hours lost has been clarified. In summary, the non-recurrent finance element approved last year for both WAST and EMRTS would be recurrent if the plan was approved. Any funding in year would need to demonstrate the additional numbers of staff recruited in line with the demand and capacity plans. Members noted that the financial schedules (at beginning of February) had been shared with the deputy directors of finance as well as at the EASC Management Group. The Ministerial Ambulance Availability Taskforce had been tasked by the Minister to describe a modern ambulance service and it was likely that further work groups would be established to contribute to the ongoing work with opportunities for support from all parts of the system. The work to deliver the plans for the major trauma network were also continuing with specific elements related to training. Jason Killens offered to present personal views and the views of WAST in relation to what a modern ambulance service could offer and Members felt it would be helpful as there were significant opportunities to ensuring the best possible service for Wales; it would also be important to share that understanding at the Joint Committee. It was agreed that Jason Killens would present at the next Committee meeting in the Focus on session (Added to the Forward Look). The new Critical Care Transfer Service was also discussed as this would be the first time that Wales would have a dedicated service available. Members noted that it was a slightly different model across Wales but it would provide equity of access. The work to progress the national transfer and discharge service would also be undertaken in the financial year which would also capture inter hospital service transfers and service transformation in health boards. The EASC Management Group had suggested that a 3-year commissioning cycle would be beneficial to the system and therefore the work to develop next year's plans would start during the summer for discussion and collaborative working. Members discussed where plans for the 111 Service and Contact First would be approved (as outside the EASC responsibilities).	Chair CEO WAST

	Members noted the current position that the 111 Service reported through its Programme Board and the Contact First reported through to the National Programme for Urgent and Emergency Care. Members felt it would be helpful that the processes could be simplified and noted that the EASC Joint Committee could provide strong governance for these services. Members RESOLVED to: • APPROVE the EASC Annual Plan and • APPROVE the Commissioning Intentions.	
EASC 21/11	WELSH AMBULANCE SERVICES NHS TRUST (WAST) DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP) The draft WAST IMTP was received. In presenting the plan, Jason Killens highlighted the overarching (current draft) summary position including: • The plan built on previous plans • Recognises the EMS 999 service and also the front end of the 111 service (through the programme board) • Recognised that this was a 3 year plan although Welsh Government only asked for an annual plan • Demand and Capacity review investment and efficiencies to be made; increasing hear and treat rate Next 12 months • Call handling (111 roll out – BCUHB in June and CVUHB will be the last health board to come on line) • Implement new SALUS system – national system for 111 in the summer (Plans for CVUHB could be brought forward after the new system is implemented if required) • More call handlers and clinicians and investing in senior clinicians in 111 to develop options for patients • Digital options and offers to be developed – including video assessments with clinical staff (begin to defray as much activity with a digital offer) • WAST expect 111 and 999 services to come together as a clinical service and work through how this may look in the future • Demand and capacity – appointing a further 127 staff to close relief gap and concurrently the efficiency work – will involve changing rosters • Electronic patient clinical record; will improve data collection and accessibility and connection of data sets which will inform decision making • Respiratory and other pathways • NEPTS – national footprint for the first time	

	Additional offers could include (if commissioned) • Recruit a further 50 paramedics • More staff through advanced practice (20 in September) • Implement 'Beyond the Call,' responding with specialist clinicians and a level 2 full service nationally. Members noted that additional information would be developed to provide a sense of what might be achieved on performance into the final version of the IMTP. The model for rural areas was also of interest to Members and further work would take place to discuss improving services. Members suggested that further conversations regarding the additional offers could take place at the Chief Operating Officers meeting or with separate health boards although economies of scale was an important consideration. Other options could also be considered although taking a national 'Once for Wales' approach would be helpful. Members noted that additional staff could be recruited and understood the capacity for next year would be sensible and helpful for plans for next year. The extended training course for paramedics in the year after next would lead to a reduced number of new paramedics available at that point. The training capacity was finite and it would be helpful to clarify how this could work across Wales particularly for urgent and emergency care settings. The Chair raised the issue of red and amber performance and the expectation of the public to receive a timely service as well as understanding how the service needed to change going forward and communicating and engaging the changes with the public. Ensuring the core service delivers would be key to providing other options for a modern ambulance service. Members RESOLVED to: • SUPPORT the draft WAST IMTP. • NOTE the IMTP was consistent with the EASC Annual Plan and financial assumptions are similar • NOTE issues relating to the 111 service and the governance routes • APPROVE the Chair and CASC sign off the plan at the appropriate time before submission to the Welsh Government.	Chair and CASC

EASC 21/12	FINANCE REPORT The EASC Finance Report was received. Members noted the stable position, 100% balanced plan. There were no anticipated difficulties to complete the finance report at year end. Members RESOLVED to: • APPROVE and NOTE the report.	Director of Finance
EASC 21/13	EASC SUB GROUP MINUTES Members received the confirmed minutes of the EASC Sub Groups as follows: • EASC Management Group - 22 October and 18 December 2020 • EMRTS Delivery Assurance Group – 10 Dec 2020 • NEPTS Delivery Assurance Group – 27 Oct 2020 Members RESOLVED to: • APPROVE the confirmed minutes as above.	CASC
EASC 21/14	EASC GOVERNANCE INCLUDING THE RISK REGISTER The EASC Governance report was received. In presenting the report Gwenan Roberts explained that the Annual Report would be presented at the next meeting and this would include the effectiveness survey. Members noted: • The temporary changes to the model Standing Orders in line with the Welsh Health Circular 2020/11 would revert to the original Standing Orders on 31 March 2021. • The EASC Directions and Regulations • The Risk Register which had been received at the EASC Management Group • The EASC Sub Group membership had been clarified for all health boards • Plans to improve public access to Committee meetings in line with health boards. Members RESOLVED to: • NOTE the plans to complete the Effectiveness Survey at the next meeting • APPROVE the Model Standing Orders for EASC noting the changes following the completion of the Welsh Health Circular 2020/011 on 31 March 2021 • NOTE that all health boards need to review the representatives at the Sub Groups	CASC

	• NOTE the governance arrangements for the EASC • APPROVE the risk register.	
EASC 21/15	FORWARD PLAN OF BUSINESS The forward plan of business was received. The next Focus On session would be the 'modern ambulance service'. Following discussion, Members RESOLVED to: • APPROVE the Forward Plan.	Chair
Part 4. OTHER MATTERS		ACTION
EASC 21/16	ANY OTHER BUSINESS There was none.	

DATE AND TIME OF NEXT MEETING		
EASC 21/17	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 11 May 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	11 May 2021

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/may-2021/

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy (CASC) presented an update on the following areas:

- Ministerial Ambulance Availability Task Force – an evidence gathering session had been planned to capture the latest information on 'handover delays' which would be shared with Committee Members at a future meeting.
- Ambulance performance remained under the target of 65%; Members noted the re-setting and more normal expectations in terms of what was required and the WAST transition plan; this would be discussed in more detail, including plans for improvements to meet the target at the EASC Management Group and reported to the Joint Committee.
- Non-Emergency Patient Transport Services (NEPTS) Stephen Harrhy thanked the team at Betsi Cadwaladr (BCUHB) for their work in transferring into the service and also recognised the work of the NEPTS Team at WAST in ensuring the progress made to date. Members noted that conversations were taking place with the team at Cwm Taf Morgannwg (CTMUHB) to finalise the date for the transfer as the last health board area.
- Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that last year no specific capital allocation has been made for the EMRT Service including equipment replacement. This had now been agreed with Welsh Government officials and would be administered through the hosting arrangements at Swansea Bay (SBUHB).

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- Performance at 60-62% remained below target despite good solid production against the unit hours of production and rosters

- the performance team had been tasked to undertake a deep dive to begin to correct position, but activity had increased significantly
- PPE issues continue to have an impact but aiming to return to normal activity in the next couple of weeks
- Routine activity increasing e.g. last week busier than Christmas week
- 111 Service progressing well – live with BCUHB next month
- Challenges for new call handling and supply meeting and discussing with 111 Programme Board

FOCUS ON – A MODERN AMBULANCE SERVICE

The presentation 'A modernised ambulance service for the future' was received. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust introduced the session and explained the intention was to build on the conversation at the last EASC meeting in terms of modernisation and transformation of ambulance services. In particular, the aim is to change the ambulance service to move from the traditional transport organisation to provide more direct clinical care as a system partner in Wales. The ambition of the offer to the commissioners was in line with the intentions of 'A Healthier Wales' and similar to other high performing ambulance services.

The Chair thanked Jason Killens and Rachel Marsh for the interesting and thought-provoking presentation. Members agreed on the importance of the work and having some time to reflect on the discussions and held with a view to further refinement to take matters forward and provide a clear vision for the future.

FINANCE REPORT

The EASC Finance Report was received. In presenting the report Stuart Davies, the Director of Finance highlighted the following:
- Underspend of £395,000
- Challenges to show in year spend on new initiatives.

Members RESOLVED to: APPROVE and NOTE the report.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members received the second EASC Annual Report which captured the work undertaken by the Committee in 2020-2021. The EASC Risk Register had one additional risk added namely 'Failure by the whole system, policy makers, commissioners and providers to utilise EASC in matters which related to its areas of responsibility'. There remained two red risks which related to the failure to achieve the performance targets for red and amber calls.

The EASC Management Group Annual Report and Terms of Reference was received which had been endorsed by the EASC Management Group. Members noted that attendance and more regular membership had been achieved this year.

The discussion on the effectiveness survey had identified further issues for discussion by the EASC Management Group members particularly in relation to how the information and knowledge was shared within individual organisations.

Members also noted that an updated Model Standing Orders had been received following the last EAS Committee meeting. The Members agreed that the Chair and the Committee Secretary review the Standing Orders and take Chair's action to ensure that all health boards receive the EASC Standing Orders as they are included as part of every health board's governance arrangements. The Standing Orders would be submitted for ratification at the next EASC meeting.

Members RESOLVED to:

- APPROVE the EASC Annual Report and Effectiveness Survey
- ENDORSE the EASC Annual Governance Statement for submission to the host body (Cwm Taf Morgannwg University Health Board)
- APPROVE the risk register
- APPROVE the EASC Management Group Annual Report and Terms of Reference
- APPROVE the Chair take Chair's action and work with the Committee Secretary to review and finalise the EASC Model Standing Orders for distribution to health boards.

Key risks and issues/matters of concern and any mitigating actions
• Increasing handover delays • Red performance not meeting the target - risk register reflected the deterioration in performance • Decreasing Amber performance - risk register reflected the deterioration in performance
Matters requiring Board level consideration and/or approval
• EASC Model Standing Orders would be shared for inclusion with health board Standing Orders
Forward Work Programme
Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	13 July 2021			

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – JULY 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 13 July 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at:
https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

1. Minutes of Previous Meetings
The minutes of the meeting held on the 11 May 2021 were approved as a true and accurate record of the meeting.

2. Action log & matters arising
Members noted the progress on the actions outlined on the action log.

3. Chair's Report
Members received the Chair's Report and noted:

- Chairs actions taken in relation to:
  - the appointment of Professor Ceri Phillips, Vice Chair of Cardiff and Vale UHB (CVUHB), as an Independent Member of the Joint Committee, with effect from 1 June 2021 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SO's),
  - variation of the Governance and Accountability Framework and that the amended WHSSC SOs and Standing Financial Instructions (SFIs) be taken forward for approval by the seven Health Boards (HBs),
- an update regarding Dr Chris Jones, Vice Chair of the All Wales Independent Patient Funding Panel (IPFR) stepping down,
- an update on attendance at the Welsh Renal Clinical Network (WRCN) meeting 9 June 2021,
- an update on the Integrated Governance Committee (IGC) meeting 8 June 2021,
- Attendance at the Cwm Taf Morgannwg UHB (CTMUHB) Board meeting 9 June 2021 during which the WHSCC Annual Governance

Statement 2020-2021 and financial statements were formally approved.

4. Managing **Director's Report**

Members received the Managing Director's Report and noted updates on:

- Children and Adolescent Mental Health Services (CAMHS),
- All Wales Positron Emission Tomography (PET) Programme Business Case,
- Ty Llidiard Escalation Review,
- Status Report on Annual Audit of Accounts 2020-2021

5. Appointment of Vice Chair

Members received a report proposing that a Vice Chair be appointed to WHSSC. Members noted that Ian Phillips, Independent Member, WHSSC, had been an Independent Member with WHSSC for 2 years, and was reappointed for a further two years from 1 April 2021 and has extensive knowledge and experience of the breadth of the work undertaken by WHSSC and the Joint Committee.

Members approved the appointment of Ian Phillips as Vice Chair of WHSSC.

6. Appointment of Interim Chair to the Welsh Renal Clinical Network (WRCN)

Members received a report proposing that an Interim Chair is appointed to the Welsh Renal Clinical Network (WRCN) for a 6 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair.

Members noted the important work of the WRCN and that traditionally, the WRCN Chair role had been undertaken by a senior renal clinician, however given the remit of the WRCN working closely with the charitable sector, third party providers and Welsh Government, consideration had been given to developing a person specification to incorporate experience of working with a variety of diverse stakeholders as an essential/desirable requirement and recognising that the role should no longer be reserved to a senior renal clinician.

Members approved the appointment of Ian Phillips as the Interim Chair of the Welsh Renal Clinical Network (WRCN) for a period of 6 months.

7. Commissioning of Mesothelioma MDT

Members received a report outlining the case for establishing an all Wales specialist mesothelioma Multi-Disciplinary Team (MDT) commissioned by WHSSC; and proposing that a scheme for an all Wales mesothelioma MDT is included within the Clinical Impact Assessment Group (CIAG) process for the Integrated Commissioning Plan (ICP) for 2022-2023.

Members noted the information provided in the report regarding mesothelioma incidence and outcomes for people in Wales, and the potential benefits of an all Wales specialist mesothelioma MDT; approved the proposal to transfer the commissioning of specialised mesothelioma services from Health Boards (HBs) to WHSSC; and supported the inclusion of a scheme for an all Wales mesothelioma MDT within the CIAG process for the ICP 2022-2023.

8. Audit Wales Report – Committee Governance Arrangements at WHSSC

Members received the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC undertaken between March and June 2020. Members noted that as a result of the COVID-19 pandemic, aspects of the review had been paused, and re-commenced in July 2020. Members noted that:

- A survey was issued to all HBs and the fieldwork was concluded in October 2020,
- the scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to HB Chief Executive and Chairs and a review of corporate documents.
- The findings were published in May 2021 in the Audit Wales Committee Governance Arrangements at WHSSC report,
- The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government

Members noted the report and the Lead Auditor thanked the Joint Committee and the Executive team for their involvement in the production of the report.

9. Audit Wales WHSCC Governance Arrangements – Management Response

Members received the Management Response to the Audit Wales report concerning the review into Committee Governance arrangements at WHSSC.

Members noted that the report outlined 4 recommendations for WHSSC and the draft management response has been circulated to HB CEO's, Welsh Government and Audit Wales for comment and feedback. Progress against the actions outlined within the management response will be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and a full progress report will be presented to the Joint Committee 18 January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events have been completed.

Members noted that the report outlined 3 recommendations for Welsh Government (WG) and the WG management response had been outlined

in a letter from Dr Andrew Goodall, Director General Health & Social Services/ NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales. Progress against the WG management response will be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive.

Members noted the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, noted the Welsh Government response to the Audit Wales recommendations, and noted the proposed arrangements for monitoring progress against the actions outlined in the management responses.

10. Governance & Accountability Framework

Members received a report which provided an update on the WHSSC Governance and Accountability Framework and noted:

- the Minister for Health & Social Services had issued updated model standing orders for NHS Bodies in Wales in April 2021, including WHSSC,
- at the last Joint Committee meeting on the 11 May, it was proposed that the revised Governance and Accountability Framework documents, including the Standing Orders (SOs) and Standing Financial Instructions (SFIs), would be approved via Chair's Action outside of the meeting to facilitate expediency,
- on the 21 June, the Chair acting in conjunction with Dr Sian Lewis and Professor Ceri Phillips, Independent Member, took Chair's Action to update the documents and to recommend that the amended SOs and SFIs be taken forward for approval by the seven LHBs for inclusion within their own respective HB SOs,
- Once the updated documents have been approved Chief Executives are required to sign the Memorandum of Agreement (MOA) and the Hosting agreement,
- A report on the updated Governance and Accountability Framework for WHSSC will be presented to the CTMUHB Audit and Risk Committee on the 17 August 2021 to provide assurance in accordance with the hosting agreement.

Members noted the report, noted the Chair's Action taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven HBs; and approved the updated versions of the MOA and Hosting Agreement.

11. Annual Governance Statement 2020-2021

Members received the WHSSC Annual Governance Statement (AGS) 2020-2021 for assurance.

Members noted the report.

12. Activity Reports for Months 1 and 2 2021-2022 COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The report illustrated the decrease during the peak COVID-19 periods, the level of potential harms to specialised services patients and the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability.

Members noted the information presented in the reports.

13. Financial Performance Report – Month 2 2021-2022

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position reported at Month 2 for WHSSC was a year-end outturn under spend of £3,364k.

The majority of this under spend relates to the English SLA forecast underspend which reflects the difference between the plan baseline and the agreed blocks for Q1 & Q2, 2020-2021 reserve releases and development slippage. There is a partial offset with the over spend in Mental Health at month 1 that includes high Children and Adolescent Mental Health Services (CAMHS) CAMHS out of area (OOA) activity and an exceptional high cost medium secure patient with the forecast to plan.

Members noted the report.

14. Other reports

Members also noted update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- Quality & Patient Safety Committee; and
- Integrated Governance Committee
- All Wales Individual Patient Funding Request Panel

HEALTHCARE INSPECTORATE WALES
Annual Report 2020-2021

HIW Annual Findings 2020-2021 Cwm Taf Morgannwg

Rhys Jones
Head of Escalation and Enforcement, CTM Relationship Manager

29 July 2021

Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Agenda

- Introduction
- Our adapted approach
- All Wales Summary
- Cwm Taf Morgannwg – Key themes / findings
- Cwm Taf Morgannwg - Our Work

Introduction - Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.

We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Goal

To encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

Through our work we aim to:

Provide assurance: Provide an independent view on the quality of care.

Promote improvement: Encourage improvement through reporting and sharing of good practice.

Influence policy and standards: Use what we find to influence policy, standards and practice.

Healthcare Inspectorate Wales – Our adapted approach

MAINTAINED OVERSIGHT

How we did this:

- working with partners and,
- ongoing review of information and intelligence. This included Welsh Government COVID-19 reports and scenario modelling and Public Health Wales COVID-19 surveillance information.

INTRODUCED NEW WAYS OF WORKING TO CHECK ON CARE

How we did this:

- Continued to discharge our statutory function
- Introduction of flexible, adaptable approach
- Reducing burden to a system under significant pressure
- Considering safety of our own staff
- Rapid development of approaches to look at short and long term changes in healthcare provision.

Healthcare Inspectorate Wales – Our adapted approach

Our new approach, **HIW Quality Checks** , have been conducted entirely offsite.
Design of Quality Check's **aligns to key areas set out in the NHS Wales Planning Framework.**
Methodology focused on three areas;

1) Infection prevention and control;
2) Governance (specifically around staffing) and;
3) Environment of care.

Each sector-specific methodology considers these three areas plus other areas pertinent to that sector.
The work specifically explores arrangements put in place to protect staff and patients from COVID-19, enabling us to provide **fast and supportive improvement advice** on the safe operation of services during the pandemic.

In 2020 – 2021 HIW completed:

All Wales Summary

- 18 onsite inspections;
- 90 quality checks;
- 5 remote NHS follow up's and
- 5 remote IR(ME)R inspections across various wards, establishments, health boards and healthcare providers across Wales in the NHS and in the independent sector
- Handled over 1000 calls through our First point of contact (FPOC) service
- Dealt with 439 concerns – 36 of which were classified as needing urgent action

All Wales Summary 2020 - 2021

NHS Onsite work
1 NHS Mental Health setting
1 field hospital
8 mass vaccination centres
3 dental practices

Remote focussed inspections
3 IR(ME)R

Follow up work
5 NHS follow ups

Quality Checks
1 field hospital
8 GP's
26 NHS hospitals
19 NHS mental health hospitals

All Wales Themes 2020 - 2021

Overall good standard of care delivered across Wales during a period of unprecedented challenge.

Rapid response from services by **adapting environments and introducing new ways of delivery** to enable essential services to continue. (e.g. redesign of fracture clinic services, increasing use of remote and telephone consultation options.

Services had implemented **innovative approaches to support patients' physical and mental well-being** during the pandemic (e.g. a shop within a Mental health hospital setting)

Wide range of changes made to **infection prevention and control** arrangements to support the delivery of safe care. Hospital outbreaks seen during the second wave illustrate the need to continue to ensure arrangements are effective, and follow latest guidance.

Staff of all levels demonstrated **tireless commitment and flexibility**, however working during this time will have impacted considerably on wellbeing and continued resilience. There will be a task to support staff and ensure their wellbeing and training is a priority during recovery.

Cwm Taf Morgannwg – Our work

In 2020-2021 we completed:

- **1 dental quality check**
- **3 NHS hospital quality checks**
- **3 NHS mental health hospital quality checks**
- **1 onsite dental inspection**
- **1 mass vaccination centre onsite inspection (2 MVC's visited)**

Key themes/findings

During this year alongside Audit Wales, we undertook a joint follow-up review of our 2019 governance review. Overall messages:

- **Health board is making good progress to address the 2019 recommendations**
- **Accountability and responsibility for quality and safety is now clearer**
- **Arrangements for the identification and management of risk have been strengthened, and positive steps have been taken by the Health Board to improve organisational culture and learning.**

Our own programme of inspection and quality check activity has been broadly positive, with evidence that the health board has adapted and responded accordingly to the challenges of the pandemic.

One area of improvement consistently identified has been around compliance with mandatory training. This remains a key mechanism in ensuring that staff are equipped to deliver safe and effective care.

Our own engagement with the health board on any issues of concern requiring escalation has been positive, with timely and substantive responses being provided to us when requested.

Assurance and Inspection Work

There were three hospital quality checks during 2020-2021 – Abergarw Manor, Ysbyty Cwm Rhondda and Prince Charles Hospital, in addition we inspected the Mass Vaccination Centres in Bridgend and Mountain Ash .

Good practice or positive findings:

- Processes in place to ensure staff have up to date guidance regarding Covid-19 arrangements
- Increased cleaning schedules with evidence of infection control audits and good support from the IPC team
- Patients using the Mass Vaccination Centres very positive about their experience

Themes or most significant areas where improvements were required:

- Compliance with mandatory training low
- Need to strengthen actions as a consequence of audits
- Immediate assurance letter was issued following the Mass Vaccination Centre inspections relating to checking resuscitation equipment and fire risk assessments

Assurance and Inspection Work

There were three quality checks relating to mental health services during 2020-2021 – Glanrhyd Hospital (Angleton Clinic), Ty Llidiard and Cefn yr Afon.

Good practice or positive findings:

- Services have adapted in order to meet the challenges of the pandemic
- Staff working flexibly to ensure needs of services met
- Use of video calls/electronic equipment to maintain contact between family and friends

Themes or most significant areas where improvements were required:

- Need to strengthen aspects of ligature risk assessments, both in terms of identification and management, but also in terms of timely actions
- Elements of mandatory training compliance needing attention
- Workforce being redeployed leading to increased potential for unfamiliarly of bank or agency staff with patients

Assurance and Inspection Work

There was one unannounced onsite inspection of a dental practice during 2020-21, and one Quality Check

Good practice or positive findings:

- Engaged positively with the health board following this inspection
- Immediate steps were taken by the provider to address the issues identified
- Satisfied by the steps taken following a re-visit

Themes or most significant areas where improvements were required:

- Consequence of concerns identified at this inspection, enforcement action was undertaken
- Decontamination room was not fit for purpose
- Immediate improvements were needed in relation to the infection prevention and control arrangements

HEALTHCARE INSPECTORATE WALES
Annual Report 2020-2021

Thank you.
Any questions?

Rhys Jones
Head of Escalation and Enforcement, CTM Relationship Manager

29 July 2021

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Healthcare Inspectorate Wales

AGENDA ITEM
5.2

CTM BOARD

HIW/AW JOINT FOLLOW UP REVIEW OF QUALITY GOVERNANCE (MAY 2021) MANAGEMENT ACTION PLAN

Date of meeting	29th July 2021

1

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	G Galletly, Director of Corporate Governance
Presented by	C Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Director of Corporate Governance

Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Management Board	July 2021	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

1.1 At the November 2019 CTMUHB Board meeting, Members received a report following a joint review undertaken by Wales Audit Office (now Audit Wales) and Healthcare Inspectorate Wales of quality governance arrangements at Cwm Taf Morgannwg University Health Board (CTMUHB).

1.2 The publication of the report highlighted a number of significant findings for CTMUHB to which the Health Board provided a comprehensive response to the recommendations which was received and approved at the subsequent Board meeting in January 2020.

1.3 Progress against these recommendations and the management actions in response, has been included in the wider monitoring by the Board and Welsh Government in the context of enhanced performance arrangements associated with CTMUHB being in Special Measures for maternity services and Targeted Intervention for quality & governance, leadership & culture and trust & confidence.

1.4 A year on from the original Joint Review Report, Audit Wales and Healthcare Inspectorate Wales undertook a follow-up review of the Health Board to assess progress against the original 14 recommendations made.

1.5 The findings of the follow-up review were received by the Board at the meeting on 27th May 2021. The Health Board has since developed a management action plan to support the further achievement of the original recommendations made in the November 2019 report, noting the observations on progress and gaps identified in the May 2021 follow-up report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Health Board welcomes the report which recognises the commitment to and progress made in improving quality governance across our organisation despite the challenges posed by responding to the pandemic.

2.2 It is acknowledged that whilst many positive changes have been put in place, there is still further work to do and the Health Board has taken the opportunity to reflect on the findings of the follow-up report (May 2021) to inform a management action plan to further progress improvement in response to the original recommendations to ensure they remain focused and addressed.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Board is asked to note the continued commitment to improving quality governance of the organisation to support our staff and ensure the high quality and safety of the services provided to our communities.

3.2 The Audit and Risk Committee will monitor progress against the management action plan via the Health Board's Audit Tracker.

4. IMPACT ASSESSMENT

Quality / Safety / Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Safe Care
	Continued implementation of the recommendations will improve the quality & safety of our services.
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital / Revenue £ / Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The CTM Board is asked to:

- APPROVE the attached management action plan in response to the Joint Follow-Up Report (May 2021) from Healthcare Inspectorate Wales & Audit Wales.

AW/HIW QUALITY GOVERNANCE FOLLOW UP REVIEW (MAY 2021) – ACTION PLAN

Ref		Recommendation made in November 2019	A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)
	R1	**The Health Board must agree organisational quality priorities and outcomes to support quality and patient safety. This should be reflected within an updated version of the Health Board's Quality Strategy.**	**The Health Board has defined what high quality care means but its ambition to agree quality priorities, set out in a quality strategy, has been significantly delayed due to the pressures of the pandemic. In 2019, we found that the Health Board had not articulated organisational quality priorities. The Health Board's Quality and Patient Safety Governance Framework (Quality Governance Framework) implemented in June 2020 defines high quality care as care that is safe, timely, effective, efficient, equitable and patient-centred. These domains provide the framework against which organisational quality priorities can be identified, and their success measured.** **During 2020, the Health Board planned to develop a Three-year Quality Priority Strategy in partnership with the local community, staff, and other key stakeholders. The Health Board appointed an Associate Medical Director with responsibility for quality improvement to take forward development of the strategy with engagement and coproduction with the three ILGs. However, progress has been delayed significantly given the availability of locality teams and re-deployment of staff to respond to the pandemic. Nonetheless, it is important that progress is now made on developing the Quality Priority Strategy. Since completing our fieldwork the Health Board has indicated its intention to integrate the Quality Strategy into the Health Boards Integrated Health and Care Strategy which is due to be published by Autumn 2021.**
	CTM Lead	**Further Actions**	**Completion Date**
1.1	**DoN**	Organisational quality priorities are expressed within the CTMUHB Annual Plan and IMTP for 2020-23 (see R2) It is anticipated that the Quality Priority Strategy will align to the organisational strategy work. The AMD for Quality is leading on this supported by Assistant Director of Quality, Safety and Patient Experience.	**End Nov 2021**

		The quality strategy is being progressed and the quality priorities have been published in the QGF. The QGF will be updated to reflect and align with the overall HB strategy once published. Success will be measured by the connection of the strategy to the everyday function of the HB – through our agreed quality governance architecture, quality metrics and performance, and in the experience of our staff and patients – connecting us to the overall vision and demonstrating how the thread provides connectivity to understanding the reason for our work.	
1.2	**DoTH**	One Deputy DoTh and two Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning.	**X-Ref R3**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R2	The Health Board needs to take a strategic and planned approach to improve risk management across the breadth of its services. This must ensure that all key strategies and frameworks are reviewed, updated and aligned to reflect the latest governance arrangements, specifically; a- The BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities b- The risk management strategy reflects the oversight arrangements for the BAF, the quality and patient safety governance framework and any changes to the management of risk within the Health Board c- The quality and patient safety governance framework must support the priorities set out in	**The Health Board has made good progress in this area through the introduction of the new risk management strategy which reflects the new operating model and has good alignment with the Quality Governance Framework.** **The Board Assurance Framework used by the Health Board is continuing to evolve to reflect the new operating model and strategic objectives.** In January 2020 the Board approved the new Board Assurance Framework (BAF). This was seen as an interim step prior to undertaking the significant work needed on the Health Board's processes for managing and identifying risk, agreeing the Health Boards risk appetite, and agreeing the principal risks. During 2020, the Health Board took the first step towards updating the current BAF by undertaking a comprehensive review of its risk management approach. In September 2020, the Health Board agreed the key threats and principal risks that would affect the achievement of their strategic objectives and gained formal agreement from the Board of its current risk

		the Quality Strategy and align to the values and behaviours framework d- Terms of reference for the relevant committees, including the Audit Committee, QSRC[1] and CBM[2], reflect the latest governance arrangements cited within the relevant strategies and frameworks.	appetite. In November 2020 the Board received the new organisational risk register following a large-scale review of risks by the ILGs and the corporate departments. Work to define the mitigating actions and to identify the controls and sources of assurance is ongoing. Once complete, the Health Board intends to produce a more detailed Board Assurance Framework. The Health Board has also articulated its intention, by the end of 2021, to develop a Board Assurance Report (BAR), which will detail the principal risks rather than the operational risks as currently defined in the risk register. **There has been a comprehensive review of the Health Board's risk management approach since our 2019 review.** The revised risk management strategy and Risk Management policy were agreed by the Board in January 2021, after significant work by the Health Board to fundamentally review its approach and reflect the new locality based operational model. The new strategy clearly sets out the risk management process from service to board as described in the Quality, Patient Safety and Governance Framework, as well as articulating the intended plans for the Board Assurance Report process. The risk assessment Procedure was also reviewed and approved by the Management Board in January 2021 which further supports the risk approach and process within the Health Board. **Significant progress has been made on developing and implementing the Quality Governance Framework, however, more work remains to fully embed it within the organisation**. Since our review there have been many iterations of the framework with the latest version setting out the structures and processes that need to be in place operationally and strategically within the Health Board. The framework clearly defines high quality care (see progress against recommendation 1) and aligns to the organisation's Values and Behaviours. During the pandemic it has been easier to operationalise the Quality Governance Framework at an organisation and ILG level, but work to embed the governance structures within the Clinical Service Groups (CSGs) which sit beneath the ILGs is ongoing. **Terms of references for relevant committees have all been updated to reflect the new scheme of delegation and operating framework**. In January 2021 the terms of reference and Health Board scheme of delegation were revised to reflect the updated risk management arrangements. The Health Board took the opportunity to update and revise the terms of reference for each committee following changes to the governance framework after our 2019

[1] In December 2019 the Quality, Safety and Risk Committee became the Quality and Safety Committee, and the Audit Committee became the Audit and Risk Committee
[2] Clinical Business Meetings were stood down following the introduction of the new operating mode introduced in April 2020

			review. These will now be subject to an annual review as part of the ongoing governance processes and is captured in the cycles of business for Board Committees.
	CTM Lead	**Further Actions**	**Completion Date**
2.1	**DoG**	We will introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	**End Dec 2021**
2.2	**DoG**	Board Development Sessions will be undertaken to review and identify the Risk Appetite, Risk Tolerance levels and grading of principal risks aligned to the new Integrated Healthcare Strategy and the direction of travel for the Health Board – i.e. not necessarily cautious across all risk domains. The Health Board's Risk Appetite Statement will consequently be reviewed.	**End Sept 2021**
2.3	**DoN**	The Health Board's overarching quality priorities published within the IMTP/Annual Plan for 2020-23 are as follows: • Strengthened focus on quality on strategic planning; • Individuals' voices are better heard; • Shared learning and continuous quality improvement; • Risk better articulated, shared and mitigated; • Strengthened two-way 'point of service delivery' to Board sight; and • Extensive review and improvement of the management of concerns and serious incidents. Review of the Quality Governance Framework to reflect the developed quality strategy and enhanced governance processes within ILG's . The revised framework will provide improved granular detail in respect of ILG	**Quality Governance Framework reviewed and approved by Q&S Committee by December 2021**

		governance that wasn't available at the previous refresh in November 2020. System testing through attendance at CSG/ILG Q&PSE governance meetings will be introduced for evidence/assurance that the framework is embedded.	
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R3	Ensure there is collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads: a- Strengthening of the role of the Medical Director and Clinical Directors in relation to quality and patient safety b- Clarify the roles, responsibilities, accountability, and governance in relation to quality and patient safety within the directorates c- Ensure there is sufficient capacity and support, at corporate and directorate level, dedicated to quality and patient safety	**The Health Board has taken steps to strengthen responsibilities in relation to quality and patient safety both across the executive team and within its ILGs.** **Collective responsibility for Quality and Safety is now shared by the four clinical executive directors.** The Medical Director, the Executive Nurse Director, the Executive Director of Therapies and Health Sciences and the Director of Public Health have specific responsibilities for quality and safety, as well as professional leadership across their respective disciplines, with the Executive Director of Nursing acting as executive lead. This is clearly set out in the Health Board's Quality Governance Framework. The capacity of the clinical executive directors has been reduced for a number of years because of the challenge of recruiting a substantive Director of Therapies and Health Sciences. Since our last review, the Health Board did recruit substantively, however, this post became vacant once more. This post is now filled on an Interim basis by the Executive Director of Therapies and Heath Sciences from Cardiff and Vale University Health Board who works across both Health Boards, the Health Board is also recruiting a full time Clinical Director for Allied Health Professionals (AHPs) to ensure professional leadership and capacity. **The Health Board has clarified the roles and responsibilities for quality and patient safety within the new ILGs and CSGs**. The Quality Governance Framework aligns to the operating model that was introduced in April 2020. Responsibilities at an operational level for quality and patient safety are defined by the Quality governance Framework, which sets out the process and structure for the ILGs and their respective CSGs. The new operating model is helping to improve the focus on quality. For instance, ILGs are held to account by the Director of Operations, Nurse Director, Medical Director and Chief Executive for the delivery of high-quality patient centred care in line with the Quality Governance Framework. **The Health Board has invested in additional capacity to support quality and patient safety at a corporate and ILG level.** The Health Board has invested in new roles to support quality and patient safety. Within the nursing management team, new posts include an Assistant Director

			for Nursing and peoples experience, Deputy Executive Director of Nursing, a Head of Corporate Nursing, and a Senior Nurse for Professional Standards and Quality Assurance. The Medical Director has also established several new roles for Associate Medical Directors to lead on development of the quality strategy and clinical audit. The Health Board has also recently established a Quality Improvement team and appointed an Associate Medical Director for Quality Improvement and the Director of Improvement started in post in April 2021. The Health Board is also in the process of establishing the systems and infrastructure to support the Health Board's improvement work. Newly appointed Nurse Directors are in place for each of the three ILGs, and they are responsible for supporting quality governance, which is a shared responsibility across the three ILG senior leaders. In addition, each ILG also has a Head of Quality and Safety in place to support the quality governance agenda. Their role is to support the work of quality and patient safety within the ILGs, linking with the central Patient Care and Safety Team and the Assistant Director for Quality, Safety and Safeguarding. Over the past few months ILGs locally have also started to recruit additional governance staff to address their capacity issues as there are differences in the team sizes across the ILGs. The Bridgend and Merthyr Cynon ILG also have a new appointed Head of Midwifery for their respective obstetric units under the leadership of our Director of Midwifery who commenced in post in Jan 2020
	CTM Lead	**Further Actions**	**Completion Date**
3.1	**MD**	Robust interim arrangements to be agreed to cover role and accountabilities of Medical Director until substantive appointment is made.	**July 2021**
3.2	**CoS**	Review Operating Model and ILG/System Group Structure to evaluate effectiveness.	Formal review to follow appointment of key roles, anticipated by end March 2022.
3.3	**DoTH**	Appoint the AHP CD.	**August 2021**
3.4	**DoTH**	One Deputy DoTh and two Assistant Director of Therapies and Health Science posts will be advertised in July 21 these roles will strengthen quality and patient safety functions for therapists and healthcare scientists and work as part of the Executive function and strengthen succession planning.	**Interviews scheduled by August 2021**

3.5	**DoN**	Quality metrics capturing a greater breadth of HB services and functions, including population health measures, have been agreed and reviewed at the ILG performance meetings, Quality & Safety Committee and Board. The new measures will utilise, where possible, control limits, targets and trajectories. Once for Wales will support the HB to benchmark against other HBs.	**Scorecard data available by end Oct 2021**
3.6	**DoN**	As indicated above development of the Quality Strategy will commence at pace and align with the organisational strategy as it becomes available.	**Quality Strategy in place by November 2021.**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R4	The roles and function of the QSRC need to be reviewed to ensure that it is fit for purpose and reflects the Quality Strategy, Quality and Patient Safety governance framework and key corporate [organisational] risks for quality and patient safety. This should include the following; a- Implement the sub-groups to support QSRC must be completed ensuring there is sufficient support (administratively and corporately) to enable these groups to function effectively b- Improvements to the content, analysis, clarity, and transparency of information presented to QSRC c- Focus should be given to ensure the Quality and Patient Safety Governance Framework is used to improve oversight of quality and patient safety across the whole organisation, including Bridgend services. This should be accompanied by the necessary resource for its timely	**Although some aspects of this recommendation have been superseded, there has been good progress with establishing the new governance framework and reporting.** **Plans for implementing subgroups to support the Quality, Safety and Risk Committee[3] were stood down following a revision to the Patient and Safety Governance Framework, therefore this element of the recommendation is superseded.** The Quality and Patient Safety Governance Framework has evolved in response to the new operating model introduced in April 2020. Quality governance arrangements have been established within each ILG and each ILG reports on quality and patient safety matters directly to the Quality and Safety Committee. **The quality of information presented to the Quality and Safety Committee for assurance and scrutiny is improving.** The Committee routinely receives quality and patient safety reports from each ILG and an organisation wide Patient Safety Quality report. These reports cover all service settings including acute, primary and community and mental health services. They also include a set of overarching Health Board wide quality metrics. The reports contain information across a wide range of quality indicators and enable scrutiny of patient experience across all three ILGs in a standard template which enables comparisons. The content covers all service areas, and ILGs are encouraged to flag areas of incidents, claims and complaints (concerns), and risks, and there is appropriate narrative to provide assurance. Reports are delivered by the ILG teams themselves, which enables oversight and scrutiny from

[3] This committee was replaced in December 2019 with the Quality and Safety Committee.

		implementation, internal communications, and training.	Independent members. Our observations of Board and Quality and Safety committee meetings found appropriate levels of scrutiny and challenge with candid responses from officers. The improvements to the quality reports are positive and include the use of trend information but fall short of setting targets or thresholds where further work or escalation may occur, for instance if pressure ulcer occurrence in one ILG area goes higher than expected. There is an ambition to move to live dashboards to improve analysis and data interrogation and discussions have started to move this forward by the end of 2021. Plans have also been developed by the Nursing Directorate to introduce a 'focus on' section in the Health Board Quality and Safety report to address issues requiring greater interrogation and triangulation, and this will be presented to the next Q&S Committee in July 2021.
	CTM Lead	**Further Actions**	**Completion Date**
4.1	**CoS**	Meeting structure to sit under Management Board being developed to support the operational oversight and Health Board wide co-ordination and learning.	**Revised HB management meeting structure in place by end 2021**
4.2	**DoG**	Report writing training is being delivered, focussing on improving the quality of reports presented to Committees and Board.	**50 Report Authors to be trained by end Oct 2021**
4.3	**DoG**	Scrutiny toolkit being developed for Independent Members to support focussed scrutiny at Committees and includes expectations around quality of papers and information.	**Scrutiny toolkit to go live – August 2021**
4.4	**DoN**	An initial 'focus on' report has been submitted at the May Q&SC as part of the CTM Quality Dashboard and the second one due at the July Q&S. The subject for the focus of this supplementary support is decided by the Chair of Q&S and provides responsive 'deep dive' analysis, scrutiny and interrogation of data.	**Next Q&S 'Focus on' Q&S report July 21 – Medication errors.**
4.5	**DoN**	Quality & patient safety reports received at Q&S Committee from each ILG. Agreed metrics outlined in March 2021 Management Board that are being operationalised by performance management colleagues,	**By end Dec 2021**

		after which time, targets will be set with trajectories in SPCs.	
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R5	Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them.	**Independent Members receive appropriate support through the provision of an induction programme and ongoing development to support them in their scrutiny role.** Our 2019 review identified opportunities to improve induction and development programmes for Independent Members (IMs) to support their work and effectiveness. Since then, the Health Board has introduced a more structured induction programme for IMs, which compliments the Welsh Government's all Wales induction process. Local support for IMs is provided by the corporate governance team. During 2020, all IMs received an appraisal with the Chair of the Health Board and the Director of Governance. Training needs were identified and Personal Development Plans (PDPs) recorded. A programme of external evaluation and observations of Independent Members (IMs) has taken place with feedback given on their performance. There has also been work on engagement and relationships, team building, coaching, direction-setting, scrutiny and the relationship between the Board and its committees. The initial external evaluation of this work has shown positive improvements in areas such as scrutiny of information, and improved relationships between board members.
	CTM Lead	**Further Actions**	**Completion Date**
5.1	**DoG**	Feedback from the Deloitte Board Development Programme (commissioned by WG) and the feedback from David Jenkins (Independent Advisor to the Board) will influence the basis for the Board Development Programme for 2021/2022 and beyond.	**March 2022**
5.2	**DoG**	A significant turnover of Board Members (Executive and IM) will take place in the first half of the financial year so individual and collective development needs will be accounted for by; Induction Programme (in place) Board Development Programme to be supported by relevant professional bodies.	**Commence Oct 2021**

5.3	**CEO/DoG**	Personal Development Plans for all Board Members in place in line with Board Development.	**July 2021**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R6	There needs to be sufficient focus and resources given to gathering, analysing, monitoring, and learning from patient experience across the Health Board. This must include use of real-time patient feedback.	**The Health Board has instigated a number of improvements related to this recommendation, to improve how it learns from patient experience. However, the pandemic response has impeded its ability to further progress and embed these improvements**. In response to our review in 2019, the Health Board began the development of a comprehensive three-year Patient Experience Strategy, however, its completion and implementation has been impeded by the pandemic response, and we have not received an update on its progress and a completion date from the Health Board in this regard. Attention will be needed to complete this strategy which underpins the Health Board's approach to patient experience. The Health Board has implemented a Shared Listening and Learning Forum, and its inaugural meeting was held on 17 February 2021. The forum has been established as part of the Health Board's framework for listening to and learning from incidents and patient or staff concerns and experiences, and to promote and support a learning culture. We reviewed the forum's draft Terms of Reference, which appear appropriate. It is chaired by the Executive Director of Nursing and will meet quarterly, reporting directly to the Management Board. It is, however, too early for us to judge the forum's effectiveness, and the impact it has made on patient experience and learning. Patient stories now form a regular part of the Board and sub-committee meetings, which was not always the case previously. The patient stories provide an opportunity for Board members to gain an insight into the experiences of individuals using the Health Board's services. A consequence of the pandemic has been the curtailment of executive and independent board member's patient safety walkabouts, which includes visiting ward and patient areas. However, there are plans to resume the programme of visits in due course when safe to do so. The ILGs have introduced dedicated leads to manage patient feedback, concerns, and incidents. This has improved reporting to the Quality and Safety committee, as well as the local ILG Quality, Safety and Patient Experience meetings. We saw evidence that themes and trends are identified, but there is recognition more could be done to share and embed learning across the ILGs.

			The Health Board implemented a Friends and Family Test (FFT) tool across the organisation to collect and report real-time patient feedback. It was piloted in early 2020 and subsequently rolled out across the Health Board. However, this was halted due to the pandemic and in April 2021 the Health Board are implementing the new national 'Civica' patient experience feedback monitoring system. There is a commitment to ensuring patient feedback is captured, and the impact of this should be seen in the near future.
	CTM Lead	**Further Actions**	**Completion Date**
6.1	**DoN**	Health Board purchased CIVICA (captures population feedback using a patient insight software platform)	**Purchased May 2021, Pilot site Maternity to go live July 21 with full implementation dependent on company.**
6.2	**DoN**	The shell of the CTM version of the Civica system has been built, and the population of surveys into the system has commenced. The Patient Reportable Experience Measures (PREM) surveys have been uploaded to the system. Links to the survey have been generated and are being tested with members of the Maternity Service Forum, while the automation function is finalised. Project Manager starts in post 12th August and once in post they will be asked to provide a detailed project plan and roll out programme for the project.	**Project Plan for roll out due by end September 2021**
6.3	**DoN**	Webpage on SharePoint set up to support learning & excellence across Health Board. Development of a social media site for the L&LF to use analytics on the social media and SharePoint site to explore the extent of colleague engagement and posting. Feedback from participants will be analysed in relation to what they have learned and how this has impacted upon their practice. For the medium and longer term would expect to see learning and improvement being applied in the workplace through our established quality metrics and patient experience feedback.	**Web-page 'go live' - July 2021**

6.4	**DoG**	Reintroduce Exec/IM Patient Safety walkabouts when safe to do so/COVID restrictions allow.	**Programme of visits to re-commence August 2021**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R7	There needs to be improved visibility and oversight of clinical audit and improvement activities across directorates and at corporate level. This includes identification of outliers and maximising opportunities for sharing good practice and learning.	**Good progress has been made by the Health Board in addressing visibility and oversight of clinical audit, but it could be better targeted to areas of organisational risk.** In December 2019, the Health Board approved additional funding to strengthen the Clinical Audit and Quality Informatics Department's ability to monitor compliance with participation, and to improve the quality of data used for all national audits. The additional funding has increased staffing with the appointment of a Deputy Assistant Medical Director for Clinical Audit, a dedicated clinical audit manager to lead on compliance with the national audit programme, a Quality Informatics Manager with responsibility for improving clinical data in Health Board systems and a Deputy Head and Lead Nurse for Clinical Effectiveness. The additional resources are helping the Health Board to utilise the audit findings to inform quality improvement initiatives and service redesign, such as establishing major trauma centres at the Princess of Wales and Prince Charles Hospitals in partnership with the ILGs. Oversight of the clinical audit programme is improving at a strategic level. The Audit and Risk Committee has received the clinical audit forward plan, and in February 2021 it also received, for the first time, a quarterly update report outlining progress of the plan. As part of its forward work plan the Quality and Safety committee plans to receive quarterly updates on the clinical audit plan. We would expect these updates to identify outcomes from the audit, actions being taken to share learning and to provide the committee with a source of assurance on the quality and safety of care being delivered. There is also the opportunity for clinical audit to be targeted to areas of organisational risk such as the impact on patients of Emergency Department overcrowding.
	CTM Lead	**Further Actions**	**Completion Date**
7.1	**MD**	Training Programme for clinicians on the Clinical Audit and NICE Compliance Monitoring IT software (AMaT) being developed for clinical audit.	Module to be rolled out **from August 2021**.
7.2	**MD**	Training module for ward & area audits being rolled out.	**March 2022**

7.3	**MD**	Appointment of Deputy Head and Lead Nurse for Clinical Effectiveness and Deputy AMD for Clinical Effectiveness, a programme of work was established in **January 2021** to create a NICE Reference Group (NRG) to review and manage all priority NICE guidelines and standards.	**To be launched by end October 2021**
7.4	**MD**	A review of clinical audit risk log management process to enhance early detection of risks and outcomes of national audits to support learning & best practice to be completed. The review will ensure alignment with the new ILG assurance and governance framework to support early review of outcomes of national audits to support monitoring of identified risks, learning from audit findings and to promote the sharing of best practice.	**End August 2021**.
7.5	**MD**	ILG specialty clinical audit forward plans.	Sign off **by end Sept 2021.**
7.6	**MD**	Resource review for HB Clinical Audit Service is being developed to ensure correct and sufficient skill mix in the team**.**	**Management Board consideration by end August 2021.**
7.7	**MD**	Undertake audit of compliance against Royal College of Emergency Medicine (RCEM) Standards for ED to identify baseline and inform continuous improvement programmes and improve compliance against the standards.	**June 2021.**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R8	The Health Board needs to clarify accountabilities and responsibilities for quality and patient safety within directorates. This must include a review of the Heads of Nursing role in relation to site management and quality and patient safety.	**The Health Board has made progress in clarifying the accountabilities and responsibilities for quality and patient safety across ILGs and within the CSGs, but more work is needed to ensure these improvements are embedded.** Accountability and responsibility for quality and patient safety has been strengthened across the ILGs with the introduction of appropriate directives within accountability letters issued by the Chief Executive to the Director of Operations. The letters emphasise the need for quality and patient centred care, and

			appropriately highlight that ILGs and CSGs are accountable for delivering high quality services in line with the quality framework, and that high-quality clinical leadership, supported by strong service management is critical. The Health Board has taken steps to strengthen clinical leadership across the organisation with a greater emphasis on quality and safety. This includes reviewing the accountability and responsibility of the Heads of Nursing roles within each ILG in relation to site management and quality and safety. In 2019 we found that the Head of Nursing was assuming responsibility for a number of non-clinical and estates related issues. In addition, as a consequence of taking over responsibility for the Bridgend County Borough Council, only two of three acute sites had a substantive Head of Nursing in post (Merthyr and Cynon and Rhondda and Taff Ely) and there were disparities in their responsibilities. However, since the implementation of three ILGs, a Head of Nursing role is now in place for the Bridgend locality. Accountabilities and responsibilities for this role are now clearly defined and are consistent across each ILG. In addition, there has been further recruitment to support quality and safety with the appointment of a Head of Nursing, a deputy Head of Nursing and a dedicated Head of Quality and Safety for each ILG. Each ILG holds Patient Safety and Experience meetings, chaired by the ILG Nurse Director to provide assurance. This is a positive development albeit one that is continuing to develop and our observations found that more coverage is needed in certain areas such as Infection, Prevention and Control. However, the Quality Governance Framework does not clearly articulate the quality governance arrangements for the CSGs that sit below each ILG. It has not been possible for some governance meetings to take place at CSG level due to the demand on clinical resources during the pandemic. Internal Audit's recent audit of Community and Adult Mental Health Services also found that the governance arrangements within the CSG were not clear with a lack of clarity about how they operate and function. This is an area that requires strengthening. In addition, whilst accountability and responsibility of the Heads of Nursing is clearly articulated, there appears to be an over-reliance on the Heads of Nursing to represent an overall clinical perspective during key quality and safety meetings, with limited input from medical teams. Due to the pandemic, the Health Board has had to delay its work on the clinical leadership and management development programme. This has impeded progress in terms of further embedding the quality and safety agenda within CSGs. This issue requires attention to ensure that responsibilities in relation to quality and safety are jointly demonstrated by both nursing and medical staff. Some of the formal quality and governance mechanisms established by the Quality Governance Framework were temporarily stood down during recent pandemic outbreaks and have recently been re-established, it therefore has been difficult to fully review

			the processes. Whilst the Health Board has taken steps to address this recommendation, it is clear that these improvements remain at an early stage and still need attention to ensure they are being embedded across the organisation.
	CTM Lead	**Further Actions**	**Completion Date**
8.1	**DoTh**	The commencement of the newly appointed AHP CD will give greater assurance of quality and patient safety for therapy services spanning across the 3 ILGs. This post also strengthens the leadership function in AHP services and sharing of good practice and patient centred care across the UHB. This will be further strengthened with new appointments in the Executive DoThs team.	**August 2021**
8.2	**DoN**	There is still work ongoing however with the progress at the pace it is, the quality & safety system is becoming more robust daily. Within 3 months the processes will be embedded fully across CTM.	**March 2022**
8.3	**DoN**	Quality & Patient Safety Meetings within CSG's are developing within ILG's – these are at differing levels of maturity and it is anticipated that these meetings will be consistent across all CSG's with specific speciality data dashboards by March 2022. CSG's are held to account within the ILG Q&SPE meetings and this is subsequently reflected in ILG performance management meetings and reports to Q&S.	**March 2022**
8.4	**DoN**	Corporate/Central services such as Safeguarding & IPC report regionally in to each ILG Q&PSE meetings.	**COMPLETE**
8.5	**DoN**	Establish Listening & Learning Forum – Quarterly	**COMPLETE**
8.6	**DoN**	Quality Governance Framework to reflect enhanced governance processes	**Review to be reported to Dec 2021 Q&S Committee**

8.7	**DoN**	Centralisation of PSA/PSN process status mapping in progress with a plan/process mapping	**Paper to Q&S September 21**
8.8	**DoN**	Centralisation and Audit of Locssips & Natssips to improve patient safety standards.	**Plan and process paper to Management Board July 2021**
8.9	**DoN**	Central Patient Safety Network – a safety II paradigm approach creating an environment where things are most likely to go right; to measurably reduce near misses, incidents and enhance organisational improvements.	**Planned paper for Q&SC September 2021**
8.10	**DoN**	Ensure the ILG Q&S Meetings receive a formal report from their ILG IPC and Decontamination meetings.	**End September 2021**
8.11	**MD/DoN**	Establish Joint Maternity & Neonatal Improvement Board.	**COMPLETE**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R9	The form and function of the directorate governance committees and CBMs must be reviewed to ensure there is a- Clear remit, appropriate membership, and frequency of these meetings b- Sufficient focus, analysis, and scrutiny of information in relation to quality and patient safety issues and actions c- Clarity of the role and decision-making powers of the CBMs.	**Governance arrangements at an operational level have been strengthened. Since our 2019 review CBMs have been removed following the introduction of the new operating model. This recommendation is therefore superseded.** As stated previously, in April 2020 the Health Board made significant changes to the way it organises and manages its business, most notably establishing the three clinically led ILGs. The CBM process has been replaced. Routine executive oversight of the ILGs is now maintained through the Integrated Locality Group performance reviews between the ILG triumvirate and the Executive Director of Operations. The Medical Director, Director of Planning & Performance, Director of Finance and Executive Director of Nursing also attend depending on their availability. These meetings are supported by the ILG business partners for quality and safety, workforce, planning and finance. Consistency of these meetings is ensured with a template slide pack covering information on quality, complaints and incidents, risks, finance, sickness absence and performance. These meetings are an improvement on the CBMs with a clear remit and sufficient focus on information across quality and safety issues. The Group ILG Directors are also formal members of the Management Board[4] (MB) enabling them to escalate issues and concerns.

[4] The Management Board is the executive team responsible for service delivery, which meets bimonthly to discuss operational delivery across the Health board

			At the time of our follow-up work, minutes and actions from Integrated Locality Group Performance reviews were not formally shared within the Management Board meetings, and there is a need to strengthen arrangements for MB oversight of issues raised at ILG level, and action taken in response as this would improve the clarity of decision making. However due to the pandemic a number of the planned the Integrated Locality Group Performance review meetings were stood down and were restarted in March 2021 following the Health Board moving out of the emergency pandemic response phase. Therefore, more time is needed to fully realise the benefits of this process.
	CTM Lead	**Further Actions**	**Completion Date**
9.1	**CoS**	Review being undertaken to review Executive Meetings and Management Board to ensure effective use of time and robust reporting.	Review / analysis complete by – July 2021 Changes enacted to revised meeting structure – August 2021
9.2	**CoS**	It has been over a year since the ILG structure was implemented by the Health Board. It is accepted that the new operational structure was implemented during COVID and therefore there is a requirement to allow the ILG teams to 'test and adjust' in a post-COVID environment. It is accepted by the organisation that some level of operational review should be carried out to look at what is working well and what elements of the structure may require tweaking to support effective decision-making.	Formal review to follow appointment of key roles, anticipated by end March 2022
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R10	The Health Board must ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers. This must be reflected in the risk strategy.	**The Health Board has made good progress in addressing the serious concerns we identified in relation to risk management arrangements and has invested in dedicated support for governance and risk.** Since our 2019 review, the Health Board has reviewed its risk management systems and aligned them to the new operating model. This has been a root and branch review looking at arrangements from service to board. To ensure clarity, the Health Board has implemented a new Risk Management Strategy approved at Board in January 2021.

			Corporate support for Risk Management has been improved through the appointment of an Assistant Director of Governance and Risk. This post supports the executive directors, ILGs and the Heads of Quality and Patient Safety to ensure a consistent approach to describing and scoring risks, compiling risk registers and identifying mitigation actions. This has facilitated an increased focus on risk and driven the improvements that have been delivered. There has been a Health Board wide review of risks at a corporate, ILG and CSG level. This was a large piece of work undertaken at a time of considerable service pressures and is to be commended. The product of this work was the revised organisational risk register, which was presented to the Board in November 2020. This is a significant improvement since the previous risk register, however there is recognition within the Health Board that more work is needed to improve the mitigations and actions as described. Also some aspects of the CSG risk registers are still being updated to ensure they are accurately reflected within the Integrated Locality Group registers. The Risk Management Strategy sets out a clear route from service to board, showing the process for escalating risks through the ILG management tiers within the new operating model based upon risk score. Whilst there is evidence that risks are de-escalated where appropriate to do so, there is still more work to do in relation to where risks scoring less than eight are captured. At the time of our follow-up work, the Health Board had prioritised the capture of risks scoring nine and above on the Datix system given the ongoing response to the pandemic. However, where ILGs, CSGs or corporate teams identify risks that score 1-8, these are captured on local risk registers and not the Datix system. The Health Board acknowledges the risks of maintaining parallel systems and of the need to ensure clarity regarding the process for de-escalation. Internal Audit's recent [5] assessment of one CSG found evidence that not all risks are escalated appropriately, again demonstrating the need to ensure that the improvements made at ILG level are still to be embedded across the CSGs.
	CTM Lead	**Further Actions**	**Completion Date**
10.1	**DoG**	Risk Training: including the development of a Training Needs Analysis (TNA) in line with All Wales developments, dissemination of the TNA across the Health Board, new	**31st October 2021**

[5] Link to IA report when available

		risk training programmes which are aligned to the new TNA.	
10.2	**DoG**	All ILG risks reviewed and updated following change in Operating Model.	**31st October 2021**
10.3	**DoG**	Clear and consistent grading of risks that are calibrated and moderated across the Health Board.	**31st October 2021**
10.4	**DoG**	An efficient risk management process which is seen as efficient and not cumbersome – linked to the new Once For Wales Risk Management System.	**30th April 2022 - external dependency as an All Wales System**
10.5	**DoG**	Implement recommendations from Internal Audit on Risk Management to strengthen risk identification, management and assurance.	**March 2022**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R11	The oversight and governance of DATIX must be improved so that it is used as an effective management and learning tool. This should also include triangulation of information in relation to concerns, at a directorate or corporate level, and formal mechanisms to identify and share learning.	**Oversight and governance of DATIX is improving with more use made of information at corporate and ILG levels within the organisation. Further work is needed on strengthening organisational learning from incidents, claims and complaints (concerns).** There is now clarity as to where the ILG Datix teams sits within the Health Board's structure, reporting through the Health and Safety team to the executive Director for People. The Health Board has indicated that these new accountability arrangements will be reviewed over the next three to six months. There is now a renewed focus on ensuring that quality and patient safety is a priority. Mechanisms to improve oversight and scrutiny at an executive team level are in place. The Executive Director of Nursing and the Assistant Director of Quality, Safety and Safeguarding chair a short weekly meeting to review the previous week's complaints and incidents in conjunction with the quality metrics for nurse staffing levels. At the beginning of December 2020 a report to the weekly executive Director-led Patient Safety weekly meeting identified that more than 600 incidents had occurred within the prior six months that were yet to be allocated for investigation. The Health Board is working to address this backlog of investigations and completion of the appropriate fields within the Datix system, prioritising

			these based on the severity of harm. Whilst the Health Board has informed us that since our work it has developed investigation and serious incident trackers to enhance monitoring in relation to incident management, more work is required to ensure that opportunities are taken for identifying early learning following incidents. Use of Datix has improved, although there are some issues with the access to information at the Integrated Locality Level which is affecting their ability to produce localised reports. This is being addressed by the Datix team but does required a considerable amount of work. The Health Board will be implementing the Once for Wales system In July 2021. Information provided by the Health Board indicated that it was not able to accurately identify staff who could investigate incidents and undertake root cause analysis. Additionally, the Welsh Risk Pool (WRP) recently expressed concerns over the time being taken by the Health Board to complete timely Learning from Events Reports (LFER) in line with WRP reimbursement procedures. This has been a challenging area for the Health Board due to the high numbers of legacy and maternity cases and the WRP has expressed concerns around the quality and timeliness of information submitted by the Health Board. In response, further work and progress has been made, and a task force established with weekly progress meetings with a commitment made by the Health Board to submit all LFER by the 31 March 2021. We have also been informed that since February 2021 the Health Board has developed and launched its own root cause analysis module, which has enabled accurate tracking and monitoring of attendance. The Assistant Director of Quality, Safety and Safeguarding holds biweekly meetings with the ILG Heads of Quality and Patient Safety with the aim of ensuring that appropriate actions are taken in response to complaints and incidents. Within the ILGs the monthly Quality and Patient Experience Meetings also scrutinises information from Datix to look at trends and analysis. All three ILGS have identified that analytical capacity is a barrier to using this data effectively and are recruiting to analytical support posts as a consequence. The ILGs have also identified that there is further work to do in addressing training needs for staff in relation to DATIX and ensuring that the right people have access to the system. The January 2021 report to the Quality and Safety committee provided reassurance that feedback from incident reporting through DATIX was improving, however there is further work required to improve the quality of feedback provided to the reporter.

			As noted earlier in the report, the Health Board has also established a Shared Listening and Learning forum which reports to the management board. Part of the forum's remit is to oversee the Health Board's framework for listening and learning from quality and patient/staff related concerns and experiences. In addition, it champions a patient and staff safety culture and facilitates learning and sharing good practice. The forum's inaugural meeting was held in February 2021 with all ILGs presenting themes, issues and learning from incidents, claims and complaints (concerns). Whilst this is a positive development, it is too early to assess the effectiveness of this forum.
	CTM Lead	**Further Actions**	**Completion Date**
11.1	**DoN**	Datix Management being moved from H&S function (DoPpl) into Patient Experience function (DoN) to align with the development of Once for Wales. The tool will be a key mechanism to feed the Listening & Learning Forum of the Health Board.	**transfer by July 2021, incident module due October 21**
11.2	**DoN**	Training is provided to staff ahead of introduction of the new RLDatix Once for Wales, on each relevant module. Training will include feedback to reporter (ie claims & redress 07/06/2021).	**Incident Module will go live in October 2021**
11.3	**DoG**	An independent review has been commissioned by WRP to assess the Health Boards management of claims, including the systems, processes and resources in place to complete timely LFERs. The report will make recommendations that the Health Board will consider implementing to strengthen the current arrangements.	**Independent Report due Sept 2021**
11.4	**DoG**	Ensure all LFERs deadlines agreed with WRP are adhered to.	**July 2021**
11.5	**DoG**	Ensure LFERs have local ownership and are shared across the HB localities, identifying themes and trends.	**December 2021**

11.6	**DoN**	Review all backlog incidents to eliminate duplicates and ensure correctly identified/categorised.	**October 2021**
11.7	**DoN**	Clear the backlog of all legacy incidents.	**January 2022**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R12	The Health Board must ensure staff receive appropriate training in the investigation and management of concerns. In addition, directorate staff need to be empowered to take ownership of concerns and take forward improvement actions and learning	**Whilst the Health Board has made progress with addressing this recommendation, oversight of training corporately, and within each ILG, requires further attention.** Our 2019 review identified the need to improve the oversight and management of concerns. This included the operational processes for investigating and learning from concerns. Training on concerns management has been prioritised and has been provided across the Health Board for relevant individuals delegated with the responsibility for managing the concerns process. In addition, the Health Board's concerns policy was also reviewed and approved by the Board in August 2020. Training requirements for managing concerns are identified within the policy. Whilst at the time of our work ILGs were not able to accurately report on the proportion of their staff who have received training to investigate concerns, incidents or undertake root cause analysis, we have been informed that since February 2021 the Health Board has developed and launched its own root cause analysis module enabling it to track who has received this training. There now appears to be consistency of approach and clearer accountability in relation to concerns management across each ILG, with concerns managed within the relevant CSG before gaining ILG approval, and subsequent submission to the corporate concerns team for final response approval. We saw examples of this within quality and safety and experience groups across the ILGs, where there was evidence that staff at local level are taking greater ownership and responsibility for a concern, and for implementation of improvements where required. To further strengthen concerns management processes, recent recruitment has increased the size of locality and corporate concerns teams.
	CTM Lead	**Further Actions**	**Completion Date**
12.1	**DoG**	Restructuring of Exec lead for Concerns, Claims and PTR from Director of Nursing to Director of Governance.	**July 2021**
12.2	**DoG**	Appointment of a Head of PTR (Interim 8b).	**June 2021**

12.3	**DoG**	Appointment of Head of Legal, Concerns and Redress (8c).	**Oct 2021**
12.4	**DoG**	An audit of Concerns has been included in the Health Boards Annual Audit Plan for 2021/22. The Health Board will use the audit recommendations to strengthen the systems, processes and resources in place to investigate and manage concerns.	**Report Due August 2021**
12.5	**DoG**	CTM Improvement Team supporting Concerns Mapping identifying a consistent approach that can be applied across the Health Board. Outcome and implementation to be informed by the internal audit.	**End March 2021**
12.6	**DoN**	Continue to roll out the RCA training module and monitor attendance of ILGs on the training.	**Dec 2021 and on-going**
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R13	The Health Board must ensure the timely development of a Values and Behaviours Framework with a clear engagement programme for its implementation	**The Health Board has made good progress in developing and rolling out its Values and Behaviours Framework, although it has needed to adjust the implementation timescales as a result of the pandemic.** At the time of our 2019 report, the Health Board was launching a programme of work to develop a Values and Behaviours framework for the organisation. Listening events were held with staff, patients, and service users between November 2019 and February 2020 to help identify the issues that such a framework would need to address. The outbreak of the pandemic meant further work on the Values and Behaviours Framework was delayed until June 2020. However, when the work resumed the Health Board was able to take account of staff experiences of responding to the pandemic and gather baseline information about staff well-being. In total the Health Board collected around 6,445 pieces of feedback from staff, stakeholders and the local community which informed the framework. To inform the development of its Values and Behaviours Framework, the Health Board undertook a series of listening events, engaging with approximately 8,000 people, including patients and staff. External consultants were appointed to support this work and to develop the engagement methodology. The work appears to have had a positive impact on the development of the framework and in planning for the Patient Experience Strategy. The Health

			Board formally launched the Framework on World Values Day, 15 October 2020. There was a live interactive session with a keynote presentation from Professor Michael West on compassionate leadership in the NHS. More than 2,000 staff participated in the event. The framework was also publicised on the Health Board's intranet and social media channels. A detailed implementation plan is in place to embed the Values and Behaviours and this is monitored by the People and Culture Committee. Staff whom we interviewed were generally positive about the Values and Behaviours Framework. The Health Board recognises that it will take time to fully embed the Values and Behaviours across the organisation and to enhance employee experience. In order to help embed them, the Health Board is revising its leadership programmes to incorporate the values and behaviours. The Values and Behaviours are reflected in key Health Board documents and they are visible on its website. They are also reflected in the Terms of Reference for the ILGs.
	CTM Lead	**Further Actions**	**Completion Date**
13.1	**DoPpl**	Launch Phase	**COMPLETE**
13.2	**DoPpl**	Embed Phase	**6 to 12 Months (June 2022)**
13.3	**DoPpl**	Values-Based Team Workshops, delivered	**From April 2021 onwards**
13.4	**DoPpl**	Values Cafés	**Delivered from March 2021 onwards**
13.5	**DoPpl**	Values-Based Leadership Workshops, currently under development.	**Delivered in 2021-22**
13.6	**DoPpl**	Values-Based Recruitment process and training.	**Developed by June 2021**
13.7	**DoPpl**	Values-Based Appraisal (PADR) process and training.	**Developed by September 2021**
13.8	**DoPpl**	Reinforcement Phase To include:-	**12 months beyond**

		Culture Workshops; Repeat Culture Survey.	
		Recommendation made in November 2019	**A summary of progress made by April 2021 (AUDIT WALES ASSESSMENT)**
	R14	The Health Board must develop a stronger approach to organisational learning which takes account of all opportunities presented through concerns, clinical audit, patient and staff feedback, external reviews and learning from work undertaken in the Princess of Wales hospital.	**The Health Board has started to develop a stronger approach to organisational learning, although the pandemic has impeded progress against this recommendation.** In 2019, we found a lack of formal processes to identify and share learning for improvement across the organisation to support the delivery of safe and effective care. Additionally, in 2019, the NHS Wales Delivery Unit also raised concerns about the management and learning from serious incidents and never events. We have highlighted the Health Board's current position regarding learning and improvement in response to concerns and patient and staff feedback (recommendation 12). Progress has been made in strengthening the overall responsibility and management of clinical and serious incidents across the Health Board. A clinically-led Serious Incident team has been established, alongside a more robust process for the management of incidents, and learning resulting from them. Supporting this, the Health Board has implemented a Serious Incident Tool kit. This tool has reportedly assisted with consistency in managing incidents, and supported sharing learning. The Serious Incident team undertakes a monthly clinical audit and super audit (quarterly) in collaboration with the Patient Care and Safety Team. The findings and actions for learning from these audits are reported through the locality Quality, Safety and Executive groups, and into the Quality and Safety Committee. The Health Board is also establishing an improvement function called 'Improvement CTM', which will bring together learning from audit activity and concerns. Improvement CTM is expected to empower the Health Board's workforce to take responsibility for implementing continuous improvement through organisational learning. This is still early in its implementation and therefore too early to assess its effectiveness. It was widely reflected to us that tackling the issue of improving organisational learning has been a challenge for the Health Board as a consequence of the pandemic response. Whilst there is some evidence of a stronger approach being taken to organisational learning, we have limited evidence at this time to be assured that learning is being effectively disseminated to all areas of the organisation and frontline staff. Minutes and observations found evidence of learning being shared within CSG and ILG quality and safety meetings. However, there is a need to strengthen overall arrangements for sharing learning across the ILGs. The Health

			Board is aware of this and hopes this will improve, particularly with the Heads of Quality and safety now in post across all ILGs Our observations of CSG and ILG quality and safety meetings found that external activity such as HIW inspections are being regularly discussed to ensure that action is taken to address recommendations, and learning is disseminated across CSGs and the Health Board. The previously mentioned Shared Listening and Learning forum will also focus on the learning and dissemination of findings and recommendations from external reviews, audits, and inspections. However, there is limited evidence to demonstrate that wider learning beyond the clinical area being inspected is shared effectively across all other clinical areas and with staff, particularly with those on the front line who are responsible for day-to-day care of patients. Assurances are given to the Quality and Safety Committee about learning from incidents, but the reports do not provide examples of the learning and how it is being applied or shared more widely across the organisation. This is an aspect that needs to be strengthened. Our previous review found that opportunities for learning following the Bridgend transfer in relation to undertaking FFTs had not been taken. In 2019, staff within Princess of Wales Hospital felt there had been little consideration of the benefits for patients and staff through the use of FFT, and its use for real-time patient feedback. However, since our review, the Health Board has embraced this learning and implemented the FFT throughout each site.
	CTM Lead	**Further Actions**	**Completion Date**
14.1	**DoN**	A clinically-led Serious Incident team has been established and the Health Board has implemented a Serious Incident Tool kit.	**COMPLETE**
14.2	**DoN**	Utilise the '7 minute briefings' to capture learning and produce a digestible document across ILGs to support a repository of learning.	**By end Sept 2021**
14.3	**DoN**	Ensure a 'spotlight on' section within the Q&SC report to highlight an area of concern (determined by the committee) to provide an opportunity to give further detail and assurance/mitigating actions from across the organisation to Q&SC.	**COMPLETE**

14.4	**DoN**	Executive Director led Patient Safety meeting in place and meets weekly with Exec Director Nursing and Midwifery, Deputy Nurse Director, Assistant Director Therapies, Director of Corporate Governance, Assistant Director of Nursing & People's experience, Medical Director, Assistant Director Quality & Safety, Director of Improvement to review, mitigate and learn from; • Complaints • SIs • Falls / Pressure Damage • Inquests • Compliments	**COMPLETE**
14.5	**DoN**	Implementation of PREMS and CITRIX system to gather data on patient experience to inform learning and service enhancement and improvement. Project has been initiated and Project Manager appointed.	**Phased implementation from September 21 onwards**
14.6	**DoN**	New Improvement Directorate created bringing together Quality Improvement, Innovation, Value Based Healthcare and PMO in order to coordinate a range of important areas with a constant focus on improving quality for the benefit of staff and patients. QI Mission - Working together with our people, patients and partners to understand areas for quality improvement and develop the capability, capacity and delivery mechanisms across the whole health system to deliver improved outcomes for our patients and improved working practices for our people aligned to the principles of Prudent and Value Based Health Care.	**COMPLETE**
14.7	**DoN**	New Innovation and Improvement board created (sub board of Management Board) and launched focusing on Capability, skills, culture and delivery of QI and innovation and bringing together cross organisational learning.	**COMPLETE**

14.8	**DoN**	Revision of QI training and deployment plan across CTM.	**August 2021**
14.9	**DoN**	First Improvement into Practice cohort scheduled.	**Sept 2021 onwards**
14.10	**DoN**	Implementation of ILG QI Faculty. Resource recruitment completed (clinical, nursing, pharmacy and therapies) with 1 session per week to focus on ILG specific QI and learning.	**COMPLETE. Launch scheduled with roadshows in July 21.**
14.11	**DoN**	QI 12 month rolling programme of activity being developed.	**Deploy Sept 2021 onwards**
14.12	**DoN**	Staff ideas scheme for targeted challenges and QI programs being developed and online portal being build. Comms plan being developed to officially launch.	**Launch Sept/Oct 2021**
14.13	**DoN**	Work being undertaken with IC to scope work to develop and deploy a model ward and operational best practice guide to improve flow, quality and patient safety.	**July 2021**

AGENDA ITEM
5.3

CTM BOARD

MATERNITY & NEONATAL IMPROVEMENT PROGRAMME

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Steve Sewell, Programme Director
Presented by	Debbie Bennion, Deputy Executive Nurse Director & Dom Hurford Interim Medical Director
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Maternity & Neonatal Improvement Board	08/07/2021	NOTED

ACRONYMS	
IMSOP	Independent Maternity Services Oversight Panel
MNIB	Maternity & Neonatal Improvement Board
PREM	Patient Reported Experience Measure
RCOG	Royal College of Obstetricians & Gynaecologists

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide an update on the progress of the Maternity and Neonatal Improvement Programme in the form of a highlight report (Appendix 1).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Any specific matters that are required to be brought to the attention of the meeting are reflected on page one of the highlight report under the heading "Support and Decisions'.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please note the "Programme Risks/Issues" are captured on page 1 of the highlight report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Please refer to the highlight report for detail
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: All Health and Care Standards apply
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.

Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Health Board are asked to NOTE progress made within the Maternity and neonatal Improvement Programme

Agenda Item	

Health Board	
Maternity and Neonatal Improvement Programme	
Date of Meeting	30th July 2021
FOI Status	Open / Public
Prepared by	Steve Sewell, Programme Director MNIP
Presented by	Greg Dix, Executive Nurse Director
Approving Executive Sponsor	Greg Dix, Executive Nurse Director Dom Hurford, Acting Executive Medical Director
Report Purpose	To highlight progress in the Maternity and Neonatal Improvement Programme

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
MNIB	08/07/2021	Noted
Quality and Safety Committee	8/8/2021	Pending

ACRONYMS

IMSOP	Independent Maternity Services Oversight Panel
MNIB	Maternity and Neonatal Improvement Board
PREM	Patient Reported Experience Measure
RCOG	Royal College of Obstetricians & Gynaecologists

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide an update on the progress of the Maternity and Neonatal Improvement Programme in the form of a highlight report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Any specific matters that are required to be brought to the attention of the meeting are reflected on page one of the highlight report under the heading “Support and Decisions’.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Please note the “Programme Risks/Issues” are captured on page 1 of the highlight report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below) Please refer to the highlight report for detail.
Related Health and Care standard(s)	Governance, Leadership and Accountability All Health and Care Standards apply.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) Not required for a progress report.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	No
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATIONS

5.1 The Health Board are asked to note progress made within the Maternity and neonatal Improvement Programme.

Maternity and Neonatal Improvement Programme

SROs : Greg Dix and Dom Hurford

June 2021

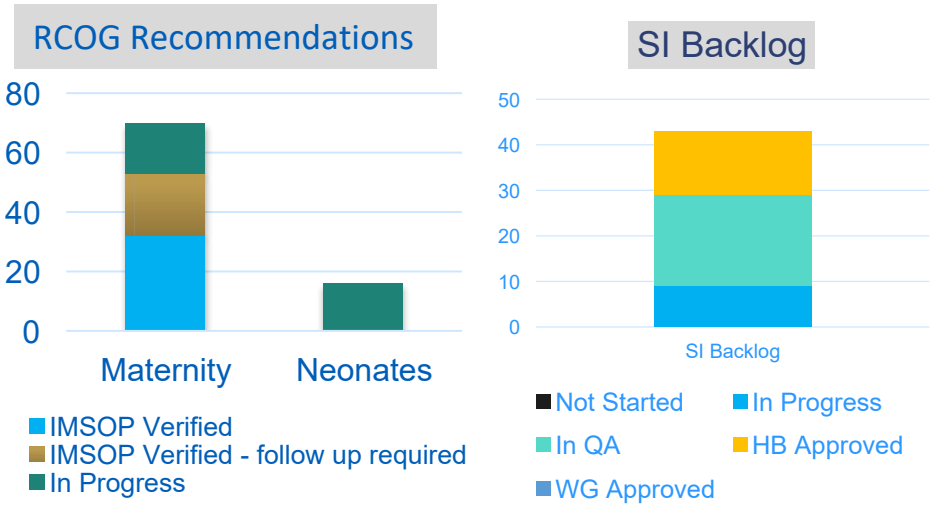
OVERALL STATUS

BENEFITS	TIME
Amber	Amber

FOUR THINGS YOU NEED TO KNOW:

- Clinical Director for Merthyr Cynon CSG appointed, a clinical lead for Maternity improvement was also appointed
- IMSOP Visit to the Health Board set for 19th, 20th and 21st July 2021
- Following agreement that the Health Board would be the primary assurer of evidence, the process to do this has started, with an initial four recommendations being submitted into this process.
- Neonatal Deep Dive review by IMSOP impacted by evidence data issue, work to reload evidence is underway.

PROGRESS IN NUMBERS:



PROGRAMME LEVEL MILESTONES:

Milestone	Due	Progress
Initiate Culture Baseline Process (Qualitive and Quantitative)	May 21	Both Snapshot (Quantitative) and In Depth (Qualitive) culture work initiated
Implement Reviewed Programme Management Framework	Jun 21	In Progress – final element Milestone plan still in production
Establish New Evidence Process	Jun 21	Established, first batch of recommendations being assessed
Strategy Development Design	July 21	Workpackage drafted, design work to begin soon

SUPPORT AND DECISIONS NEEDED FROM XYZ:

- Report presented for noting.

TOP 3 – PROGRAMME RISKS/ISSUES:

Risks/Issues	Latest Progress	Rating	Trend
Covid Response Impact delays progress	IMSOP panels members attending virtual meetings, IMSOP visit due to take place in July	Very High	▼
Unclear RCOG recommendation requirements	Programme Director to present proposed definitions at August IMSOP	Very High	▶
Neonatal Deep Dive makes recommendations that extend the programme	Review Neonatal plans to address the remaining NN recommendations and identify and include other known improvement work	Very High	▶

Maternity and Neonatal Improvement Programme

SROs : Greg Dix and Dom Hurford

June 2021

IMSOP Next Step Actions

Action	Status	Progress and Upcoming Deliverables	On Track
Development of robust plans to manage the clinical review feedback process.	Complete	Aligning current processes and joint communications and handling plan for the Stillbirth Category and Neonatal Category.Evaluating previous communication with women and families.	Ongoing Activity
Review of the impact of COVID-19 on the Improvement Programme.	Complete	IMSOP and DU members continue to be invited into many of the key meetings via MS Teams. Discussion with IMSOP on risk mitigation took place in June. On site IMSOP visit now planned for July.	Ongoing Activity
Review arrangements for monitoring, evaluating and reporting progress within the MNIP.	In Progress	A new strengthened and simplified programme management structure is mostly in place. A reviewed risk register is 'live', more focused highlight reporting is in place, a Roadmap outlining work to the end of the year has been issued, and milestone plan is well developed.	Yes
Further development of the IPAAF.	Complete	IPAAF for Maternity and Neonatal Services has been further developed – and more in depth review is planned for July/August 2021	
Identification of a longer term structural solution to service integration.	Complete		
Progression of an Engagement Cycle Process Map.	Complete		
Development of PREMS.	In Progress	The Civica system is live and surveys built, work to structure data and establish connections to different capture devices (e.g. iPads) should be complete in a couple of weeks, so testing can begin.	Yes
Ongoing response to themes from complaints and concerns.	In Progress	Developed thematic reports for shared learning and reflection. Plan developing to embed into ILG governance and inclusion in the newsletter.	Yes
Develop a process to communicate progress.	In Progress	Development of Maternity Services communication strategy, the supporting webpage templates have been created and should be live with content by the end of July.	Yes
Review the systems and processes for serious incident reviews.	In Progress	SI systems and processes are operational, which are being assured through WG DU assurance exercise. Positive feedback from WG DU has already been received. There are challenges with volume, services capacity and experience of CTM staff to undertake the outstanding reviews (including SI Backlog).	At Risk

Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Dom Hurford

June 2021

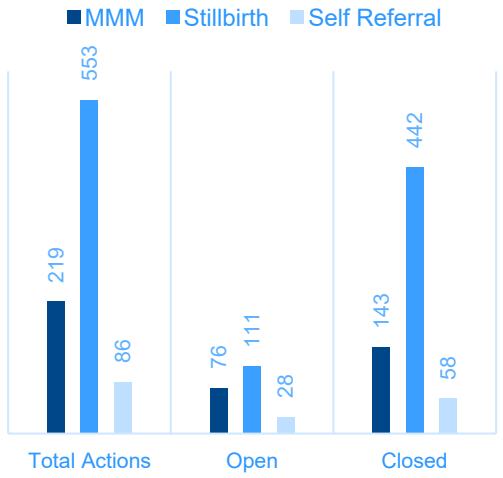
CLINICAL REVIEW:

All women in the stillbirth category have received a letter informing them the review of their care is complete.

Findings from the stillbirth category are being analysed in clusters of actions.

Key Risk:
Maternity and Neonates teams process alignment for the Neonates Category reviews.

ACTIONS IDENTIFIED THROUGH CLINICAL REVIEW



NEONATAL – Quality of Families Experience

First My Maternity My Way Neonatal session planned for July

Engagement Strategy and plan delayed.

Key Risk:
Insufficient Resource due to workload driven by Sis and Deep Dive activities..

NEONATAL – Quality Leadership and Management:

Culture snapshot survey initiated in conjunction with maternity.

More in-depth Culture work to be discussed with the OD team – similar to the Maternity work.

Values activities being embedded into the weekly team meetings.

Key Risk; Unclear workstream objectives now most of the recommendations have been achieved.

NEONATAL – Safe and Effective Care:

1st Joint Neonatal and Maternity performance board with WG happened on 21st June, outcome - pending.

Intranet Guidelines system in place.

Prototype Dashboard available.

Key Issue:
Resolved – Links to Swansea Bay Guidelines are now enabled within the CTM Neonates Guidelines area of the intranet.

MATERNITY – Quality Leadership and Management:

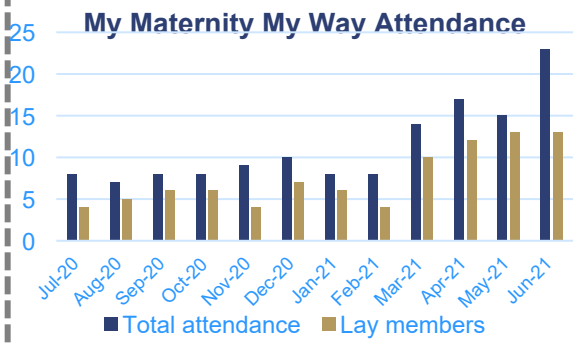
Culture Baseline (Snapshot survey and In Depth assessment) began.

Clinical Director for Merthyr Cynon was appointed and as part of the same process a maternity clinical lead for this programme was also appointed.

Key Risk:
Governance link between the programme and emerging ILGs.

MATERNITY – Quality of Women's Experience

PREMS surveys due to be tested in July



MATERNITY – Safe and Effective Care:

WG DU undertaking assurance review for 6 SI related IMSOP recommendations.

1st WG Maternity performance board took place 21st June.

WeSee handover newsletter ready for circulation in July

Key Risk:
Workstream Lead Vacancy – New CD expected to take on this role

AGENDA ITEM
5.4

CTM BOARD

CONTINUOUS IMPROVEMENT SELF ASSESSMENT PROCESS IN RESPONSE TO TARGETED INTERVENTION

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Richard Morgan-Evans, Chief of Staff
Presented by	Richard Morgan-Evans, Chief of Staff
Approving Executive Sponsor	Chief Executive
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
CTMUHB TI Self Assessment Board session	21/06/21	ENDORSED FOR APPROVAL

1. SITUATION/BACKGROUND

1.1 This paper seeks to formally update the Board as to the progress within the Targeted Intervention (TI) Improvement Programme and specifically update on the maturity matrix position across the key improvement domains.

1.2 On the 21st June, a TI self-assessment board session was held involving all Directors and Independent Members as well as involved members of staff including representatives from Integrated Locality Groups.

1.3 These self-assessment boards now take place every other month, with monthly TI 'Working Groups' supporting the onward monitoring and control of the TI Improvement Programme on a more granular level.

1.4 As in previous TI Self-assessment Boards, the purpose was to allow holistic updates to be delivered by the TI improvement domain Senior Responsible Officers (SROs) before inviting input, scrutiny and discussion from wider Health Board staff. By utilising this format it allows for a collaborative discussion and ensures all views are taken into account.

1.5 There were four key areas discussed, in line with the agreed improvement scope:

- Leadership & Culture
- Trust & Confidence
- Quality & Governance
- Special Measures update regarding Maternity & Neonatology

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The meeting allowed for a useful discussion and it outlined a positive level of progress across all areas of TI improvement. The recent progress agreed at the June Self-Assessment Board is laid out below across the three maturity matrix heat maps.

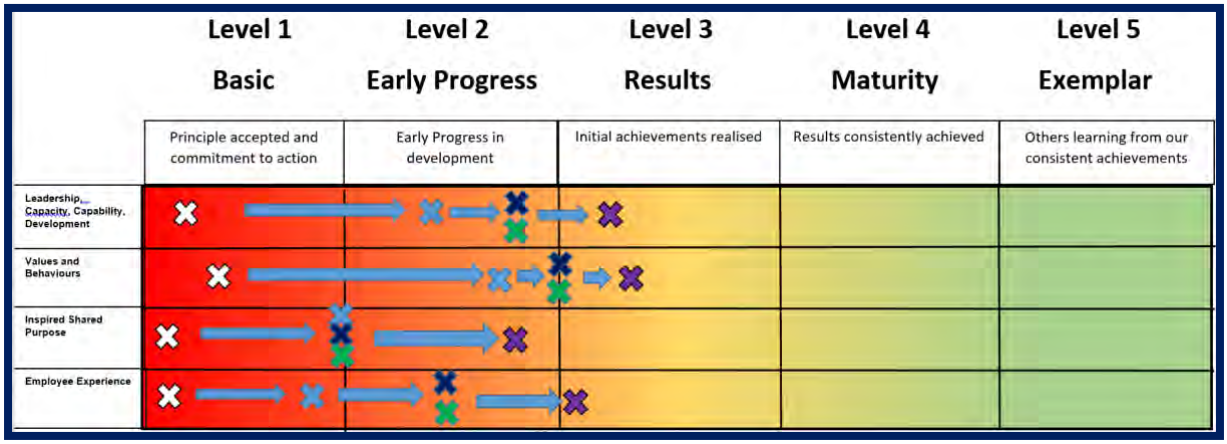
2.2 The Health Board is now in 'Level 3 – Results' stage for almost all TI domains, with three domains very close to being accepted as delivering initial achievements. This is due to the hard work and collaboration between Health Board staff as well as receiving Welsh Government support and feedback, which is very welcome.

2.3 A complementary forward roadmap of key milestones and activities was shared with the membership and is attached as an appendix to this update paper. As with any active plan, this will be continually updated to show scheduled improvement activities and also to ensure we are delivering against targets we have set ourselves. This is important as it helps us to remain on track in our improvement journey.

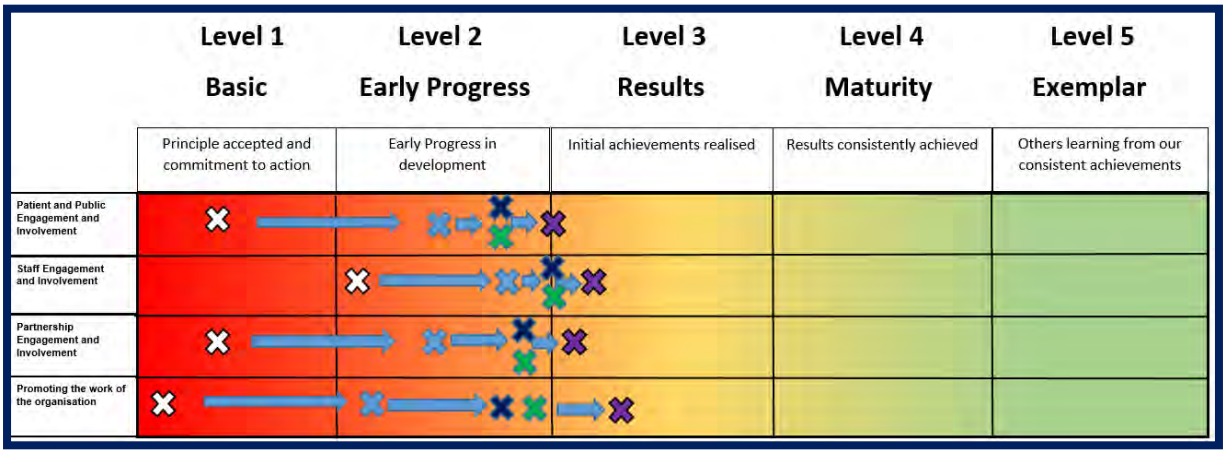
2.4 It is widely regarded that this improvement framework / methodology is a very useful tool whether the Health Board is in a heightened level of escalation or not. It ensures we as a large organisation are always

striving to do things better and make improvements for the benefit of our patients and staff.

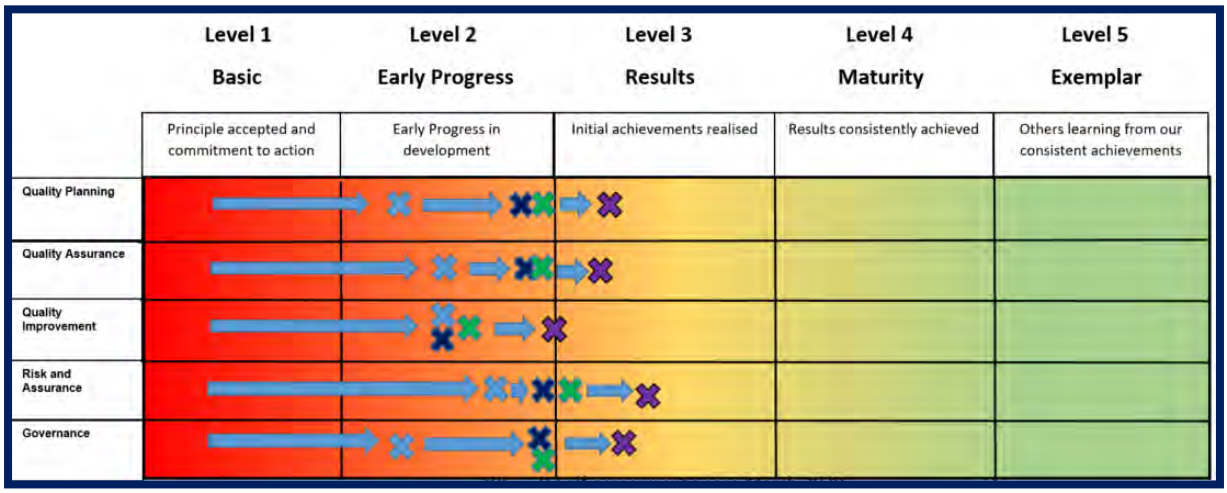
Leadership & Culture



Re-building Trust & Confidence



Quality & Governance



Special Measures update

2.5 The Special Measures Improvement Programme outlined recent activities and improvements taking place. This included the sharing of a Maternity and Neonatology specific improvement roadmap, which was well received and will guide activity through the year.

2.6 As agreed previously, the Self-Assessment Board did not score progress as there is already a process in place where the Special Measures programme works closely with the Independent Maternity Services Oversight Panel (IMSOP) panel to develop and deliver improvements. Despite this it is important that the TI and Special Measures work remains aligned and all stakeholders are aware of progress and how different streams of work relate and are dependent on each other. A dedicated update on Special Measures will be submitted by the improvement team.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD

3.1 Now that there is a good level of momentum developed and activities are taking place and plans shared, the Self-Assessment Board considered what was required to take progress forward through 'Results' and eventually into a level of 'Maturity'.

3.2 It was widely agreed that being able to articulate important outputs and metrics from the wealth of activities taking place is very important. From this we can start to have more confidence that the improvement programme is having a genuinely positive impact as it filters throughout the organisation.

3.3 Over the following months the main central area of focus will be on highlighting the key indicators for change and ensuring we are

constantly asking the question of 'So what?' in relation to all the activity taking place. At the next Self-Assessment Board in August this will be the theme to take the programme to the next level. These key indicators for change may come in different forms, qualitative and quantitative but it is agreed that capturing all forms of this 'data' is important as we take stock as a leadership group.

3.4 Key forward dates include the next Self-Assessment Board session to be held on the 16th August. On the 26th August the Health Board will then meet with Welsh Government NHS colleagues again to update on the progress with reference to its escalation status. At this forum CTM will outline the key focussed activities, plans and outputs derived from the improvement work to showcase the improvement journey so far.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 The Board is asked to APPROVE the level of TI progression as outlined and endorsed at the TI Self-Assessment Board on the 21st June

5.2 The Board is asked to SUPPORT the ongoing improvement programme to ensure the momentum is sustained through the year.

Appendix papers:

- Targeted Intervention and Special Measures Plan on a Page
- Governance timeline to ensure the Improvement programme remains on track
- Slide pack from the June TI Self-Assessment Board session

CTMUHB Targeted Intervention & Special Measures Forward Plan

An overarching roadmap outlining key activities and milestones supporting our TI improvement ambition **Updated 18th June 2021**

Improvement areas

2021: April | May | June | July | August | September | October | November | December

Key governance / reporting dates

Chief of Staff - Rich Morgan-Evans
Executive Business manager - Rebecca Goode

- WG Escalation meeting
- TI Self Assessment Board
- TI Working Group
- Public Board approval
- Central Feedback survey work conducted
- *Refreshed structure / arrangements established*
- IMSOP Panel
- ***Ambition*** - Demonstrate TI improvement @ Results phase
- 3
- ***Ambition*** - Demonstrate TI improvement @ end of Results/early Maturity phase
- 3/4
- WG Escalation meeting TBC
- ***Ambition*** - Push to full Level 4 maturity
- 4

Re-building Trust & Confidence

Patient & Public
Staff engagement
Partnership engagement
Promoting the organisation

SRO - Lee Leyshon
IM - Marcus Longley

- Staff Engagement & Involvement - Ensuring staff have a chance to receive updates and ask questions on a variety of topics - incl. **Fortnightly Vlog & Blog**, Monthly **all staff Q&A**, Fortnightly **Clinical Sounding Board,** Monthly **GP live cast with MD**
- Partnership Engagement & Involvement - **MS/MP** fortnightly meets, **Local Authority Leaders** meets
- Social media audit
- Regional partnership panel
- Refreshed social media
- Engagement / Involvement strategy launch
- Implementation of Social Pilot tool
- LinkedIn refreshed
- Staff engagement on refreshed CTM at our best - Staff recognition scheme
- Long service recognition
- Exec / IM engagement prog
- Launch of refreshed CTM at our best Staff recognition awards
- Review / evaluate recognition schemes
- Soft launch of new website
- LA skills dev sessions launch
- Stakeholder survey
- Launch of CTM Leadership Forum
- Localised recognition scheme launch for MC ILG
- Promotion of new website
- Improvement / Innovation theme
- M&C - PCH capital programme
- Resetting our services
- Maternity toles and teams
- TV documentary series TBC
- Flu campaign
- Your local team campaign

Leadership & Culture

Leadership improvement
Values & Behaviours
Employee experience
Inspired shared purpose

SRO - Hywel Daniel
IM - Jayne Sadgrove

- Employee experience & Wellbeing steering Gp
- Strategy sessions
- OD steering Gp
- Clinical Advisory Group established
- OD steering Gp
- Strategy session
- OD steering Gp
- Employee experience & Wellbeing steering Gp
- OD steering Gp
- Employee Experience & Wellbeing initiatives launched *incl. MH support*
- Development of Clinical Strategy and Plans - series of collaberative workshops with external support
- Management Essentials - **Manage Self Phase** *(incl. Nurse B8a pilot)*
- Management Essentials - **Manage Others Phase**
- Management Essentials - **Manage Performance Phase**
- Coaching & Mentoring Programme
- Developing & Senior Manager Programme
- VB leadership - scope / define
- 360 Degree Leadership Programme
- Values Based Recruitment Phase
- PADR Upskilling for managers
- ALL STAFF SURVEY
- VB Decision Making
- Values Based Team Working Phase
- WELLBEING SURVEY
- Comms & Engagement Phase *incl. values cafes, roadshows*
- Values Based Leadership Workshops - *Gaining feedback from attendees*
- Culture Workshops - *Gaining feedback from attendees*
- VB - Employee Experience Phase

Quality & Governance

Quality (all aspects)
Risk & Governance

SRO Quality - Greg Dix
SRO Governance - Georgina Galletly
IM - Patsy Roseblade

- Risk Management sessions conducted on a monthly basis - drop ins and regular support provided to service teams and functions
- Once for Wales DATIX rollout - *Claims & redress module*
- Once for Wales - *New complaints*
- *Once for Wales DATIX rollout - Incident / Inquest module*
- Once for Wales DATIX rollout - *Risk & Alerts development for April 2022 rollout*
- Organisational Risk Register updated and approved by Management Board
- Deloitte report expected
- David Jenkins closure report expected
- Innovation & Improvement Board
- Integrated Health & Care strategy day - 17th June
- VBHC - Defining principles, vision, work packages - detailed plan
- Quality Strategy development
- IA concerns report expected
- Formation of incident working group
- Implement required changes
- SI DU report expected
- Board Report Training - 3 x sessions to be conducted
- HB Committee assurance review
- Implement required changes
- Patient safety network - planning, benchmark, survey
- RCA training
- iCTM ILG QI Faculty launch & training - building up QI Hub
- RCA training to staff
- WRP claims report expected
- All ILG risks reviewed & consistently updated
- Revised BAF & Report
- iCTM - 1st Improvement into Practice cohort with evaluation
- iCTM - Ward accreditation/engagement. Ideal ward project.
- iCTM official launch & 12 month rolling plan announced
- Board risk training
- Patient Safety Network implementation period
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Special Measures - Mat & Neonate services

(separate MNIP Roadmap)

Maternity Improvement
Neonatal Improvement
Clinical Review
Long term strategy

SRO Maternity - Greg Dix
SRO Neonates - Nick Lyons

Reframing / reconfiguration of the Maternity & Neonatal programme / new forward plan created

- Snapshot culture baseline
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- Deeper Culture Review Feedback
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- Joint Audit Plan Review
- Review Neonatal Improvement Programme
- Roadmap development
- 5 year strategy
- Future Operating Model

	January	February	March	April	May	June	July	August	September	October	November	December
Key Meeting Dates 2021												
Health Board	28-Jan-21		25-Mar-21		27-May-21	02-Jun-21	29-Jul-21		30-Sep-21		25-Nov-21	
Notification of Agenda Items (4wks Prior)	31-Dec-20		25-Feb-21		29-Apr-21	12-May-21	01-Jul-21		02-Sep-21		28-Oct-21	
Paper Deadline (2wks Prior)	14-Jan-21		11-Mar-21		13-May-21	26-May-21	15-Jul-21		16-Sep-21		11-Nov-21	
Publication Date (10 calendar days)	18-Jan-21		15-Mar-21		13-May-21	02-Jun-21	15 July 221		16-Sep-21		11-Nov-21	
Management Board	27-Jan-21	23-Feb-21	24-Mar-21	21-Apr-21	19-May-21	16-Jun-21	21-Jul-21	25-Aug-21	22-Sep-21	20-Oct-21	17-Nov-21	15-Dec-21
Notification of Agenda (3 weeks prior)		02-Feb-21	03-Mar-21	31-Mar-21	28-Apr-21	02-May-21	30-Jun-21	04-Aug-21	01-Sep-21	29-Sep-21	27-Oct-21	24-Nov-21
Paper Deadline (2wks Prior)		09-Feb-21	10-Mar-21	07-Apr-21	05-May-21	09-May-21	07-Jul-21	11-Aug-21	08-Sep-21	06-Sep-21	03-Nov-21	01-Dec-21
Publication Date (7 calendar days)		16-Feb-21	17-Mar-21	14-Apr-21	12-May-21	16-May-21	14-Jul-21	18-Aug-21	15-Sep-21	13-Sep-21	10-Nov-21	08-Dec-21
Board Self Assessment Boards		08-Feb-21		26-Apr-21		21-Jun-21		16-Aug-21		18-Oct-21		20-Dec-21
ILG Evidence Due	11-Jan-21		08-Mar-21		10-May-21		12-Jul-21		06-Sep-21		08-Nov-21	
SRO/IM Meetings					w/c: 17-May-21		w/c: 19 July-21		w/c: 13-Sept-21		w/c: 15-Nov-21	
Agenda/Papers publised						14-Jun-21		09-Aug-21		11-Oct-21		13-Dec-21
TI & SM Working Group					11-May-21	08-Jun-21	13-Jul-21	10-Aug-21	14-Sep-21	12-Oct-21	09-Nov-21	14-Dec-21
Agenda/ paper issued					04-May-02	01-Jun-21	06-Jul-21	03-Aug-21	07-Sep-21	05-Oct-21	02-Nov-21	07-Dec-21
WG Escalation Meeting								26-Aug-21				
Presentation Ready												
Deadline for papers:												
MB TI Update Report deadline		09-Feb-21	10-Mar-21	07-Apr-21	05-May-21	09-Jun-21	07-Jul-21	11-Aug-21	08-Sep-21	06-Sep-21	03-Nov-21	01-Dec-21
HB TI Update Report deadline	14-Jan-21		11-Mar-21		13-May-21		15-Jul-21		16-Sep-21		11-Nov-21	
Update Audit Tracker 'Continuous Improvement in response to Targeted Intervention' - update deadline for Audit & Risk Committee		25-Jan-21		30-Mar-21		01-Jun-21		03-Aug-21		20-Sep-21		23-Nov-21

Key - colours are pathways to Health Board

May Board
July board
September Board
November board
January 2022 boa **If required**

Cwm Taf Morgannwg UHB

Targeted Intervention Board Self Assessment

June 2021

Welcome & Introduction

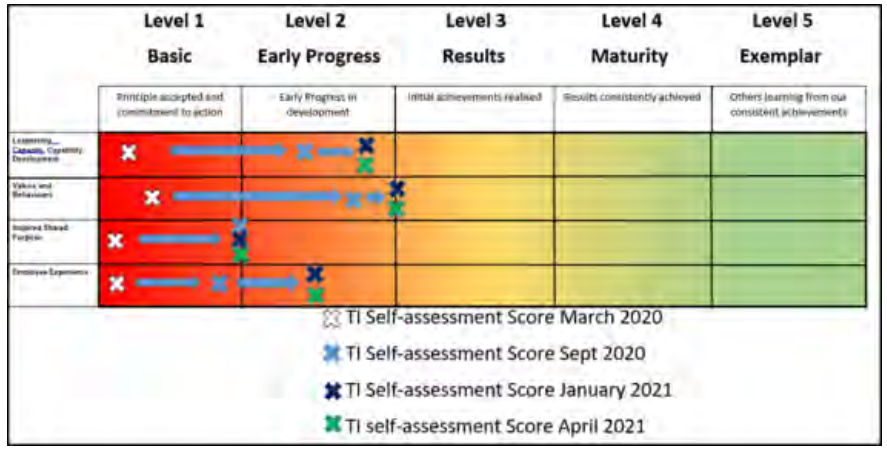



Today's Agenda

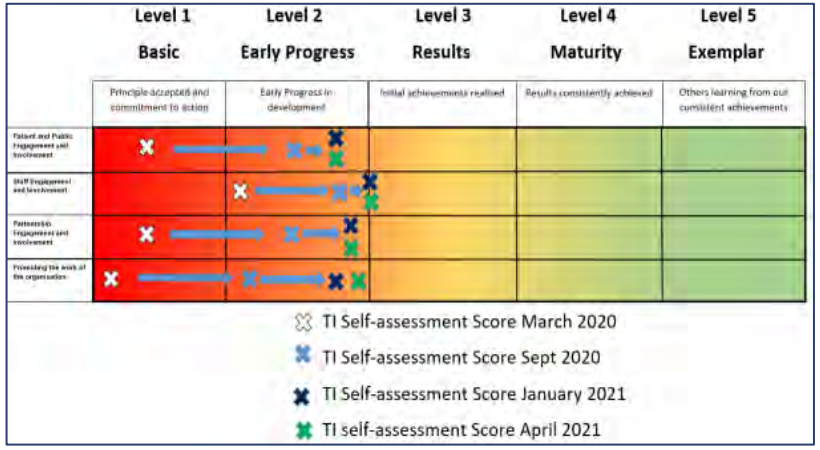
- **Introduction** – Look back, forward timeline, central update, forward plan
- **TI updates**
  - Leadership & Culture – incl. self assessment score
  - Trust & Confidence – incl. self assessment score
  - Quality & Governance – incl. self assessment score
- **Special Measures general update**
- **Summary & next steps**

A brief look back

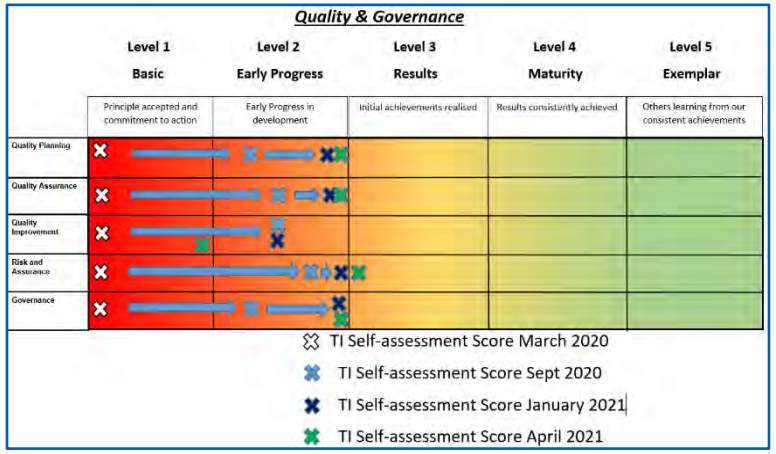
Leadership & Culture



Trust & Confidence



Quality & Governance



- Previous status provided at the last TI self assessment board **approved at 27th May Board**
- Acknowledged the **impact of covid on momentum**
- Wide **expectation and ambition to progress** across all TI areas

Where we are on the governance timeline

Demonstrating improvement

We all come to work with the mind-set to improve the services we provide for our population

In the TI sense to demonstrate improvement across the domains we need to do three things at the summary level:

1. **Highlight and showcase the great work taking place** – building the evidence base
2. **Show that we're not just thinking about the 'now'** – Providing proactive plans
3. **Demonstrating improvement against the defined benchmarks** – Maturity matrix

Level 1 Basic	Level 2 Early Progress	Level 3 Results	Level 4 Maturity	Level 5 Exemplar
Principle accepted and commitment to action	Early Progress in development	Initial achievements realised	Results consistently achieved	Others learning from our consistent achievements

Key central updates since the last self assessment board

- **Working Group established** incl. ILG, Planning and SRO rep & Special Measures membership
- **Forward plan developed** – constant iteration as sub plans become more granular
- **Central log developed -** capturing evidence following 1-2-1 meetings with key leads & objective connect
- **Formal updates -** 2 x Management Board updates & Health Board in May
- **Internal Audit** report actions completed
- **Positive David Jenkins report** for the minister received

CTMUHB Targeted Intervention & Special Measures Forward Plan

An overarching roadmap outlining key activities and milestones supporting our TI improvement ambition Updated 18th June 2021

Improvement areas

Key governance / reporting dates

Chief of Staff - Rich Morgan-Evans
Executive Business manager - Rebecca Goode

Re-building Trust & Confidence

- Patient & Public
- Staff engagement
- Partnership engagement
- Promoting the organisation

SRO - Lee Leyshon
IM - Marcus Longley

Leadership & Culture

- Leadership improvement
- Values & Behaviours
- Employee experience
- Inspired shared purpose

SRO - Hywel Daniel
IM - Jayne Sadgrove

Quality & Governance

- Quality (all aspects)
- Risk & Governance

SRO Quality - Greg Dix
SRO Governance - Georgina Gallelly
IM - Patsy Roseblade

Special Measures - Mat & Neonate services (separate MNIP Roadmap)

- Maternity improvement
- Neonatal improvement
- Clinical Review
- Long term strategy

SRO Maternity - Greg Dix
SRO Neonates - Nick Lyons

2021

April | May | June | July | August | September | October | November | December

Key governance / reporting dates

- WG Escalation meeting
- TI Self Assessment Board
- TI Working Group
- Public Board approval
- Central Feedback survey work conducted
- *Refreshed structure / arrangements established*
- IMSOP Panel
- *Ambition* - Demonstrate TI improvement @ Results phase 3
- WG Escalation meeting TBC
- *Ambition* - Demonstrate TI improvement @ end of Results/early Maturity phase 3/4
- *Initiate discussion with WG ref. de-escalation*
- *Ambition* - Push to full Level 4 maturity 4

Re-building Trust & Confidence

- Staff Engagement & Involvement - Ensuring staff have a chance to receive updates and ask questions on a variety of topics - incl. Fortnightly Vlog & Blog, Monthly all staff Q&A, Fortnightly Clinical Sounding Board, Monthly GP live cast with MD
- Partnership Engagement & Involvement - MS/MP fortnightly meets, Local Authority Leaders meets
- Social media audit
- Regional partnership panel
- Refreshed social media
- Engagement / Involvement strategy launch
- Implementation of Social Pilot tool
- LinkedIn refreshed
- Staff engagement on refreshed CTM at our best - Staff recognition scheme
- Long service recognition
- Launch of refreshed CTM at our best Staff recognition awards
- Review / evaluate recognition schemes
- Soft launch of new website
- LA skills dev sessions launch
- Stakeholder survey
- Exec / IM engagement prog
- Launch of CTM Leadership Forum
- Localised recognition scheme launch for MC ILG
- Promotion of new website
- Improvement / Innovation theme
- M&C - PCH capital programme
- Resetting our services
- Maternity toles and teams
- TV documentary series TBC
- Flu campaign
- Your local team campaign

Leadership & Culture

- Employee experience & Wellbeing steering Gp
- OD steering Gp
- Strategy sessions
- Clinical Advisory Group established
- Employee Experience & Wellbeing initiatives launched *incl. MH support*
- Strategy session
- Development of Clinical Strategy and Plans - series of collaberative workshops with external support
- Management Essentials - **Manage Self Phase** *(incl. Nurse 8a pilot)*
- Management Essentials - **Manage Others Phase**
- Management Essentials - **Manage Performance Phase**
- Coaching & Mentoring Programme
- Developing & Senior Manager Programme
- VB leadership - scope / define
- 360 Degree Leadership Programme
- Values Based Recruitment Phase
- PADR Upskilling for managers
- ALL STAFF SURVEY
- VB Decision Making
- Values Based Team Working Phase
- WELLBEING SURVEY
- Comms & Engagement Phase *incl. values cafes, roadshows*
- Values Based Leadership Workshops - *Gaining feedback from attendees*
- Culture Workshops - *Gaining feedback from attendees*
- VB - Employee Experience Phase

Quality & Governance

- Risk Management sessions conducted on a monthly basis - drop ins and regular support provided to service teams and functions
- Once for Wales DATIX rollout - *Claims & redress module*
- Once for Wales - *New complaints*
- *Once for Wales DATIX rollout - incident / Inquest module*
- Once for Wales DATIX rollout - *Risk & Alerts development for April 2022 rollout*
- Organisational Risk Register updated and approved by Management Board
- Deloitte report expected
- Innovation & Improvement Board
- VBHC - Defining principles, vision, work packages - detailed plan
- Quality Strategy development
- Implement required changes
- RCA training to staff
- WRP claims report expected
- All ILG risks reviewed & consistently updated
- Revised BAF & Report
- IA concerns report expected
- SI DU report expected
- David Jenkins closure report expected
- Integrated Health & Care strategy day - 17th June
- Formation of incident working group
- iCTM - 1st improvement into Practice cohort with evaluation
- Board Report Training - 3 x sessions to be conducted
- iCTM - Ward accreditation/engagement. Ideal ward project.
- HB Committee assurance review
- Implement required changes
- iCTM official launch & 12 month rolling plan announced
- Patient safety network - planning, benchmark, survey
- Patient Safety Network implementation period
- RCA training
- iCTM ILG QI Faculty launch & training - building up QI Hub
- Board risk training
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Special Measures - Mat & Neonate services (separate MNIP Roadmap)

Reframing / reconfiguration of the Maternity & Neonatal programme / new forward plan created

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- 5 year strategy
- Future Operating Model

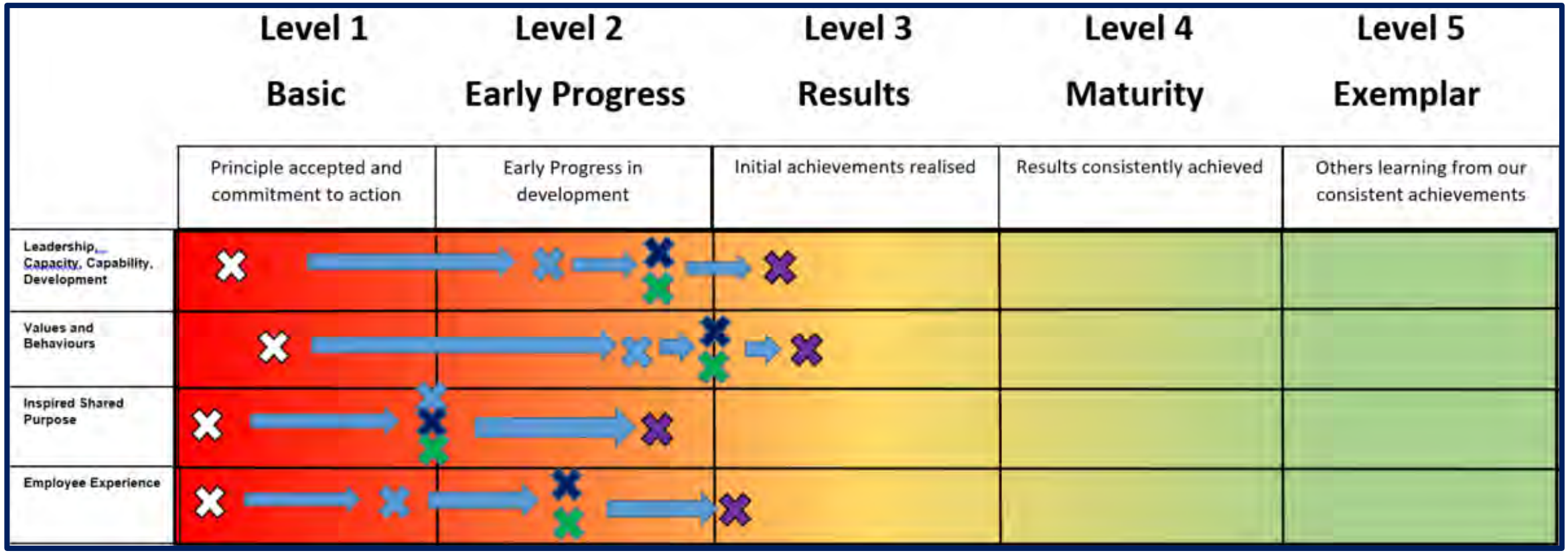
Updates from TI & SM areas

- Leadership & Culture
- Trust & Confidence
- Quality & Governance
- Brief update on Special Measures progress

Leadership & Culture

Hywel Daniel & Jayne Sadgrove

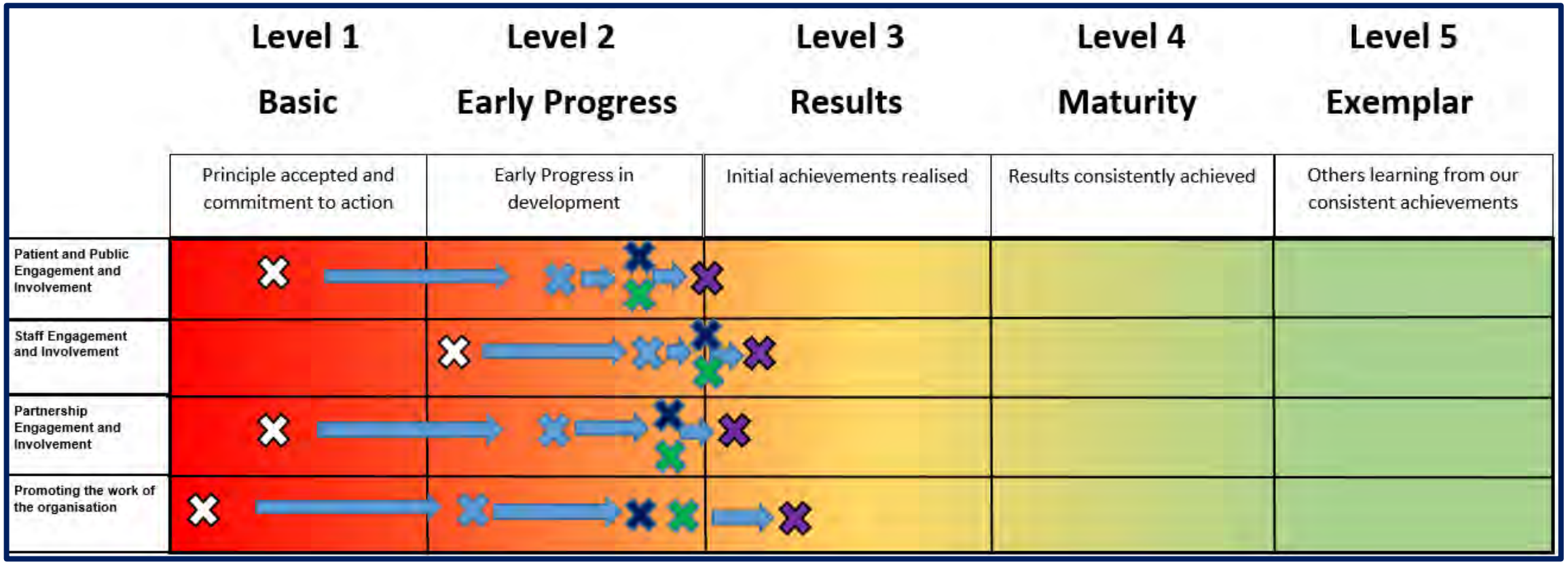
Leadership & Culture



Re-building Trust & Confidence

Lee Leyshon & Marcus Longley

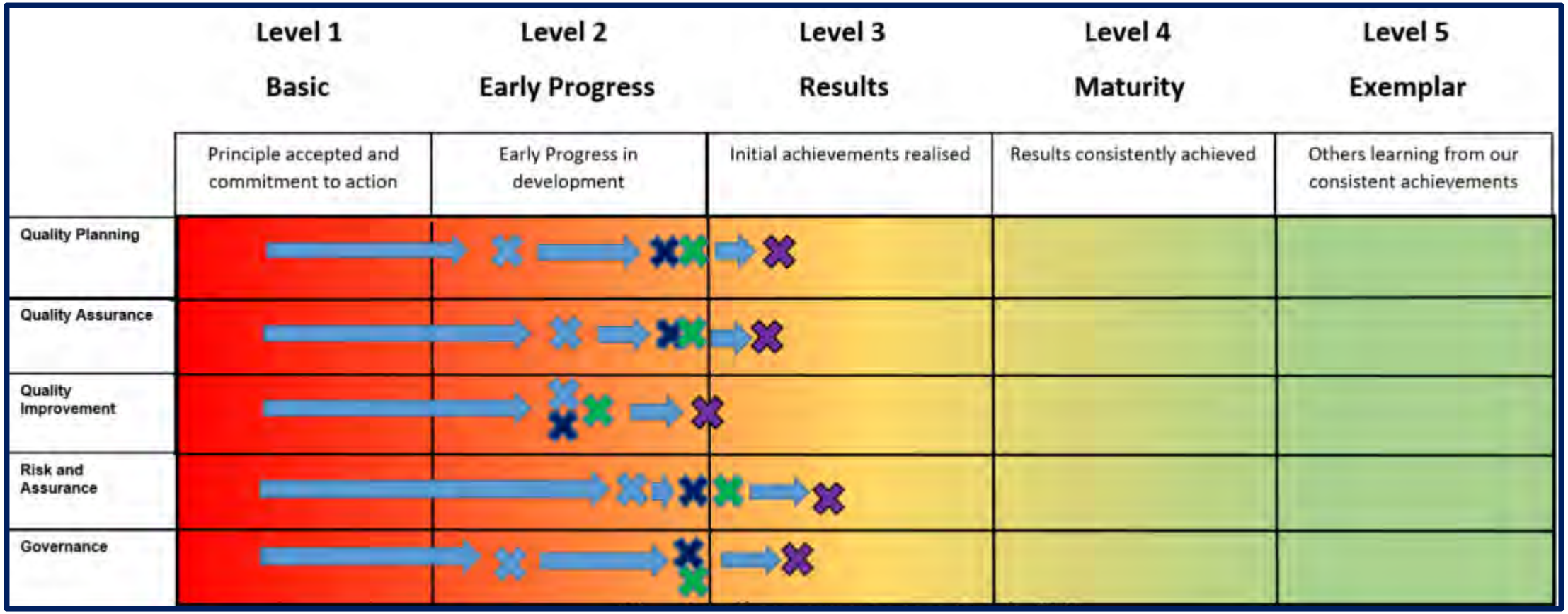
Re-building Trust & Confidence



Quality & Governance

Greg Dix, Georgina Galletly & Patsy Roseblade

Quality & Governance



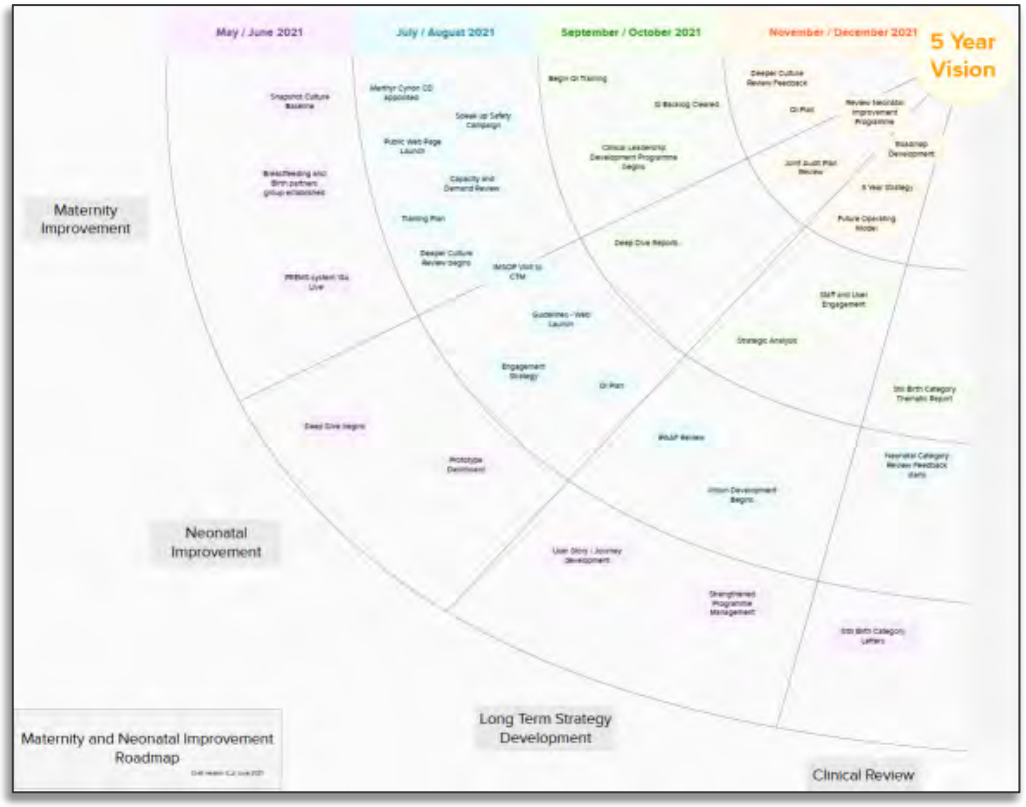
Special Measures

Greg Dix, Nick Lyons

Update on Special Measures progress

- Refreshed programme and reporting structure
- Neonatal deepdive
- Recent IMSOP panel
- Special Measures roadmap iteration released with future key milestones
- SI backlog work

Special Measures roadmap attached within calendar invite



Summary

- **External observers** invited to give any observational feedback from the session
- **Summary remarks** from the Chair and Chief Executive
- **Next steps:**
    1. Continued improvement work building evidence base
    2. Forward plan iterations – future 1-2-1 sessions
    3. Increasing opportunities to showcase success
    4. July Board, August Self Assessment Board, WG Escalation Meeting
- Thank you for everyone's input – **we all play a part** in this journey


"Dewch i ni Drafod Diwylliant"
"Let's Talk Culture"
#ourCTM

AGENDA ITEM
5.5

HEALTH BOARD MEETING

HIGHLIGHT REPORT FROM THE CLINICAL ADVISORY GROUP

DATE OF MEETING	29 July 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Dr Anna Lewis
PRESENTED BY	Dr Anna Lewis
EXECUTIVE SPONSOR APPROVED	Fiona Jenkins – Director of Therapies and Health Sciences
REPORT PURPOSE	To inform the Board of progress from the Clinical Advisory Group now that it has been established.

ACRONYMS	
CAG	Clinical Advisory Group
DALY	Disability adjusted life years

1. PURPOSE

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meeting on 18th June 2021.

1.2 Key highlights from the meeting are reported in section 2.

2. Highlight report on progress to date

2.1 The Clinical Advisory Group is now established and has held two meetings, bringing together clinicians from across the Health Board.

2.2 The second meeting was attended by Professor Kelechi Nnoaham, Director of Public Health, and the population health agenda was discussed in detail. This item encouraged a wide discussion and allowed feedback on the important topic.

2.3 The CAG expressed support for the need to address the upstream determinants of ill health, especially in the young, and move care closer to the community/home.

2.4 The strategy proposes to focus on five key conditions causing loss of DALYs. Concern was expressed that services supporting other conditions are at risk of being neglected. Professor Nnoaham reassured the group that the aim was not to devalue other services, but to bring focus to opportunities to address population health in key areas.

2.5 Linda Prosser, Director of Strategy and Transformation, introduced the draft strategic goals, and proposed deferral of some aspects of service development until the Health Board clinical strategy work has been undertaken.

2.6 The CAG raised concerns about the implications for ongoing work related to recovery and waiting lists, as well as the development of an Early Supported Discharge service in Bridgend.

2.7 In a separate meeting the Clinical Sounding Board shared ideas about how frontline clinical staff could be empowered to address population health issues. These ideas will be shared with the Public Health team at a future meeting next month.

3. Future Focus

3.1 Now that the CAG is underway there will be an outline agenda shared with members going forward. There is a mechanism in place via MS Teams to ensure ideas / topics can be shared between members of the CAG. Particular topics that will be discussed at coming CAG sessions include:

- Clinical Strategy development
- Feedback from the Clinical Sounding Board on key topics and themes raised
- Primary Care
- Referral pathways

4. Recommendation

4.1 The Board is asked to NOTE this first report from the Clinical Advisory Group.

AGENDA ITEM
6.1

CTM BOARD

POPULATION HEALTH BOARD REPORT

Date of meeting	(29/07/2021)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Local Public Health Team Consultants collated by Sara Thomas
Presented by	Angela Jones – Deputy Director in Public Health
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CTM	Cwm Taf Morgannwg
TTP	Test Trace Protect
PHM	Population Health Management
PH	Public Health

1. SITUATION/BACKGROUND

The Board has given its commitment to progress CTMUHB as a population health organisation and endorsed a paper in May 2021, which focused on potential solutions to successfully tackle the population health challenges in Cwm Taf Morgannwg.

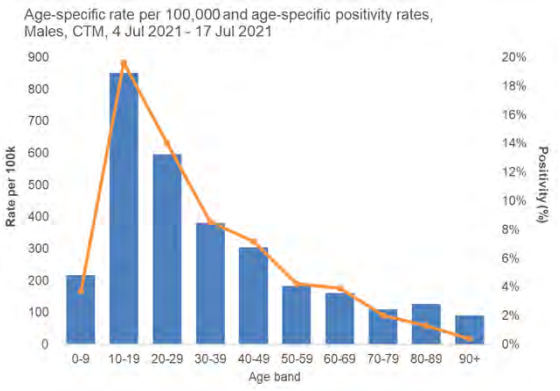
This report updates the Board on the current status of population health in CTM, progress on the delivery of the population health agenda and highlights specific matters for Board attention.

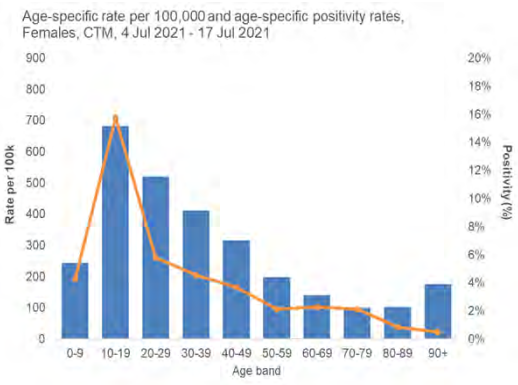
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

COVID- 19 Update

Covid-19 rates per 100,000 for Wales between 7th July 2021 and 17th July 2021 were at 367 with Cwm Taf Morgannwg Health Board being at 351; and Bridgend at 460, Merthyr Tydfil at 238 and Rhondda Cynon Taf at 316.

The age, gender profile of the cases along with positivity can be see below.





Positivity

Positivity across Wales is at 9.6% with the Health Board at 9.7% positivity, Bridgend at 11.8%, Merthyr Tydfil at 7.5% and RCT 8.8%.

The highest rates of cases are within 10-19 & 20-29 age groups with a similar pattern for the genders, but higher peak in young men compared to women. Testing pattern broadly in line with curve but positivity is lower in working-age women. This may be related to more women working in caring roles and hence being tested whilst being asymptomatic.

Care Home Update

Between the 6th July to the 19th July 2021, 15 care homes have been noted to have new cases with a total of 19 cases among staff and 12 new cases among residents. (Note - distinction may need to be made between cases identified in the previous waves and cases in third wave with no history of infection. Work is being undertaken to address this). Only one case known to have had single dose of vaccine (i.e. not double vaccinated).

Hospitalisation

From the 4th July to 18th July 2021 Royal Glamorgan Hospital has had 14 admissions, 11 of which are community acquired infections (CAIs), Prince Charles Hospital has had 18 admissions with 11 being CAIs. Princess of Wales had 7 admissions 6 of which were CAIs. There were no admissions in community hospitals.

Vaccination Progress

81% of the Covid-19 vaccination programme is complete with 327,256 first doses and 284,637 second doses administered as of the 22nd July 2021. Work is being undertaken to establish an inequities group to develop a multiagency action plan to support the Reducing Inequalities in Vaccinations strategy alongside modelling to address various predictors of non-uptake and various means of identifying reasons for non- attendance. Action taken so far has included targeted communications, information sharing to clarify questions and concerns raised by different ages (e.g. University of Wales) and minority groups, focussed offer e.g. with homeless groups and people with learning disabilities, encouraging registration with a GP, targeted drop in clinic and pop up clinics in areas of deprivation.

Of note is the drop in non-attendance with the roll out of second doses and the narrowing of the gap between the ages, deprivation quintiles and some minority ethnic groups' uptake.

Changes in TTP actions

TTP are no longer undertaking extended contact tracing (back to 14 days prior to either swab or symptom onset). This is in response to direction to only consider the previous 48 hours which is the significant period with respect to prevention of infection and isolation.

Population Health Update

There were 37 actions outlined in "Cwm Taf Morgannwg University Health Board as a Population Health Organisation: a discussion and options paper for Board" and agreed at Board in May 2021. These have been listed as individual projects with the lead Executive identified, along with named Consultant in Public Health support. Work is ongoing to meet with lead executives to scope the projects, timelines and nominate key staff to take forward each project. The progress on this programme of work will be

reported to the Executive Team every two weeks to assess and escalate any issues arising.

Population Health Management Work Stream

Population Health Management (PHM) seeks to understand patient populations, groups or clusters by characteristics related to their need and use of health care resources. In CTM one PHM tool has been developed – the PSRS tool - which can help Primary Care Clusters, GPs, ILGs and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Segmenting the population based on a range of factors can identify groups by their holistic need and ability to benefit from anticipatory care.

Implementation of the Programme was delayed by the need for key staff to prioritise the Public Health response to the Covid-19 crisis. Following these delays and associated resource impacts, the Programme is following a revised timetable and plan. The rollout is being implemented in two phases:

- Phase 1 – Two data streams will be initiated. The first being the anonymized data direct to the Local Public Health Team (LPHT). The second being de-anonymised data for the Merthyr Tydfil Primary Care Cluster GPs. The aims are to validate the data-driven model against data gathered during Covid19 and review the provision of data to GP practices and LPHT.
- Phase 2 aims to enhance the reporting and involves the roll out of PSRS to all remaining participating GPs in CTM.

Provision of anonymised data to LPHT is planned for July 2021, with provision of de-anonymised data to Merthyr Tydfil Primary Care Cluster in August 2021. Phase 2 is planned for completion by January 2022 (this is subject to the impacts of the third wave of Covid19 and associated winter pressures).

Systems Work

Health Board Systems Groups

The Public Health leads for systems groups have delivered presentations to their boards and reference groups providing an introduction to Population Health and a focus on population health outcomes

Needs Assessments

The Regional Partnership Board and Public Service Boards of Cwm Taf Morgannwg are working jointly to produce their statutory Population Needs Assessment and Assessment of Local Well-Being. To do this they are launching 100 Days of Engagement for Members to provide unique and varied opportunities for individuals, groups and organisations to articulate their needs and perceptions of the services on offer across the region. The

100 days runs from 1 July 2021- 17 November 2021. Through these opportunities it is hoped that a rich insight into the story behind the data can be developed that will assist both the Regional Partnership Board and Public Service Boards of Cwm Taf Morgannwg to make needs led and experience informed decisions in the future.

In addition, support for emerging cluster and ILG profiling needs will be considered in the wider partnership.

Pre Diabetes

A brief intervention for pre-diabetes is being piloted in the South Cynon Primary Care Cluster. It is expected to be completed in summer 2022 and will be evaluated to assess its impact on HbA1c (blood sugar), weight and waist circumference and acceptability.

Obesity

Obesity in Pregnancy: CTMUHB delivers a weight management during pregnancy programme called BUMP start. This involves a Public Health midwife working with general midwives to utilise the "Foodwise in Pregnancy" package to support women with BMI 35 to 39.9. Those women, who have a BMI over 40 are seen by the Public Health Midwife at 16, 24 and 36 weeks for individual support.

Children's Play: We have commissioned Play Wales to deliver a number of interventions to allow safe street play and use of school grounds for safe play.

Healthy Families Intervention (HENRY): Health professionals will refer families to this programme. This programme will deliver supportive services digitally from September 2021 due to the pandemic. Further work to target families in the Merthyr area is being developed.

Social marketing: Jamjar PR agency has been commissioned to work with stakeholder organisations to promote healthier family lifestyles aimed at families with children under 5, using social media platforms microsites.

Adult weight management: Level 1: work is ongoing to remap community current service provision. Level 2/3: Ongoing work is continuing to develop an integrated level 2/3 obesity pathway with options being developed, which will require additional recurrent health board funding to support staff recruitment to support this proposal. This recurrent funding will bring the proposed level 2/3 integrated service into line with neighbouring health board provision.

Performance Measures

In the paper 'Cwm Taf Morgannwg University Health Board as a Population Health Organisation: a discussion and options paper for Board', a suite of outcome measures was identified. These are referenced below and linked to the data where appropriate.

National Survey for Wales

Most recent data from the national survey indicates the following for CTM:

Population Health Goal 8. By 2026, the prevalence of overweight & obesity has been reduced by 5 percentage points from its current levels

Key messages for CTM:

- More than 60% of adults are overweight or obese
- Alcohol consumption is lower than the Welsh averages (21% of adults in Wales do not drink alcohol compared to 26% of adults in Cwm Taf Morgannwg UHB)
- Health related lifestyle behaviours are generally worse than the Welsh average.

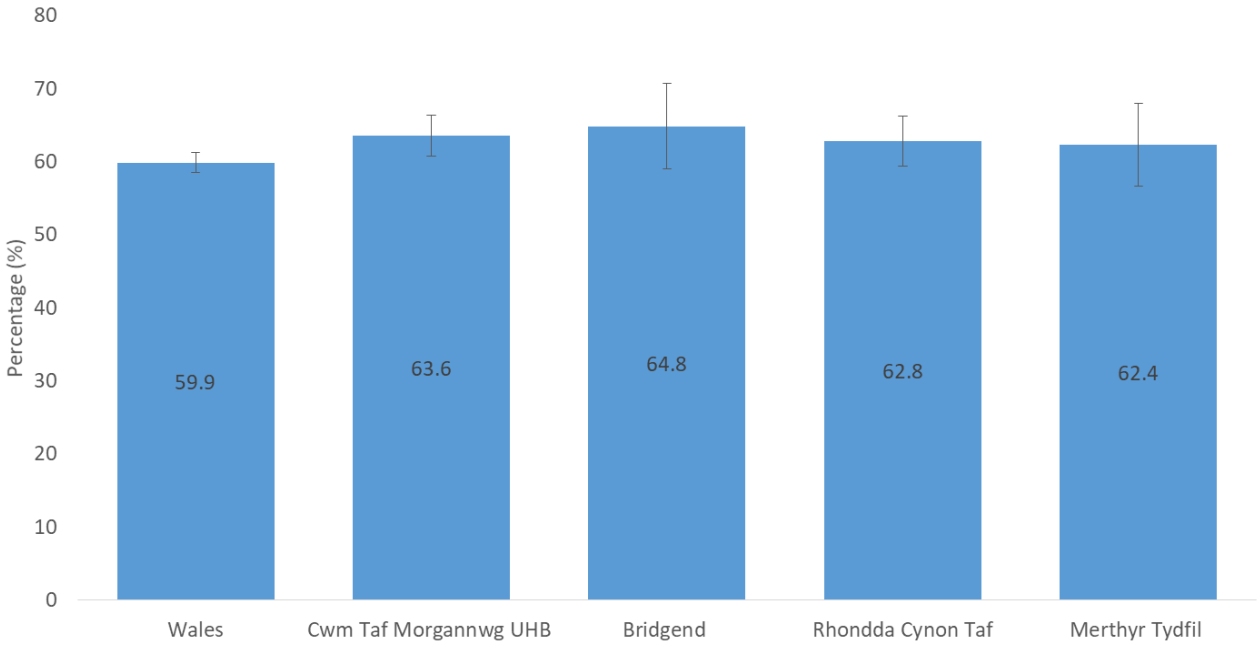
Percentage of adults that report the following behaviours- National Survey for Wales (2018-19 and 2019-20)

	Smoke (%)	Eating 5 portions of fruit and veg a day (%)	Meet physical activity guidelines (%)	Drinking above guidelines for weekly alcohol consumption levels (%)	Working age adults of Healthy Weight (%)
Cwm Taf Morgannwg	18.6	21.6	41.7	16.5	36.4
Wales	17.4	24.3	53.2	18.6	40.1

Source: Stats Wales 2020

Percentage of adults who were overweight or obese, 2018-19 and 2019-20

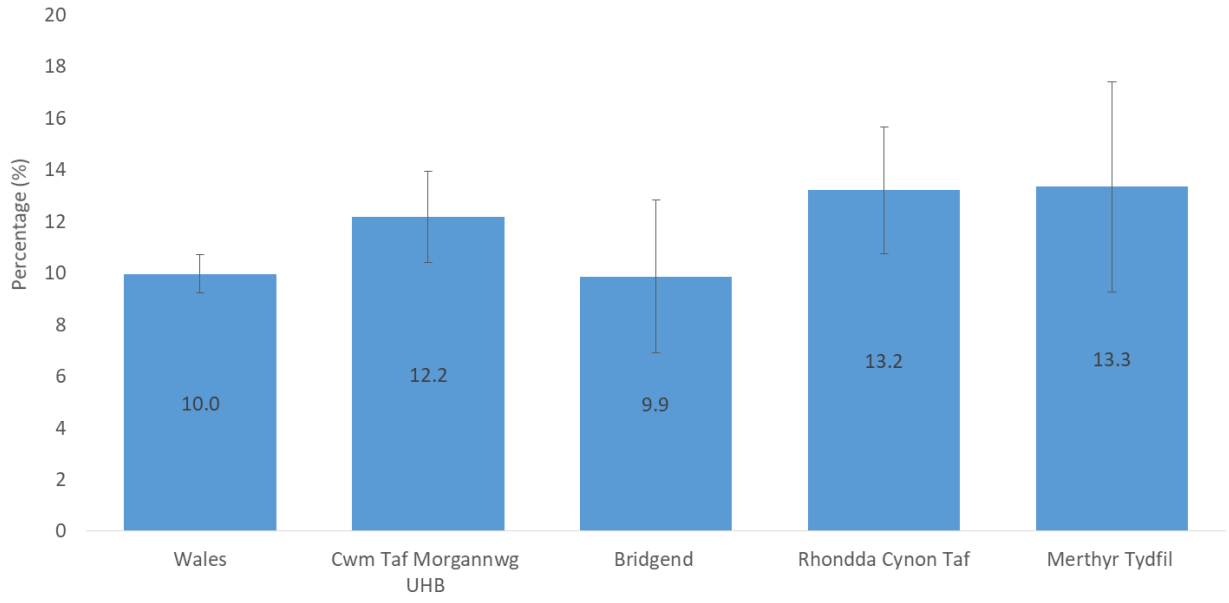
Produced by CTM LPHT using National Survey for Wales data (2020)



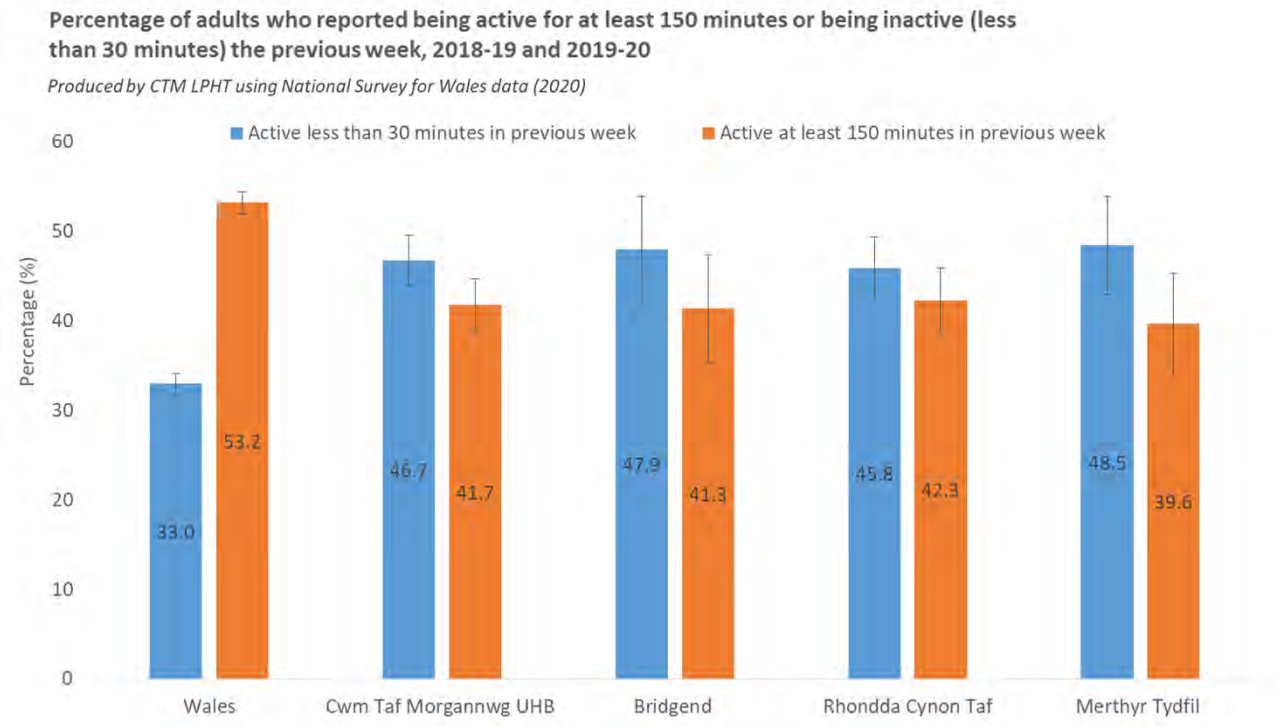
Percentage of adults who reported fewer than 2 healthy lifestyle behaviours

Percentage of adults who reported fewer than 2 healthy lifestyle behaviours, 2018-19 and 2019-20

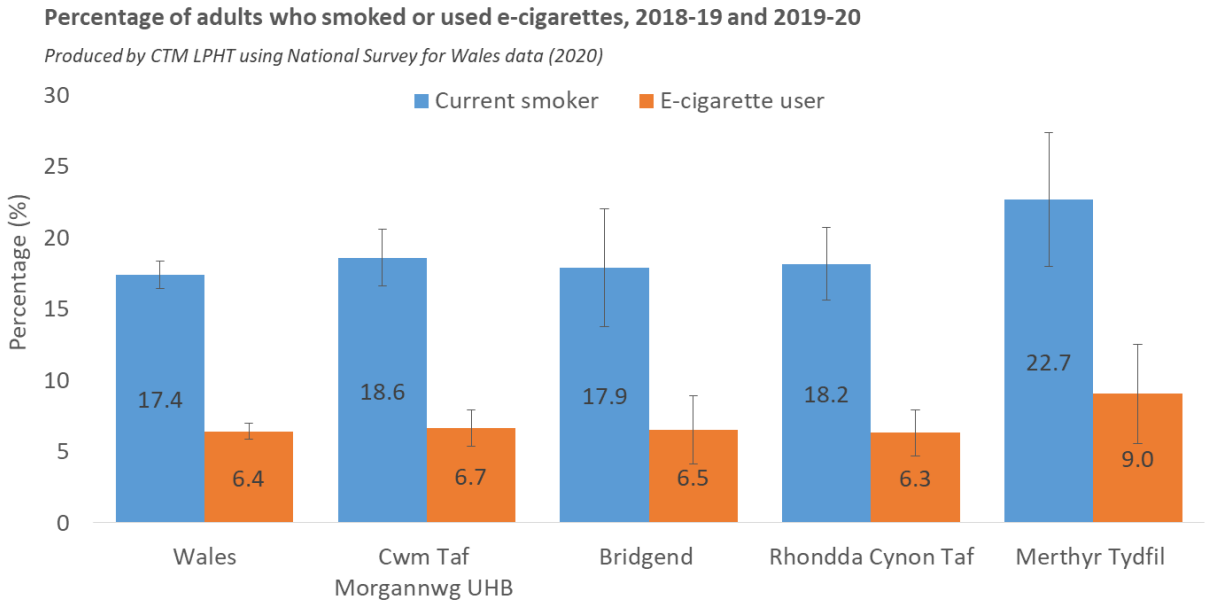
Produced by CTM LPHT using National Survey for Wales data (2020)



Percentage of adults who reported being active for at least 150 minutes or being inactive (less than 30 minutes) the previous week, 2018-19 and 2019-20



Population Health Goal 7. By 2026, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated



Population Health Goal 1. By 2026, in men and women in CTM, Life Expectancy at birth and Healthy Life Expectancy match the Wales average

Healthy life expectancy (the number of years a person can expect to live in good health) is only available for Cwm Taf (not CTM) level: 56.9 years (males) and 59.6 years (females). For Wales, HLE is 61.4 years (males) and 62 years (females).

Produced by Public Health Wales Observatory. Please consult the technical guide for full details on how these indicators are calculated and data sources.

Population Health Goal 2. By 2026, the Slope Index of Inequality in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%

The inequality gap for life expectancy in CTM is 6.4 years (males) and 5.0 years (females), (Source: Public Health Wales Observatory PHOF Tool (2020) using ONS and WG data)

Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)
Cwm Taf Morgannwg
57.1%
Source: Public Health Wales Observatory using WDS (NWIS) and WIMD 2014 (WG) data

Population Health Goal 3. By 2026, Avoidable Mortality in CTM matches the Wales average

Avoidable mortality is higher than the Wales average in all three local authorities. Combined data for the years 2017-2019 (LA breakdowns only available in aggregated years) show that Bridgend is the closest to the Wales average with 285 per 100,000 in 2017-19 compared to 263 per 100,000 for Wales. Merthyr Tydfil has the highest avoidable mortality with 329.6 per 100,000 followed by RCT with 301.4 per 100,000.

Data from 2019 (latest data available at HB level) show, CTM is at 300/100,000 population and Wales is at 260/100,000 population

Population Health Goal 5. By 2026, the prevalence of key LTCs (stroke, diabetes, cancer and heart disease) in people with mental health problems in CTM matches that in those without

Chronic disease is often preventable. Previous work in Cwm Taf for the Cwm Taf Wellbeing assessment in 2017 indicated the following: -

Estimated % prevalence of chronic conditions (2018)		
	Cwm Taf Morgannwg	Wales
Asthma	7.4%	7.1%
CHD	3.9%	3.6%
COPD	2.7%	2.4%
Dementia	0.6%	0.7%
Diabetes	6.6%	6.1%
Heart failure	1.0%	1.1%
Stroke +TIA	2.3%	2.1%
Source: Primary Care Needs Assessment tool, 2019- using QOF data 2018		

CTM UHB has generally a higher estimated prevalence of all chronic conditions than the Welsh average with the exception of dementia. Prevalence data is estimated from Audit + and as such, only captures conditions which have been diagnosed and coded. This may therefore be an underestimate of 'true' prevalence.

> *Population Health Goal 6. By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and percentage of Low Birth Weight (LBW)*

Low birth weight babies (born less than 2500g in 2018): CTM (6.5%). Birth weight is an important determinant of future health. Low birth weight babies are at risk of problems with; growth, cognitive development and the onset of chronic conditions later in life. (Source: Public Health Wales Observatory PHOF Tool (2020) using WCCHD (NWIS) data)

Children living in poverty in Bridgend: 25.0%, MT: 29.0% and RCT 28.0% children (aged 0-18) live in poverty. Wales average 24% (Source: Public Health Wales Observatory PHOF Tool (2019) using WG and ONS data)

Other relevant published data

National Screening Programmes - Bowel screening has the lowest uptake rate of the national screening programmes across CTMUHB. There

are also marked inequalities in uptake of bowel screening across CTM (49.2% in North Merthyr Tydfil to 65.1% in South Taf Ely). A whole raft of measures are in place / development to tackle this, including public awareness campaigns and initiatives with secondary schools.

In line with Wales as a whole, there has been a decline in young women attending their first cervical smear across Cwm Taf Morgannwg.

National Screening programme	Target Group	National targets	Cwm Taf Morgannwg	Wales
Bowel	60-74yr olds	60%	57.6%	57.3%
Breast	Women aged 50-70	70%	73.3%	72.5%
Cervical	Women aged 25-64	80%	73.0%	73.2%
Abdominal Aortic Aneurysm (AAA)	Men aged 65+	80%	78.8%	80.8%
Source: PHW screening, 2020				

Smoking Cessation Activity

In the month of June 2021, there were 151 client episodes (+15% on June 2020), with 118 treated smokers (+7% on June 2020) and 72 persons self-reporting being smoke free at 4 weeks (+41% from June 2020).

100% of scheduled assessment sessions were completed within 14 days of initial contact date.

Of community service clients, 62% were female (38% male), with 10% aged under 25 years; 46% aged 25-44years; 31% aged 45-64 years and 13% aged over 65 years.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no specific risks or matters for escalation to board

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Staying Healthy
	If more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

5.1 The Board is asked to NOTE the contents of this update report.

AGENDA ITEM
6.2

CTM BOARD

STRATEGY DEVELOPMENT

Date of meeting	29 July 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Clare Williams, Deputy Director of Strategy and Transformation
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Management Board	21/07/2021	ENDORSED FOR APPROVAL
Executive Team	28/06/2021	SUPPORTED
Clinical Advisory Group	18/06/2021	SUPPORTED
Strategy Development Session	17/06/2021	SUPPORTED

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

1.1 Work has been ongoing in recent months to review the strategic direction of the Health Board and to commence work on a clinical strategy. As part of this work, a number of strategy development session have been held with the Independent Members and the wider

clinical and non-clinical Cwm Taf Morgannwg University Health Board (CTMUHB) leadership. The sessions have tested the thinking behind the organisations mission, vision and ambition.

1.2 In parallel, Grant Thornton have successfully been appointed to work alongside CTMUHB to develop a Clinical Strategy. They, like CTMUHB are very clear that the goal is to: change our approach to health services so that they actively drive up the health status of our population; make the most of all of all of our expertise and knowledge, including our patients and communities alongside experts from across the world; understand the deeply-held views of our services underpinned by data analysis and modelling; and focus on the areas of greatest need and greatest impact, agreeing the immediate areas of work and a future work programme.

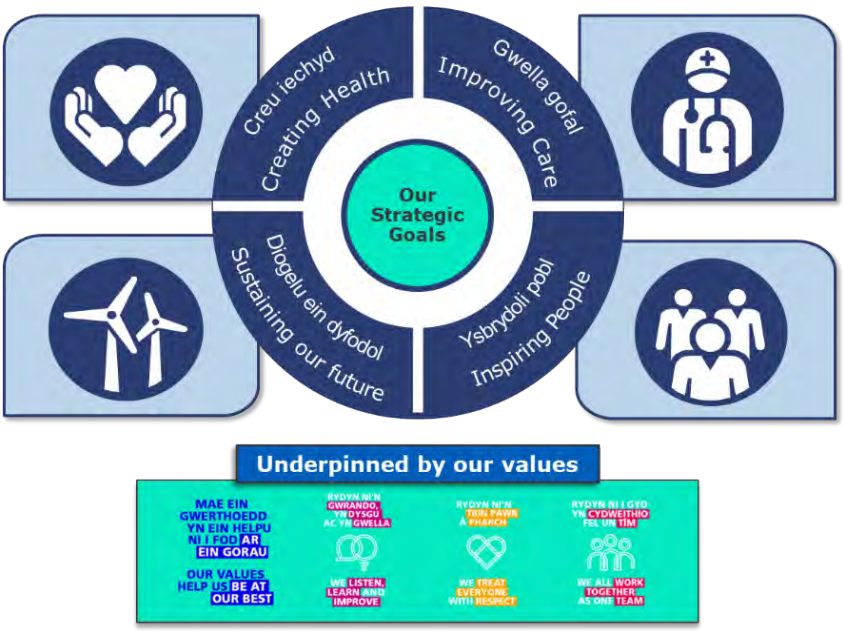
1.3 Over the next 6-9 months, focused work will now be undertaken through the *CTM2030: Our Health, Our Future* programme to develop and agree our organisational strategy, including the future of our clinical services, *CTM2030: Clinical Services.*

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 During the strategy development session in June 2020, the mission, vision and strategic objectives of the Health Board were reviewed. There remains support for both the mission, *Building healthier communities together*, and the vision, *In every community people begin, live and end life well, feeling involved in their health and care choices, however* there was consensus that the strategic objectives needed to be simplified.

2.2 Following consideration during the development session and by the Clinical Advisory Group, the following strategic goals have been developed for the organisation.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



2.3 Under each strategic goal are a number of themes will need to be developed to enable clarity on the intended outcome of each goal. These will require further work with staff and the public to ensure the messages and language are understood. This work will be supported by a creative agency with a strong behavioural insights background.

2.4 A small CTM2030: Steering Group is being established, with the first meeting in August. The initial work of the clinically led Steering Group will be to agree a set of design principles for the programme and to shape a series of clinical workshops. It is expected that the launch of CTM2030: Our Health, Our Future will be in early September.

2.5 All those who have expressed an interesting in participating in the work will have a role to play in developing the strategy.

2.6 Grant Thornton will bring their experience of previous strategic work along with an analysis of our data, however, a draft set of workshop themes are emerging as :

- Children
- Maternity
- Older People
- Mental Health
- Cancer
- Healthy Weight
- Muscular Skeletal
- Long Term Conditions
- Integrated Cluster Based Care
- Urgent and Emergency Care
- Planned Care
- End of Life

2.7 As well as developing a communications and engagement plan for the CTM2030: Our Health, Our Future programme, each workshop will have representation from those who use our services and those across the health and care system who provide the services.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 With the appointment of Grant Thornton as a partner in the CTM2030: Our Health, Our Future programme, the intention is to work at pace to deliver a Clinical Strategy by the end of March 2022. This is reliant on staff, partners and the public being able to engage fully with the programme. Given the pressure already being felt as a result of a 3rd COVID-19 wave, there is a risk that the timeline may slip. This is noted within the draft risk register of the programme and will be closely monitored.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staff and resources, Staying Healthy, Safe Care, Individual Care, Timely Care, Dignified Care, Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	EIA's will need to be developed as the programme develops
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health
	Provide high quality, evidence based, and accessible care
	Ensure sustainability in all that we do, economically, environmentally and socially
	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 APPROVE the CTMUHB strategic goals:

- Creating Health;
- Improving Care;
- Inspiring people; and
- Sustaining our Future.

5.2 NOTE the progress of the CTM2030: Our Health: Our Future programme and within it CTM2030: Clinical Services.

AGENDA ITEM
7.1

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(29/07/2021)

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Rowland Agidee, Head of Performance and Clinical Information
Presented by	Prof. Kelechi Nnoaham, Executive Director of Public Health
Approving Executive Sponsor	Executive Director of Public Health

Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom
PIFU	Patient Initiated Follow Up

DTOC	Delayed Transfers of Care
PMO	Programme Management Office
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
CT	Cwm Taf
POW	Princess of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
CTM	Cwm Taf Morgannwg
RCT	Rhondda Cynon Taff
SB	Swansea Bay
NPT	Neath Port Talbot
IMTP	Integrated Medium Term Plan
HMRC	HM Revenue & Customs
ED	Emergency Department
IPC	Infection Prevention and Control
SIs	Serious Incidents
NUSC	Non Urgent Suspected Cancer
USC	Urgent Suspected Cancer
SCP	Single Cancer Pathway
NOUS	Non Obstetric Ultra-Sound
SSNAP	Sentinel Stroke National Audit Programme
QIM	Quality Improvement Measures
SALT	Speech and Language Therapy
CAMHS	Child and Adolescent Mental Health Services
p-CAMHS	Primary Child and Adolescent Mental Health Services
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SIOF	Single Integrated Outcomes Framework
ONS	Office for National Statistics
WAST	Welsh Ambulance Service NHS Trust
WPAS	Welsh Patient Administration System
MPI	Master Patient Index
RCS	Royal College of Surgeons
WCP	Welsh Clinical Portal
WHSSC	Welsh Health Specialised Services Committee
TAVI	Transcatheter Aortic Valve Implantation
QIA	Quality Impact Assessment

1. SITUATION/BACKGROUND

1.1 This report sets out the UHB's performance in a number of areas, considered highest risk and includes performance against targets for the year to date, as set out in the Welsh Government (WG) Delivery Framework and other priority areas for the UHB.

1.2 This report aims to ensure the performance report highlights the key areas that the UHB is concentrating on, to improve service delivery and those posing the greatest risk. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

1.3 Appendix 1, the Performance Dashboard, sets out the UHB's performance against the unscheduled and planned care elements of the Welsh Government (WG) Delivery Framework as at the end of June 2021.

1.4 Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with two of its twenty-nine performance measures and is making satisfactory progress towards delivering a further three (October = 12). There remains twenty-four measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The UHB's emerging Executive Management Scorecard is shown below. The measures selected are operational and output based in nature, allowing for earlier change detection in metrics that will ultimately affect our impact and outcomes.

FINANCE

Month 2	Variance from Plan			
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent
	£m	£m	£m	£m
Pay	0.8	3.4		
Non-Pay	1	-1		TBC
Income	0.2	0.3		
Efficiency Savings	0	0.0		TBC
Non-delegated (including WG allocations)	-1.7	-2.4		
Total	0.24	0.25	0	TBC

	Current Month	Year to Date	Forecast Full Year	
PSPP	93.7%	91.3%	94.0%	Target 95%
Capital Expenditure	£14.5m	£52.3m	£52.3m	
Agency as % of total pay costs	6.4	6.8	6.8%	

QUALITY

Indicators	Qtr 4 20/21	Qtr 3 20/21	Target	RAG
% complaints final/interim reply within 30 working days	52.7%	62.2%	75%	
	May-21	Apr-21	Target	RAG
Single Cancer Pathway	61.0%	61.9%	75%	
Thrombolysis for Eligible Stroke Patients within 45 Minutes	30.0%	45.5%	100%	
	Apr-Jun 21	Apr-May 21	Target	RAG
Cumulative rate of bacteraemia cases per 100,000 population - E.coli	95.66	94.69	N/A	
Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	32.19	33.34		
Cumulative rate of bacteraemia cases per 100,000 population - C.difficle	30.40	28.01		
	May-21	Apr-21	Target	RAG
Number of Serious Incidents	2	6	TBC	
Number of Formal Complaints Managed through Putting Things Right	126	124		
Falls Causing Harm (Moderate/Severe/Death) - Rolling 12 Month Position	13	10		
Hospital Acquired Pressure Ulcers (Grade 3/4) - Rolling 12 Month Position	4	2		
Total number of instances of hospital acquired pressure ulcers	98	80		
Number of Potential Hospital Acquired Thrombosis (HATs)	4	12		
Cardiac Arrest Calls	39	38		
Number of Never Events in Month	0	0	0	

PERFORMANCE

Indicators	Jun-21	May-21	Target	RAG
A&E 12 hour Waiting Times	857	950	Zero	
Ambulance Handover Times >1 Hour	208	302	Zero	
RTT 52 Weeks	30,174	30,420	Zero	
Diagnostics >8 Weeks Waits	13,365	13,113	Zero	
% of Stage 4 Urgent Patients Clinically Prioritised	21.3%	23.9%	100%	
	May-21	Apr-21	Target	RAG
Mental Health Part 1a - CAMHS	40.0%	62.5%	80%	
Mental Health Part 1b - CAMHS	53.8%	65.0%	80%	
FUNB - Patients Delayed over 100% for Follow-up Appointment	28,365	27,876	14,815	
Admission to Stroke Unit within 4 hrs	16.0%	14.6%	SSNAP Average 54%	
Out of Hours (OOH)/111	In development - data not yet available			
	Jun-21	May-21	All Wales Average	RAG
Delayed Discharges rate per 100,000 population	7.24	8.87	4.5	

PEOPLE

Indicators	Jun-21	May-21	Target	RAG
Turnover	9.5%	9.5%	11%	
Exit Interview by Leaver	2.0%	3.1%	60%	
	May-21	Apr-21	Target	RAG
Sickness Absence Rate (in month)	6.3%	5.6%	4.5%	
Sickness Absence Rate (rolling 12 month)	6.6%	6.7%		
Return to Work Compliance	48.9%	43.8%	85%	
	Jun-21	May-21	Target	RAG
Fill Rate Bank	28.5%	25.8%	90%	
Fill Rate On-contract Agency (RNs)	55.2%	57.7%		
PADR	54.6%	53.6%	85%	
Statutory and Mandatory Training - All Levels	57.3%	58.2%	85%	
Statutory and Mandatory Training - Level 1	66.0%	65.8%		
Job Planning Compliance (Consultant)	17.0%	17.0%	90%	
Job Planning Compliance (SAS)	15.0%	18.0%		
Direct Engagement Compliance (M&D)	97%	98%	100%	
Direct Engagement Compliance (AHPs)	66%	68%	100%	
RN Shift Fill by Off-contract	31.0	36.0	0 Hours	

2.1 Quadruple Aims "*At a Glance*" are summarised below providing the detail on key performance indicators.

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q4 20/21	97.3%	Q3 20/21	96.4%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.8%		93.3%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1 to Q3	2.9%	2019/20	3.6%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target	20/21	not available		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q3 20/21	311.6	Q3 19/20	419.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q4 20/21	70.8%	Q3 19/20	66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	not available		2019/20	68.9%
	under 65's in risk groups	55%				40.3%
	pregnant women	75%				81.7%
	health care workers	60%				63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	56.8%	2017/18	54.8%
	breast	70%		74.1%		73.9%
	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	May-21	95.9%	Apr-21	73.6%
	over 18 years			86.9%		86.3%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Measure		Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2019/20	65.4%	not available	
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q2 20/21	62.3%	Q1 20/21	64.2%
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered		90%	Jan-20	97.0%	Dec-19	91.2%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jun-21	59.0%	May-21	58.2%
Number of ambulance patient handovers over 1 hour		Zero		208		301
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%		69.5%		69.7%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		857		940
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Mar-21	71.7%	Mar-20	75.5%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 59.3%	May-21	16.0%	Apr-21	14.6%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%		75.6%		78.8%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%		61.0%		61.9%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Jun-21	13,365	May-21	13,113
Number of patients waiting more than 14 weeks for a specified therapy				272		336
% of patients waiting less than 26 weeks for treatment		95%		48.2%		46.8%
Number of patients waiting more than 36 weeks for treatment		Zero		42,533		41,793
Number of patients waiting for a follow-up outpatient appointment		74,734	May-21	106,040	Apr-21	105,796
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		28,365		27,876
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%		35.4%		34.7%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available	
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (sCAMHS)		80%	May-21	54.8%	Apr-21	57.9%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)				41.9%		58.8%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)				61.7%		46.3%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				62.5%		66.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				84.0%		84.6%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				46.0%		42.0%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				81.2%		78.6%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Ecoli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E-coli	To be confirmed	Apr-21 to Jun-21	95.66	Apr-21 to May-21	94.69
	S.aureus bacteraemia			32.19		33.34
	C.difficile			30.40		28.01
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			17.88		18.67
	P. aeruginosa			5.36		5.33
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Jun-21	54.6%	May-21	53.6%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Jun-21	65.5%	May-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Apr-21	5.7%	Apr-20	8.4%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020	61.4%	2018	75.0%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 20/21	52.7%	Q3 20/21	62.2%

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Measure	Target	Current Period		Last Period	
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1-Q3 20/21	1626	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Mar-21	2.09%	Feb-21	2.15%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	May-21	85.7%	Apr-21	42.5%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			71.4%		56.3%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Mar-21	0.5%	Mar-20	2.2%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q3 20/21	98.9%	Q2 20/21	98.8%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	To be confirmed		279.2		262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437		1474
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21	5240.6	Q2 20/21	5017.9
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 20/21	72.3%	Q1 20/21	66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21	25.6%	Q3 20/21	21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21	6.8%	Q3 20/21	6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Mar-21	571	Feb-21	1,014
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21	6.7%	Dec-20	6.1%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available

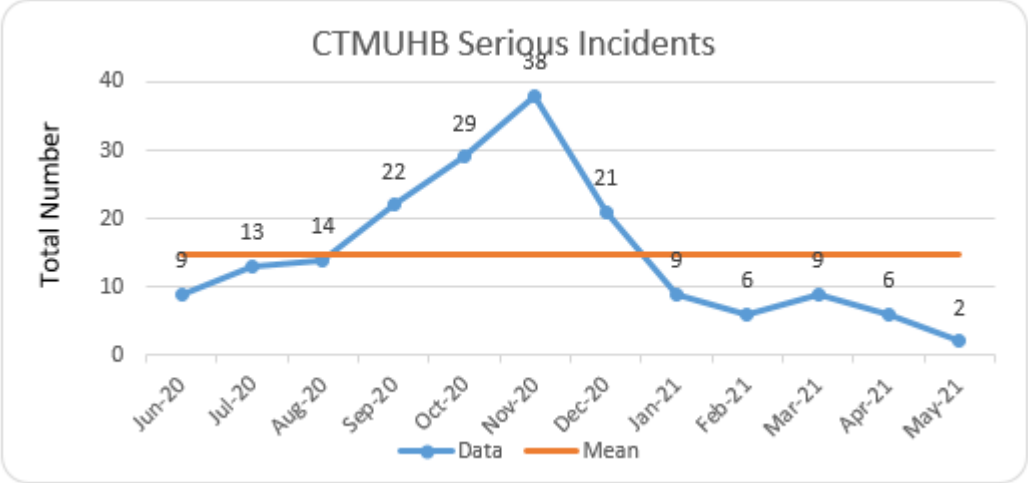
2.2 Quality

2.2.1 Never Events

There have been no never events reported in the present financial year.

2.2.2 Serious Incidents

8 Serious Incidents were reported in April and May. This decrease in is due to a reduced reporting criteria having been put in place during the pandemic and Covid Health Care Acquired Infections being reported separately to the NHS Delivery Unit.



Whilst numbers are therefore relatively low, the UHB's guidance does seek to ensure that all new and previously reportable *serious patient safety incidents* must continue to be reported to the appropriate ILG governance team for initial approval. These are then submitted to the Central Patient Safety team to provide pan-organisational oversight and assurance for executives and Board members. It is anticipated that future reporting to Quality and Safety Committee will feature Nationally Reported Incidents and Locally Reportable Incidents.

Unexpected deaths as a result of completed suicide and self-harm incidents of those engaged with our mental health or drug and alcohol (MH/D&A) services remain a feature, with two cases reported for April and May 2021. The UHB are undertaking a review of all suspected suicides who have received a MH/D&A service within the preceding twelve months of the incident to establish the robustness of investigation and to support learning and preventative practice. Multi-agency strategic work in respect of suicide and self-harm prevention is well led and attended by health board colleagues.

As part of ensuring robust, continuous quality governance during the Covid-19 period, quality impact assessments (QIAs) are being undertaken for the key service changes to ensure any potential consequences on quality are considered and any necessary mitigating actions are outlined in a consistent way.

It is anticipated for the future that a QIA will be consistently considered as part of all development and proposal stage of new services, and when planning changes to existing services. This will ensure quality remains the driving component in CTM's provision of its services.

2.2.3 Complaints

During April and May 2021, there were two hundred and fifty complaints managed through Putting Things Right regulations. The main themes from complaints relate to:

- Communication: these are predominantly failures in communication between health board staff and patients
- Treatment Errors: these relate to failure to treat, inappropriate treatment, and missed diagnoses.
- Delays in access to care, such as treatment waiting time and onward referral
- Potentially inappropriate or unsafe discharge and discharge planning

The Covid response has had an impact on the UHB's ability to investigate and respond to concerns within thirty days, with considerable differences in compliance across the ILG's being observed. The factors influencing these differences include levels of resource allocation towards the management of concerns; differences in complexity of concerns and the logistical management of the complaints process. Work is ongoing to identify the resource/process used within each ILG in order to identify a preferred and therefore consistent model to managing and learning from concerns across the UHB.

Complainants have received acknowledgement and explanation where there are have been any delays in providing a response to them.

Improvements and learning from concerns will be strengthened by the appointment of a centrally based Head of Complaints and Legal Services, providing a supportive steer for complaints management and response and a more streamlined framework for cross pollination of learning and improvement.

2.2.4 Compliments

During April and May 2021, there were one hundred and forty four compliments reported to the PALS team; an increase on the one hundred and sixteen received in the previous two month period.

This coincides with an increase in the numbers of patients attending departments and receiving hospital based treatments, whilst there have been minimal changes in the restrictions to visiting and there continues to be less footfall on sites as a whole.

The people's experience module within the new risk management system is anticipated as a method of facilitating standardised meaningful data, allowing for improved triangulation of intelligence on how services are experienced by those who use them.

In addition, the Health Board are implementing the new national 'Civica' patient experience feedback monitoring system. Nationally and within CTM, there is a commitment to ensuring patient feedback is captured and used to inform learning and drive quality, and the impact of this should be seen in the near future with a Civica lead recently appointed.

2.2.5 Hospital Falls

There was a slight increase in falls reported for April and May 2021 (480) compared to the previous 2 months (470). The highest number of inpatient falls occurred within medicine and emergency care departments at Prince Charles Hospital. Although severe harm/death from falls is very low in number there is an increasing incidence of moderate harm from falls reported.

Over the past 12 months, three thousand one hundred and ninety two falls have been reported, of which one hundred and thirty nine caused harm. Initiatives to reduce falls across our sites are underway, with the ambition of achieving a 20% reduction by year-end. These include deep dive analyses of clinical areas where there are high incidence, and informed interventions and environmental improvements to reduce the likelihood of falls and improve patient safety in these areas. Most notably Bridgend ILG have acted to reduce the probability of falls within Angleton Ward 2 specialising in elderly dementia care through analysis of patient demographic, the effects of 'sundowning', staffing numbers and use of medication. Whilst Merthyr/Cynon ILG have created a falls dashboard to improve intelligence including falls per 1000 bed days and repeated falls data. These endeavours improve understanding and therefore potential to prevent harm from falls occurring.

Progress against the UHB's ambition will be monitored and supported through the falls prevention group which will be re-established when the current demands on staff are less acute.

2.2.6 Hospital Acquired Pressure Damage

The number of patients reported as having suffered pressure damage has increased for April and May 2021 to one hundred and seventy eight, which compares to one hundred and sixty six for the previous two months. The highest number of pressure damage incidents reported occurred within the patient's home with District Nursing input.

The highest number of pressure damage incidents reported for secondary care was for the Princess of Wales, followed by Prince Charles hospital and the Royal Glamorgan hospital, predominantly within general medicine, care of the elderly and orthopaedics.

Over the past twelve months, a total of one thousand one hundred and sixty one hospital acquired pressure ulcers were reported across the health board, of which, forty six were Grade 3 and 4s. All avoidable pressure damage must be reported to the Multi-Agency Safeguarding Hub (MASH), however the consistency and timing of this requirement within the three ILG's is not yet uniform.

An improvement trajectory of a 50% reduction in Grade 3 and 4s has been set for 2021-22. Pressure ulcer scrutiny panels are held in each district general hospital and within community settings. Scrutiny panels drive accountability and quality improvement relating to pressure ulcer prevention and management, providing feedback and learning locally and potentially across the organisation.

Progress will be monitored and supported through the pressure ulcer improvement group, which will also be re-established shortly under the direction of the RTE Nurse Director.

A new policy for the prevention and management of pressure damage has been drafted for comments. Given the financial and humanitarian cost of pressure ulcers, this potentially avoidable injury is increasingly becoming a key policy and professional target within our organisation.

2.3 People

In summary the main themes of the People Scorecard (below) are:

- Overall PDR (non-medical staff) compliance for May 2021 is 51.73% and is a slight improvement on April (50.48%).

- M&D medical appraisals are at 98.7% with other staff groups ranging from the highest 63.16% (E&A) to the lowest 16.28% (ST)
- Combined core mandatory training compliance for May 2021 averages 57.84%
- The overall Cwm Taf rolling twelve month sickness rate to May 2021 is 6.65%. Occurrences of long term sickness absence continues to fall but since February this year short term occurrences have begun to rise.

2.4 Performance

2.4.2 Elective Services

Pages 2 and 3 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. Whilst treatment continues to be undertaken in independent hospital capacity, the granularity of data has not been maintained.

The provisional June position for Referral to Treatment Times (RTT) is:

- 30,174 patients waiting over 52 weeks
- 42,533 patients waiting over 36 weeks (includes the numbers waiting over 52 weeks)
- 48.2% of patients waiting <26 weeks

The increasing trend in elective waiting times largely continues, albeit that the total Stage 4 waiting list has reduced, aided by the waiting list validation exercise. Provisionally, at the end of June the treatment waiting list was 15,368 patients, of which 4,189 were urgent patients.

The Planned Care Recovery Programme has commenced with demand and capacity work having been completed for both RTT and Cancer waiting times.

The ambition remains to return to no patients waiting over 36 weeks for elective treatment by the end of March 2023 and to do so in a sustainable way. The milestone for March 2022 is to have no patients waiting over 52 weeks.

2.4.3 Unscheduled Care

As at the end of June the overall compliance for waiting times at all CTM's Emergency Units is:

- The total number of attendances were 17,153

- 69.5% of patients were admitted, discharged or transferred from our minor injuries and emergency units within 4 hours of arrival
- 857 patients were required to wait more than 12 hours in our Emergency Departments for reasons other than clinical necessity.

Further detail in regards to unscheduled care indicators is provided in appendix 1.

2.4.3 Cancer Waiting Times

The end of May position for Single Cancer Pathway (SCP) is 61.0% of patients started first definitive treatment within 62 days from point of suspicion. The total number of patients starting treatment was 213 with 83 patient breaches.

As at 7th July 2021, the total number of active patients waiting at first outpatient stage of their pathway currently stands at 1,760 patients, while patients waiting at the diagnostic stage accounts stands at around 987 patients.

2.4.4 Stroke services

Current performance levels for the two stroke units are detailed on page 8 of the Dashboard. The overall CTM compliance during May for the four Quality Improvement Measures (QIMs) is:

- Admission to stroke unit within 4 hours – 16.0%
- 45 minute door to needle time – 30.0%
- CT scan within 1 hour – 62.8%
- Stroke Consultant within 24 hours – 75.6%

The Health Board Quality and Safety Committee received a report on stroke performance in their May meeting and will now include it in its monitoring and oversight. Monthly meetings of a Stroke Planning Group have been established to develop both a short and long term plan for Stroke Services in CTM, linking in with the CTM Stroke Delivery Group.

2.4.5 Mental Health Measure

Compliance against Part One of the Mental Health Measure saw an improvement during June at 59.6% (47.5% in May) but continues to be below the 80% target.

Further compliance figures across the range of services are shown on page 11 of the Dashboard, where compliance in Neurodevelopment and Specialist CAMHS services continue to be low. Part 1a of the Mental Health

Measure for CAMHS continues to remain under target with a fall in compliance to 40.0% from 62.5% in the previous month.

Compliance for Psychological Therapy improved to 81.2% during May (78.6% in April). When Psychological Therapy reporting first began, the Bridgend LPMHSS had 63 out of 182 patients waiting over 26 weeks and the table below shows the good progress made within the service, as May's position reveals that no patients are waiting over 26 weeks.

Psychological Therapy Waiting Times					
	M&C	RTE	Bridgend	CTM	CTM
Reporting Period May 2021	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	28	46	176	169	419
27 - 35 weeks	10	8	0	15	33
36 - 51 weeks	6	7	0	13	26
52+ weeks	14	3	0	21	38
Total Waits	**58**	**64**	**176**	**218**	**516**
% <26 weeks	**48.3%**	**71.9%**	**100.0%**	**77.5%**	**81.2%**
% >36 weeks	**34.5%**	**15.6%**	**0.0%**	**15.6%**	**12.4%**
% >52 weeks	**24.1%**	**4.7%**	**0.0%**	**9.6%**	**7.4%**

2.5 Finance

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on 'Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021 and can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22.

The key aspects of the updated financial plan are as follows:

- Anticipated additional non-recurring Covid funding of £20.5m for the Covid overspends from 2020/21. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from Covid and £4.3m of additional cost pressures. This reflects the recent funding principles issued by the Welsh Government, but will be subject to WG review, and may not be fully agreed.
- Requested additional non-recurring Covid funding of £5.5m over the confirmed Welsh Government allocation of £26.1m, to reflect a revised assessment of demand relating to Covid, Winter and paediatric respiratory virus.
- Anticipated non-recurring allocations from Welsh Government of £7.0m in 2021/22 for investment in Think 111 First, Urgent primary care and Same Day Emergency Care (SDEC).
- The plan assumes that around £9m of existing cost pressures projected by ILGs & Directorates are avoided or managed out. There is a £5m transitional budget to support this and Covid funding for Q1 may also provide some temporary headroom if actual costs are lower.
- The plan assumes recurrent savings delivered will be £16.1m and in year savings £14.5m. In comparison with this, bottom up savings plans at the end of Q1 are so far falling short of this by £0.9m, and we do not yet have adequate assurance on their delivery.
- The provision for new investment in the plan is relatively low (£1m enabling) and a small amount of non-recurring funding.
- The plan is bolstered on a one off basis in 21/22 by release from the balance sheet of over £6m and by £4.7m non-recurring release of budgets committed to out of hospital transformation from 2022/23. Therefore the underlying recurrent position is worse, and is a £31.4 deficit at the end of 2021/22 provided that the assumptions above are delivered.

There is significant risk in the plan, and provided it is delivered in 2021/22, there will still remain a large recurrent deficit to be addressed from 2022/23 onwards.

The overall funding position across Welsh Government is such that there is likely to be further funding potentially becoming available, particularly around planned care recovery. This may be at a level that exceeds what the NHS in Wales could practically spend in 21/22, and so an element may be made available for other initiatives on a one-off basis. However, this is predicated on the CTM plan being delivered internally.

We will identify priorities for any non-recurring investment but the focus needs to be on delivering the plan above, which we need to do from a

sustainability perspective anyway. This will put us in the best position to be able to utilise any non-recurring WG funding which does become available.

Full details are provided in the Finance report.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The key risks for the Performance quadrant are covered in the summary and main body of the report.

3.2 The following issues/risks have been identified in relation to the Quality quadrant:

3.3 As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.

3.4 Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.

3.5 An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.

3.6 Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this

	summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not yet assessed
Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Board is asked to NOTE the Integrated Performance Dashboard together with this report.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Materion Penodol i'w Hystyried / Specific Matters for Consideration
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board
Gorffennaf 2021 / July 2021

Click on one of the boxes to navigate to that section of the report

Cenhadaeth / Mission:
Adeiladu cymunedau iachach gyda'n gilydd / Building healthier communities together

Gweledigaeth / Vision:
Ym mhob cymuned mae pobl yn dechrau, yn byw ac yn gorffen bywyd yn dda, gan deimlo eu bod yn cymryd rhan yn eu dewisiadau iechyd a gofal /
In every community people begin, live and end life well, feeling involved in their health and care choices

Strategic Well-being Objectives:

- ***Work with communities and partners to reduce inequality, promote well-being and prevent ill-health.***
- ***Provide high quality, evidence based, and accessible care.***
- ***Ensure sustainability in all that we do, economically, environmentally and socially.***
- ***Co-create with staff and partners a learning and growing culture.***

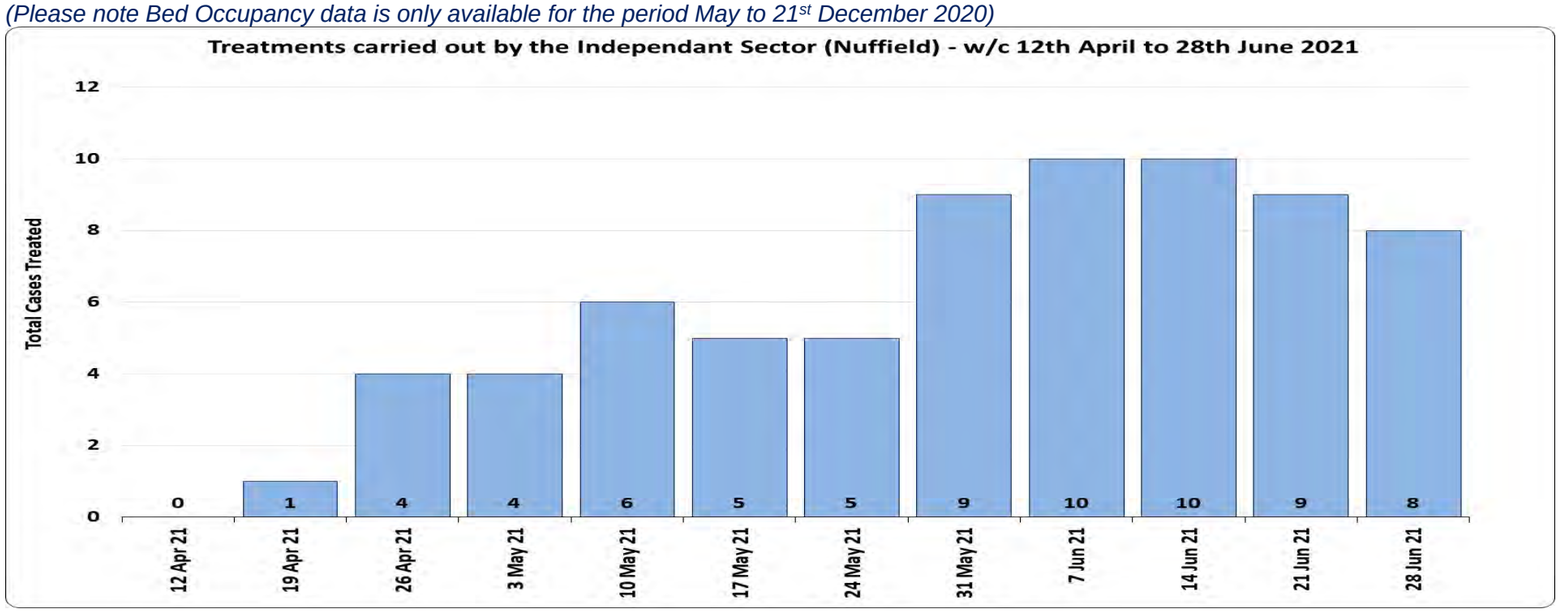
Resetting Cwm Taf Morgannwg

Cases Treated (Independent Sector)
Total treatments carried out by the Independent Sector Hospital in 2021/22
71

Treatments carried out by the Independent Sector from week commencing 12th April to 28th June 2021

Breast	Gynae	Urology	Derm	Gen Sur	Max Fax	Opth	T&O	ENT	Pain Mgt	Total
0	7	0	0	9	0	17	38	0	0	71

(Please note Bed Occupancy data is only available for the period May to 21st December 2020)



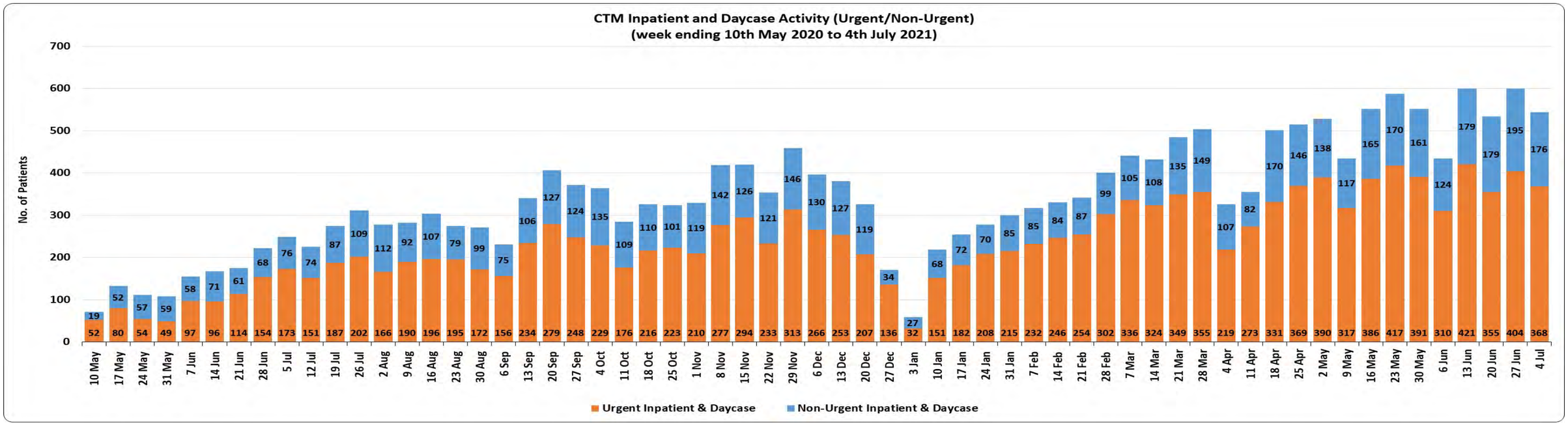
As per the chart below, urgent elective inpatient activity has been sustained at c.400 cases per week in the past 2 months, with volumes recovering from the 2020/21 levels. Total elective cases including those prioritised as non-urgent have increased to 575 cases per week and are planned to increase further.

Having undertaken 1,144 cases in the private sector in 2020/21, in quarter 1 of 2021/22 the UHB only commissioned 71 treatments, which are predominantly orthopaedic and ophthalmic cases.

Note: the chart to the right represents Nuffield data only. Efforts are currently being made to access other private sector data via the Elecetive Care Recovery Portfolio Board.

Risks/Issues: Capacity to meet demand, meetings required with Spire and Nuffield to understand forecast capacity.

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase

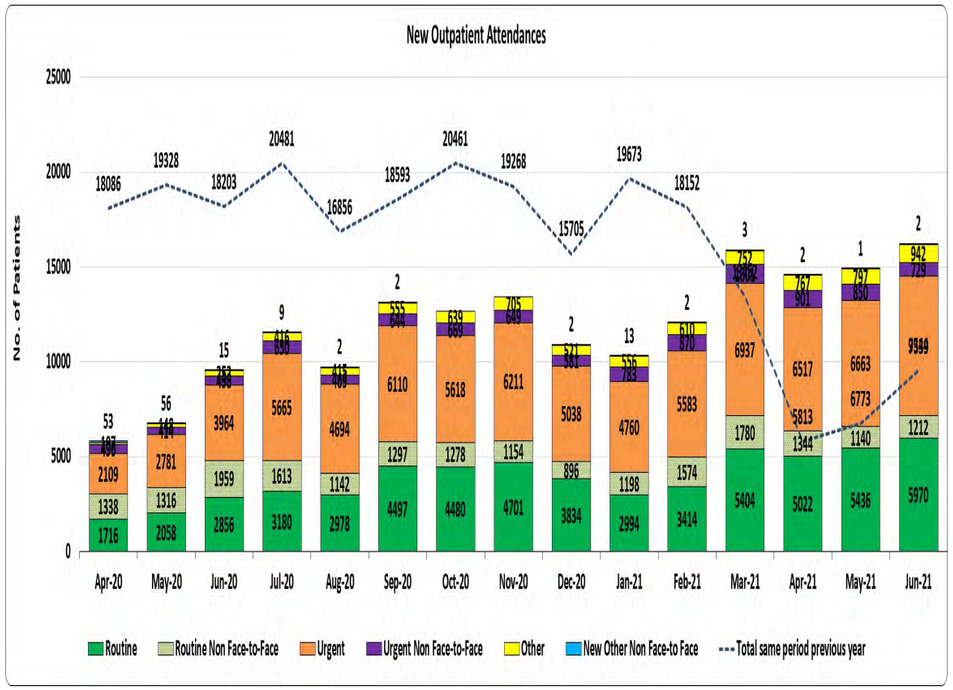


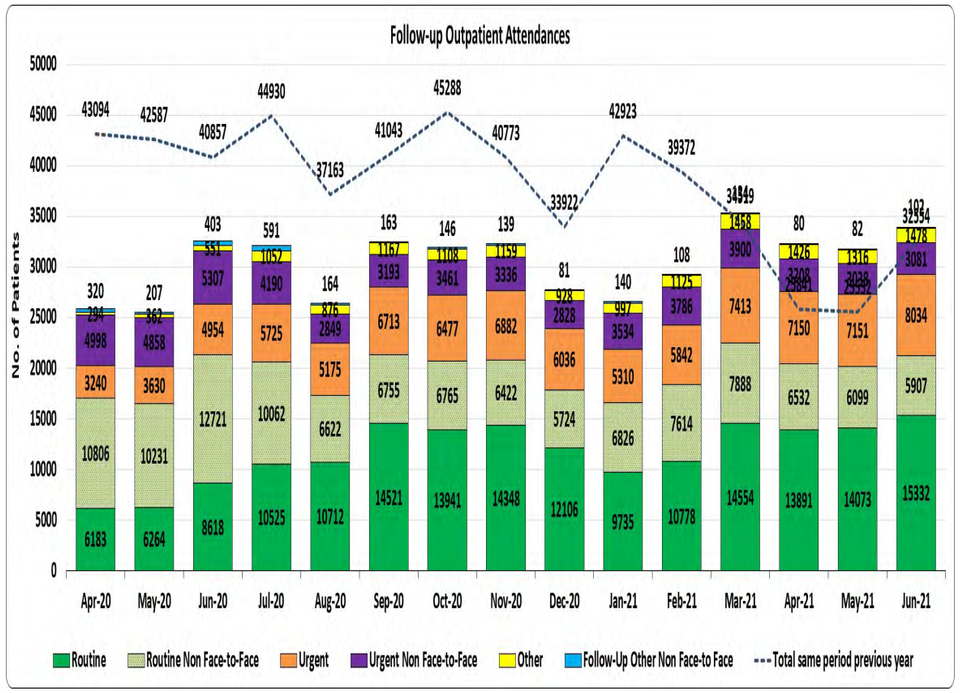
Prepared by the Performance & Information Team

Resetting Cwm Taf Morgannwg

Outpatient Attendances (New & Follow-up)

New & Follow-up Outpatient attendances versus same period previous year





% Difference in Outpatient Attendances compared to the same period the previous year		
Period	New	Follow-up
Apr-20	-68%	-40%
May-20	-65%	-40%
Jun-20	-48%	-20%
Jul-20	-44%	-28%
Aug-20	-42%	-29%
Sep-20	-30%	-21%
Oct-20	-38%	-30%
Nov-20	-30%	-21%
Dec-20	-31%	-18%
Jan-21	-48%	-38%
Feb-21	-34%	-26%
Mar-21	18%	2%
Apr-21	150%	25%
May-21	120%	24%
Jun-21	70%	4%

New outpatient activity continues to increase, reaching 16,000 consultations in June. This is 18% lower than the pre-Covid volumes.

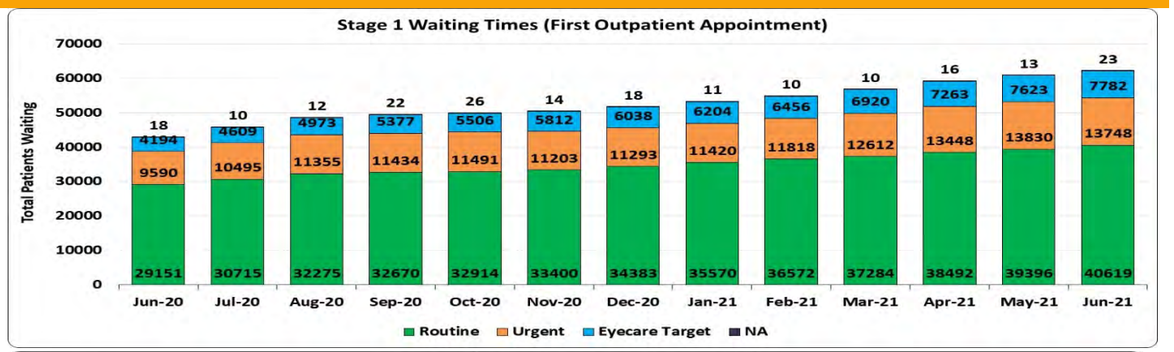
Follow up activity during June is c.28% down on pre-covid levels (41,300) at c.34000 consultations

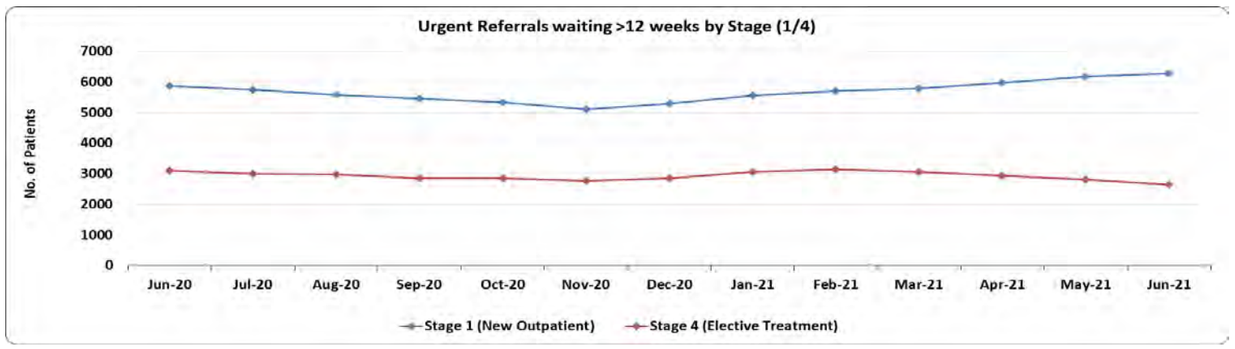
Waiting Times Stage 1 (New Outpatients) and Stage 4 (Treatments)

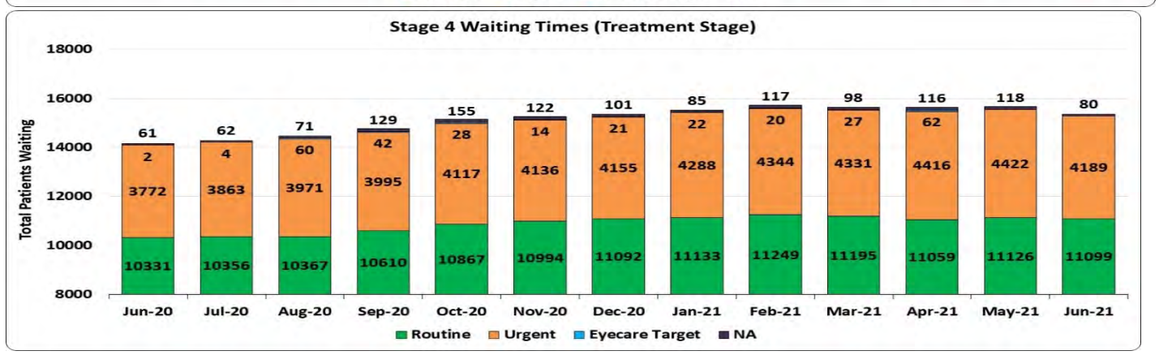
As at the end of June there were 62,172 patients awaiting a new outpatient appointment of which 13,748 patients were categorised as urgent and 7782 were ophthalmic patients. This represents a 44.7% increase on the 42,953 patients waiting at the end of June 2020.

At the end of June the treatment waiting list was 15,368 patients, of which 4,189 were urgent patients. Having peaked at 15,666 patients at the end of May, the June positions did see a slight recovery due to the increase in elective activity volumes.

The number of patients prioritised as urgent waiting in excess of 12 weeks for an initial outpatient consultation is increasing steadily at c.200 cases per month, whilst the urgent treatment backlog is now decreasing, reaching 2,657 at the end June 2021.







Prepared by the Performance & Information Team

Referral to Treatment Times (RTT)

Referral to Treatment Times – June 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero	Number of patients waiting >36 weeks – Target Zero	% of patients waiting under 26 weeks – Target 95%
30,174	**42,533**	**48.2%**

Patients waiting >52 weeks

As illustrated below the provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of June is 30,174. The breakdown of the 30,174 patients is as follows:

- 9,214 patients relate to Merthyr & Cynon ILG waiting lists
- 12,680 patients relate to Rhondda & Taff Ely ILG waiting lists
- 8,280 patients relate to Bridgend ILG waiting lists

Patients waiting >36 weeks

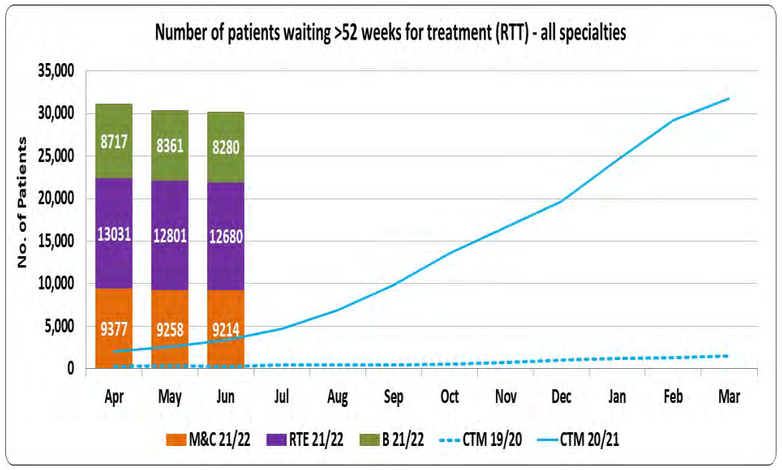
As illustrated in the chart, the provisional position for patients waiting over 36 weeks for June is 42,533 patients across Cwm Taf Morgannwg, which is an increase of 1,028 from May (N.B. includes the 30,174 patients waiting over 52 weeks):

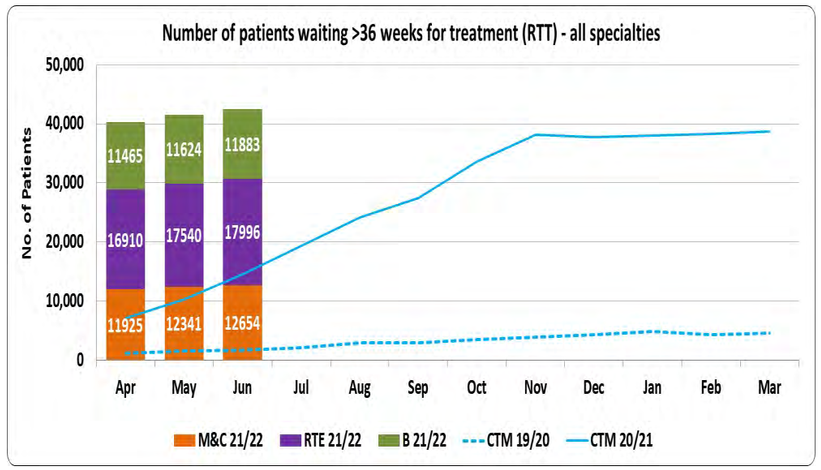
- 12,654 patients relate to Merthyr & Cynon ILG waiting lists
- 17,996 patients relate to Rhondda & Taff Ely ILG waiting lists
- 11,883 patients relate to Bridgend ILG waiting lists

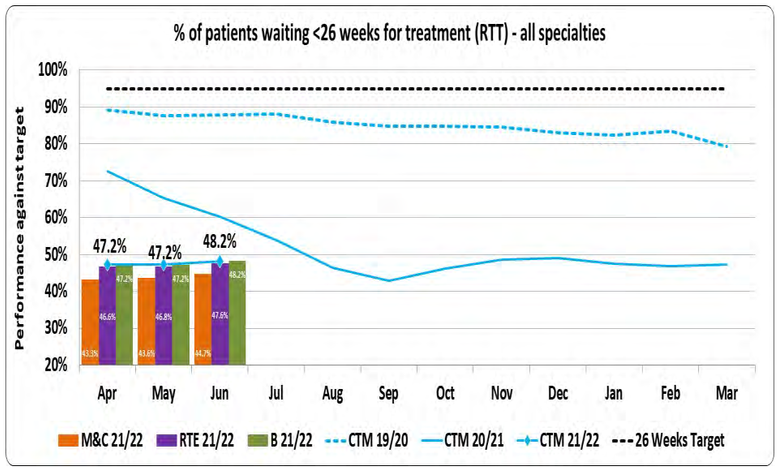
Patients waiting <26 weeks

In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures) the provisional position for June across Cwm Taf Morgannwg is 48.2%, a level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 44.7% Merthyr & Cynon ILG waiting lists
- 47.6% Rhondda & Taff Ely ILG waiting lists
- 52.2% Bridgend ILG waiting lists







The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. In quarter 1 the UHB numbers waiting over 52 weeks reduced to 30,174 from 31,725 a decline of almost 5%. This appears largely to have been achieved by more capacity being provided to our very long waiters, given the rise in the 36 week position from 38,709 at the end of March to 42,533 at the end of quarter 1.

Actions by When:

Under the Elective Care Recovery Portfolio each ILG have worked to develop targeted schemes in order to address their growing backlogs, these range from additional capacity schemes to projects that see a different way of delivering care. We continue to work with Welsh Government on the National Programmes for improvement (at specialty level) and indeed work with our neighbouring Health Boards on delivering care.

Diagnostics & Therapies

Diagnostics – June 2021 (Provisional Position)

Number of Diagnostic patients waiting >8 weeks - Target Zero

13,365

Diagnostics >8 weeks

The provisional position for June shows 13,365 patients waiting over 8 weeks. This represents an increase of 1.9% (252) from the reported position in May 2021 and the highest level reported within the last 12 months.

While improvements are seen in most areas there are still challenges clearing the backlog of patients waiting. Radiology numbers have increased by around 6% (428) on the previous month.

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	33	16	998	1047
Cardiology Services	Cardiac CT	0	2	0	2
	Cardiac MRI	0	3	0	3
	Diagnostic Angiography	0	47	41	88
	Stress Test	7	38	14	59
	DSE	71	5	92	168
	TOE	2	0	2	4
	Heart Rhythm Recording	11	10	260	281
	B.P. Monitoring	0	2	8	10
Bronchoscopy		1	0	0	1
Colonoscopy		151	465	0	616
Gastroscopy		706	677	1	1384
Cystoscopy		0	292	130	422
Flexi Sig		392	656	0	1048
Radiology	Non-Cardiac CT	4	4	0	8
	Non Cardiac MRI	9	142	298	449
	NOUS	2735	3903	648	7286
	Non-Cardiac Nuclear Medicine	1	29	0	30
Imaging	Fluoroscopy	8	62	0	70
Physiological Measurement	Urodynamics	32	40	156	228
Neurophysiology	EMG	16	114	0	130
	NCS	2	29	0	31
Total		4181	6536	2648	13365

Diagnostic Trend

The table below shows the Cwm Taf Morgannwg diagnostic position for the last 15 months:

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13365									

Therapies – June 2021 (Provisional Position)

Number of Therapy patients waiting >14 weeks - Target Zero

272

Therapies >14 weeks

There are provisionally 272 patients breaching the 14 week target for therapies in June, an improvement of 19% (64) on the reported position for May and this is due in part to the continued reduction in patient breaches in Audiology.

The table to the right provides a breakdown of the areas that are breaching the 14 week target.

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology	0	44	7	51
Dietetics	33	69	90	192
Arts Therapy	0	0	0	0
Occupational Therapy	0	0	0	0
Physiotherapy	1	6	0	7
Podiatry	0	0	0	0
SALT	1	9	12	22
Total	35	128	109	272

Therapies Trend

The table below shows the Cwm Taf Morgannwg therapy position for the last 15 months, indicating that inroads are now being made in tackling the backlog that built up during the pandemic:

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	272									

Surveillance Monitoring / Endoscopy Waits – as at 4th July 2021

Number of patients waiting past their review date

1,301

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target:

Urgent Suspected Cancer - (target 2 weeks/14 days),

Urgent - (target 2 weeks),

Routine - (target 8 weeks/56 days),

Surveillance - (target of 18 weeks/126 days).

The table to the right shows the number of patients waiting across the four pathways:

Patient Category	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	131	177	19	327
Over Target	30	110	0	140
Total Patients Waiting	**161**	**287**	**19**	**467**
Urgent Non-Cancer				
Waiting <14 days	109	110	8	227
Over Target	919	1302	0	2221
Total Patients Waiting	**1028**	**1412**	**8**	**2448**
Routine				
Waiting <56 days	63	50	201	314
Over Target	471	695	0	1166
Total Patients Waiting	**534**	**745**	**201**	**1480**
Surveillance				
Waiting <126 days past review date	159	192	16	367
Waiting >126 days past review date	391	543	0	934
Total Patients Waiting Past Review Date	**550**	**735**	**16**	**1301**

Princess of Wales Hospital Endoscopy Unit

As at 4th July the total waiting list (excluding surveillance patients) currently stands at 228, an increase of 8 patients on the previous month with no patients waiting over the target time, which is an excellent achievement given the circumstances. It does however emphasise the disparity in waiting times within each ILG.

Prince Charles Hospital

As at 4th July the total list (excluding surveillance patients) has increased by 66 patients on the previous month bringing the total to 1,723 patients waiting, of whom 1,420 are waiting over target. The number of surveillance patients waiting has risen from 526 in the previous month to a current position of 550. Surveillance patients waiting over target currently stands at 391 patients.

Royal Glamorgan Hospital

As at 4th July the waiting list (excluding surveillance patients) has fallen to a total of 2,444 patients, of whom 2,107 patients are over target. Surveillance patients waiting over target currently stands at 543 patients, an increase of 25 on the previous month.

In total Cwm Taf Morgannwg has 1,301 surveillance patients waiting past their review date, of which, 71.8% (934) of those patients are waiting more than 18 weeks past their review date.

Follow-Up Outpatients Not Booked (FUNB)

Follow-Up Outpatients (FUNB) – May 2021

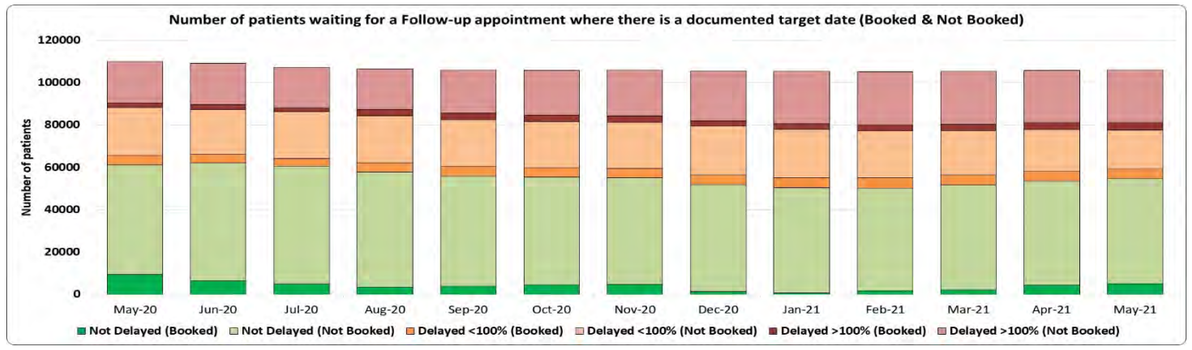
Number of patients waiting for a Follow-up with documented target date - Target <=74,734

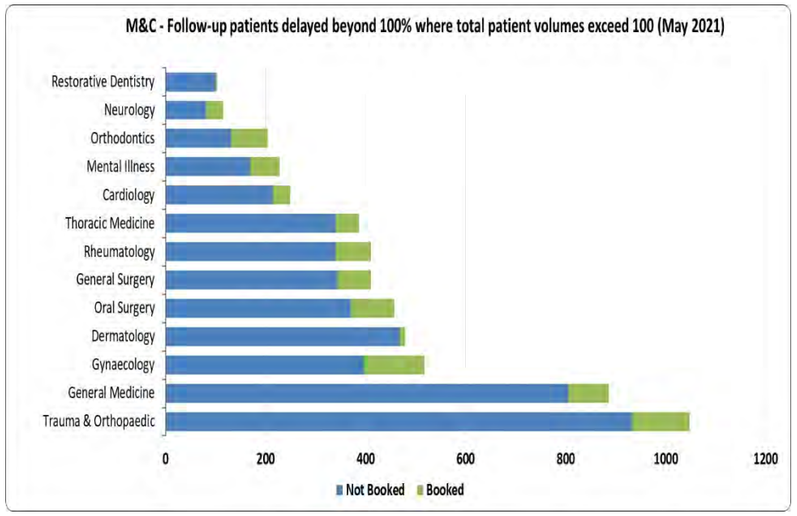
No Target Date	Not Booked	Booked	Total
40	72,343	33,657	106,040

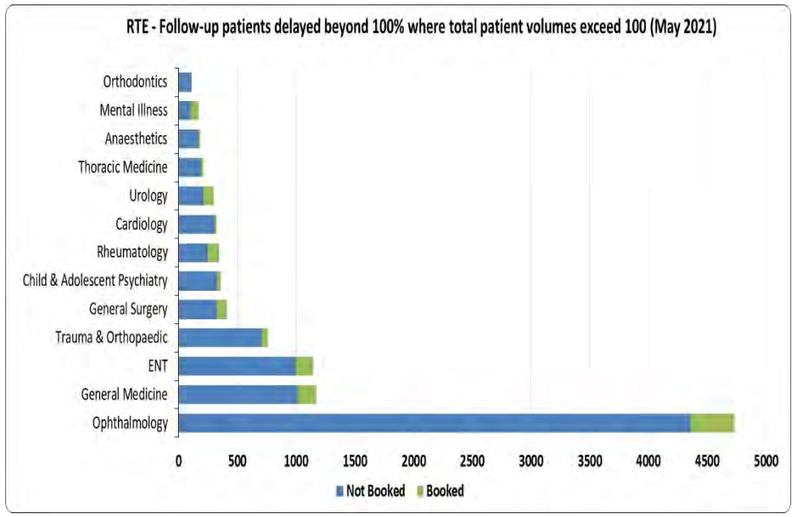
Number of patients waiting for a Follow-up delayed over 100% - Target <=14,815

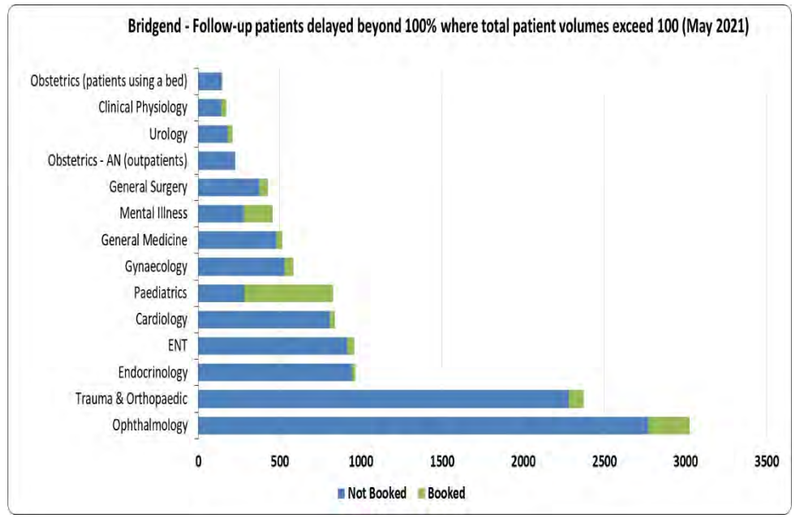
Not Booked	Booked	Total
24,763	3,602	28,365

May 2021	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	0	14878	7013	21891	4862	870	5732	26.2%
Rhondda & Taff Ely	1	23077	16997	40075	9298	1288	10586	26.4%
Bridgend	39	34388	9647	44074	10603	1444	12047	27.3%
CTM	40	72343	33657	106040	24763	3602	28365	26.7%









The total number of patients waiting for a follow-up appointment in CTM as at the end of May stands at 106,040 and of those patients waiting, 28,365 are delayed 100% past their target date. The target set is <=14,815 and thus the current positon stands at almost double that and also represents an increase of almost 30% on the same period last year. The number of patients without a documented target date has decreased slightly to 40; the details are actively shared for onward resolution. Encouragingly the number of patients with a booked appointment has increased by 4%, we expect this trend to continue as activity returns to pre-Covid levels. Our most concerning area remains the 100% delayed patient cohort and this has increased by 1.8%, while the number of booked patients within this cohort now stands at 12.7% an increase on the previous months position of 11.6%.

The first Outpatient Transformation Programme Board met in June with representation from across the ILG's, performance and information and senior management colleagues. The programme has three strategic aims to address:

1. To reduce the numbers of patients waiting for a follow up appointment.
2. To reduce the length of time patients are waiting for a new and follow up appointment.
3. To transform the way, outpatient services are delivered and that these are sustainable.

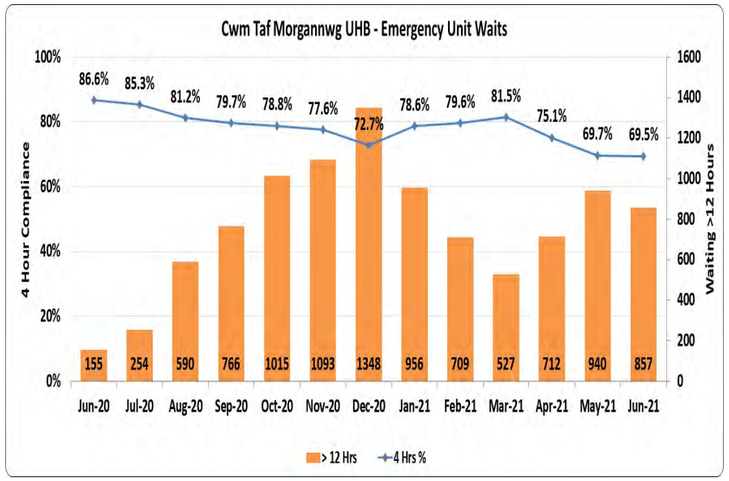
The projects that will underpin and support the achievement of these aims include:

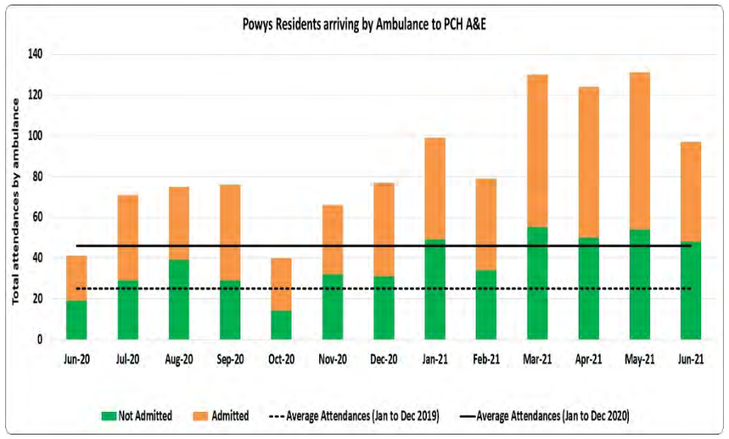
- Stage 1 Validation Project – Patients waiting over 52+ weeks for a first appointment.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties.
- FU Validation Team – Administration validation of the follow up waiting lists.

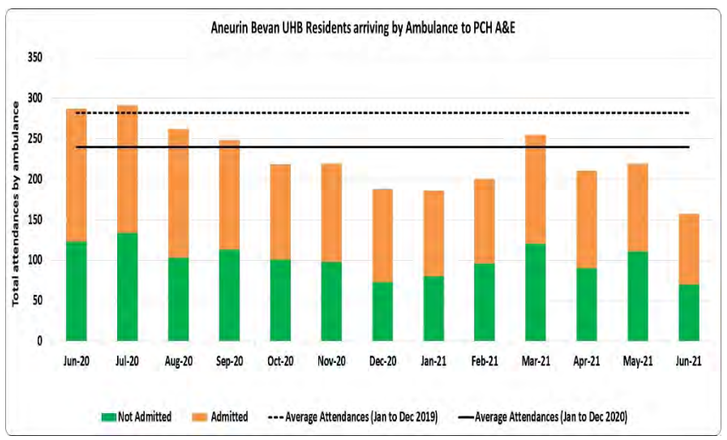
Unscheduled Care

Emergency Unit Waits – Provisional June 2021

Number of Attendances	% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%	Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero
17,153	**69.5%**	**857**







A further deterioration in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department was noted in June, with performance now at 69.5%. This is being driven by a marked increase in attendances across all of our frontline unscheduled care services, with volumes in June over 5000 higher than observed in May. As per the table below, the UHB faces the greatest challenges at PCH, where performance is presently at 53%. An analysis of the flows into PCH indicates they are predominatly CTM residents, with a marked increase in paediatric presentations.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments in June was 857 compared to the Welsh Government minimum standard of zero. There remains challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances have continued to increase during June by 1,012 to a total of 17,153, the highest level seen since July 2019 (17,639) and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year. The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,269.

	PCH			RGH			POW			CTM		
Period	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Jun-20	4177	88.8%	67	3813	89.3%	24	4222	80.3%	64	12791	86.6%	155
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.3%	154	14150	85.3%	254
Aug-20	4849	76.7%	215	4512	93.5%	9	4820	71.5%	366	14856	81.2%	590
Sep-20	4461	73.9%	330	4242	88.6%	27	4292	73.5%	409	13716	79.7%	766
Oct-20	3973	78.4%	445	2861	79.6%	130	3740	74.9%	440	11241	78.8%	1015
Nov-20	3784	79.0%	385	3578	75.9%	267	3462	74.2%	441	11383	77.6%	1093
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5388	53.0%	598	5438	80.7%	52	5229	68.7%	207	17153	69.5%	857

Prepared by the Performance & Information Team

Stroke Quality Improvement Measures (QIMs) / Delayed Transfers of Care

QIM's – May 2021

% compliance with direct admission to an acute stroke unit within 4 hours	% compliance of thrombolysed stroke patients with a door to needle time within 45 mins	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
16.0%	**30%**	**62.8%**	**75.6%**

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
May-20	50.9%	60.0%	58.6%	69.0%	14.3%	Nil	57.1%	92.9%	43.7%	60.0%	58.3%	73.6%
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%

The table to the left details the compliance of the two acute stroke units at Prince Charles and Princess of Wales Hospitals against four QIMs up until the end of May 2021. Achieving the targets has proved challenging over much of 2020/21, mainly as a result of the requirement to reconfigure services due to Covid inpatient demand. Acute stroke wards were significantly affected by increased Covid-19 admissions and infection control restrictions.

As can be seen performance varies between the sites, therefore the data is better not aggregated for analysis. POW is consistently achieving the 24 hour stroke consultant review with some variation month on month. Achievement of the 1 hour CT scan remains around the 40-50% mark with targeted improvement work ongoing. Due to the low numbers, the percentage of patients thrombolysed in 45 mins continues to be extremely variable. 4 hour admission to the stroke unit remains a significant challenge with overall flow challenges on site having a direct impact – there is site wide flow improvement work taking place which will support improvements in stroke flow and achievement of the target. The ILG has re-established a monthly Stroke Improvement Group which is tracking actions to achieve and progress against both QIM measures and SSNAP targets.

PCH has seen an improvement in its performance in the first three columns compared to March. It should be noted that the variation of the 45 minute thrombolysis door to needle target and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis, on a rolling 3 and 12 month basis door to needle times are one of the best in Wales and thrombolysis rates are in line with the Welsh national average of 12%. Weekly performance review indicating that no potential patients for thrombolysis have been missed and that thrombolysis is being given appropriately. CT scanning within one hour has dipped slightly, essentially due to a large number of atypical presentations and pressure within the ED department. Stroke Consultant review within 24 hours is in line with 5 day working.

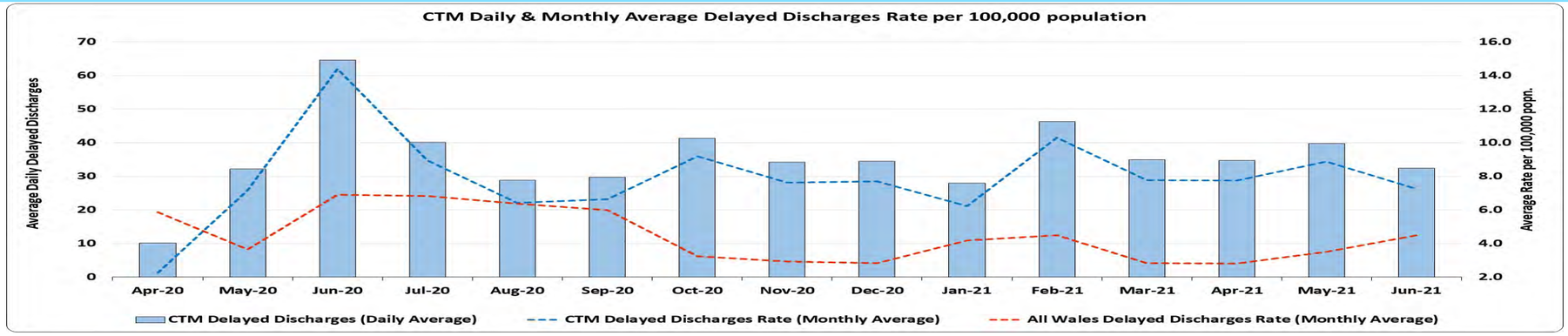
Delayed Transfers of Care from the Planned Daily Discharge List – June 2021

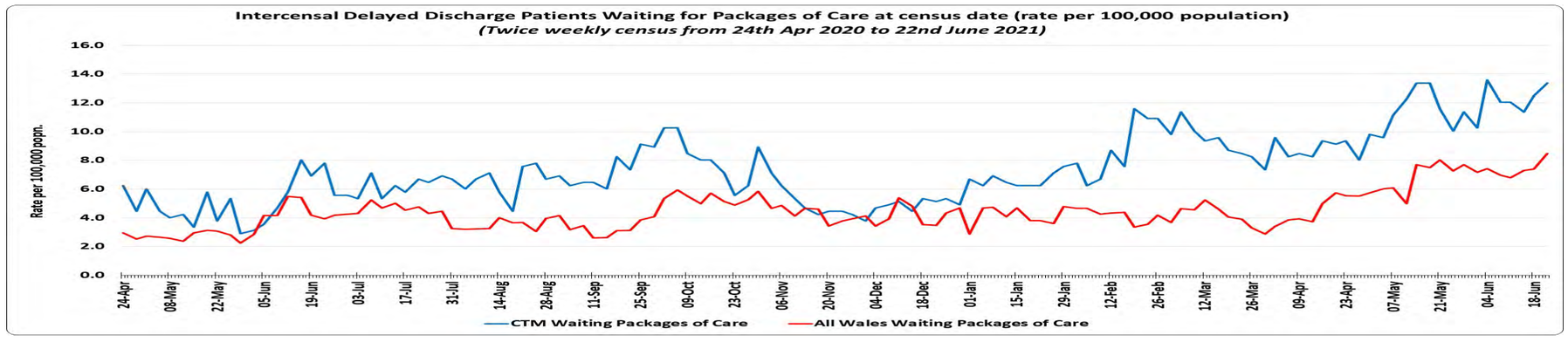
This weekly return, which is taken from the daily discharge list will continue in the foreseeable future, with no plans to reintroduce the previous monthly return.

Whilst the return is weekly, data for delays is recorded daily, with data for the patients waiting for packages of care being recorded twice a week.

The charts to the right provide a trend for two aspects of this return. The rate of delayed discharges has increased compared to the reported position for April 2020

CTM levels of delayed discharges per 100,000 population are above the all Wales level. Though there is a decline in the number of CTM patients waiting for packages of care, the rates are still not comparable with the all Wales average. – 8.5 per 100,000 populaton.





Prepared by the Performance & Information Team

Emergency Ambulance Services

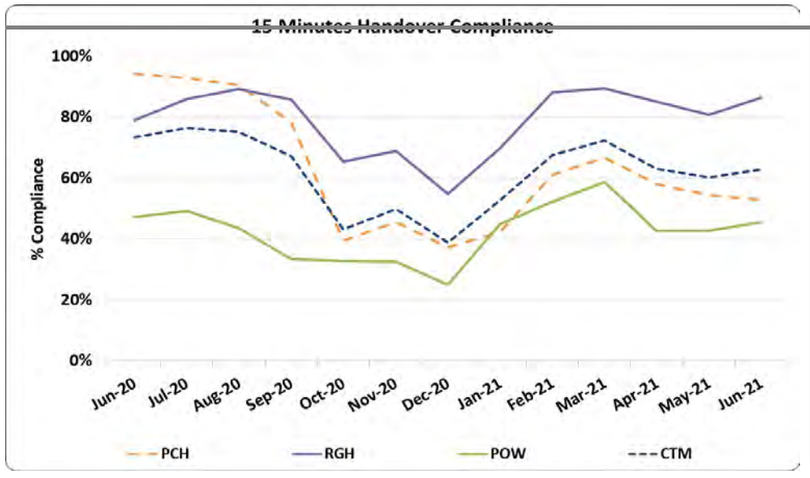
Number of Ambulance Handover Times & Compliance – Provisional June 2021

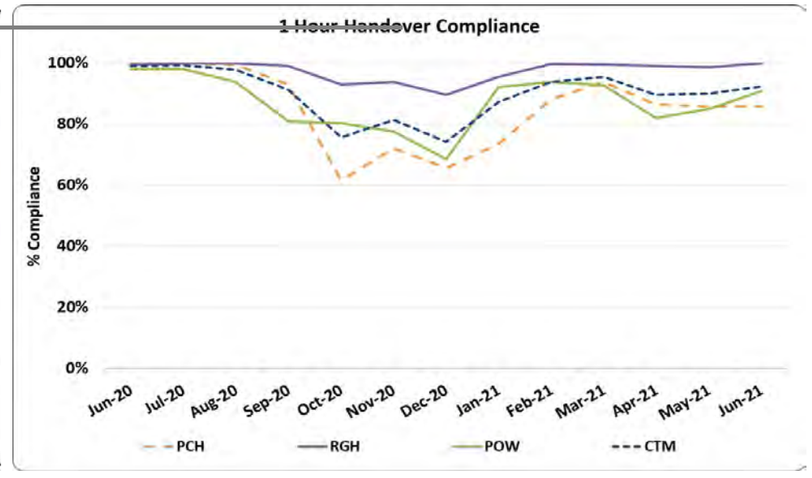
Number of ambulance handovers within 15 mins – Local Measure

Total handovers 2,722 of which 1,012 handovers were within 15 mins (62.8%)

Number of ambulance handovers over 1 hour – Target Zero

208 handovers were over 1 hour (92.4% of handovers were within 1 hour)





	PCH			RGH			POW			CTM		
Period	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Jun-20	985	94.1%	99.9%	940	79.0%	99.6%	979	47.4%	98.2%	2904	73.5%	99.2%
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.5%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.2%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	877	69.0%	93.8%	753	32.5%	77.6%	2500	49.9%	81.4%
Dec-20	883	37.4%	65.7%	807	54.9%	89.7%	824	25.1%	68.6%	2514	39.0%	74.3%
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%

Handover Times

Individual departmental handover 15 minute and 1 hour handover times are depicted in the charts and table above. Compared to the previous month, the total number of handovers in June was 335 less, bringing the total to 2,722 and overall CTM 15 minute handover compliance saw a small improvement this month at 62.8% from 60.3% in May. For the 1 hour handover time, PCH compliance remained almost unchanged at 85.7% (136 breaches) with POW improving to 90.9% (72 breaches), whilst RGH achieved 100% compliance with no patient breaches over the one hour.

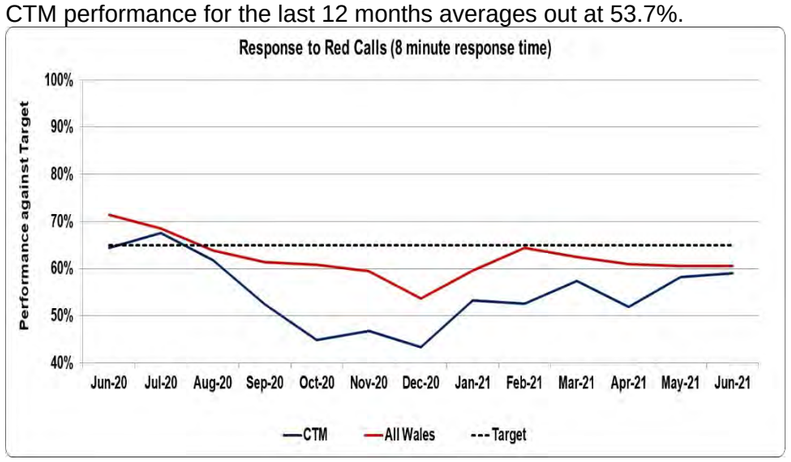
Response to Red Calls – June 2021

% of emergency responses to red calls arriving within 8 minutes – Target 65%

59.0%

Response to Red Calls

Response times remained fairly static during June at 59.0% (58.2% in May) and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average remained stable at 60.6%, but continues to remain below target for the eleventh month in succession. CTM performance for the last 12 months averages out at 53.7%.



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% *(Please note that the data respresents WAST Operational area and not ILG)*

	Merthyr				RCT				Bridgend				CTM			
Period	Total Responses	Responses within 8 mins	% within 8 mins		Total Responses	Responses within 8 mins	% within 8 mins		Total Responses	Responses within 8 mins	% within 8 mins		Total Responses	Responses within 8 mins	% within 8 mins	
Jun-20	44	29	65.9%	✓	146	92	63.0%	!	91	60	65.9%	✓	281	181	64.4%	!
Jul-20	51	37	72.5%	✓	156	99	63.5%	!	92	66	71.7%	✓	299	202	67.6%	✓
Aug-20	63	41	65.1%	✓	194	112	57.7%	✗	117	78	66.7%	✓	374	231	61.8%	!
Sep-20	56	27	48.2%	✗	200	101	50.5%	✗	122	70	57.4%	✗	378	198	52.4%	✗
Oct-20	67	33	49.3%	✗	237	97	40.9%	✗	102	52	51.0%	✗	406	182	44.8%	✗
Nov-20	68	33	48.5%	✗	227	104	45.8%	✗	96	46	47.9%	✗	391	183	46.8%	✗
Dec-20	74	41	55.4%	✗	254	95	37.4%	✗	162	76	46.9%	✗	490	212	43.3%	✗
Jan-21	65	38	58.5%	✗	199	99	49.7%	✗	125	70	56.0%	✗	389	207	53.2%	✗
Feb-21	53	30	56.6%	✗	177	85	48.0%	✗	72	44	61.1%	!	302	159	52.6%	✗
Mar-21	69	40	58.0%	✗	234	127	54.3%	✗	68	46	67.6%	✓	371	213	57.4%	✗
Apr-21	59	35	59.3%	✗	240	111	46.3%	✗	125	74	59.2%	✗	424	220	51.9%	✗
May-21	100	59	59.0%	✗	250	137	54.8%	✗	121	78	64.5%	!	471	274	58.2%	✗
Jun-21	73	36	49.3%	✗	260	153	58.8%	✗	150	96	64.0%	!	483	285	59.0%	✗

Red Call Volumes

The table to the left shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months, despite Merthyr falling to 49.3% in June, the Bridgend & Merthyr areas have seen the best response times averaging 58.9% & 56.4% respectively. RCT averages 50.2% and performance in all areas continues to be below the 65% target. The table below highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.

Average Response rate per 10,000 population (period July 2020 to June 2021)		
Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	**6.2**
RCT	241,264	**4.6**
Bridgend	147,049	**4.5**

Single Cancer Pathway

Single Cancer Pathway (SCP) – May 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion – Target 75%

61.0%

The Cwm Taf Morgannwg SCP performance for May remained reasonably static at 61.0% (61.9% April)

CTMUHB - SCP % Treated Without Suspensions - May 2021

Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	5	80.0%
Upper GI	12	20	60.0%
Lower GI	17	25	68.0%
Lung	20	30	66.7%
Sarcoma	1	1	100.0%
Skin (exc BCC)	37	45	82.2%
Breast	12	26	46.2%
Gynaecological	3	10	30.0%
Urological	12	35	34.3%
Haematological	8	12	66.7%
Other	4	4	100.0%
Total	**130**	**213**	61.0%

Number of Breaches by Tumour Site

The overall performance for CTM during May was 61.0% with a total of 83 patient breaches. The main contributory factors recorded being ongoing challenges in managing access to first outpatient appointments and diagnostics (particularly for lower GI, Gynaecology, Breast and Urology).

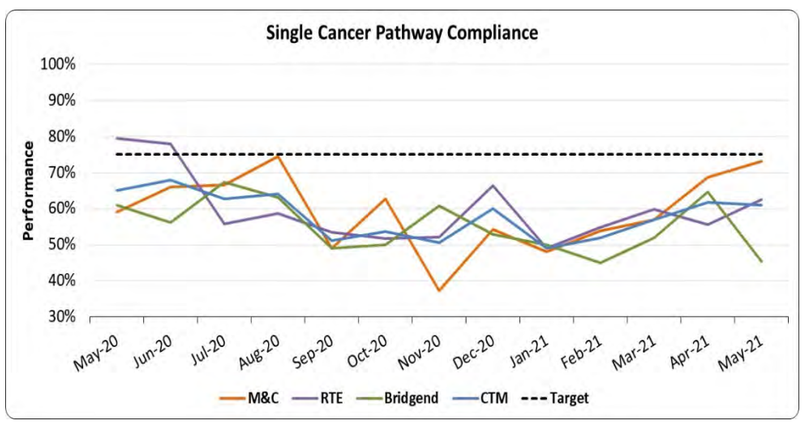
The table below details the treated patients and the patient breaches for May 2021:

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
May 2021	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
Head and Neck	2	0	2	2	1	3	0	0	0	4	1	5
Upper Gastrointestinal	6	0	6	6	4	10	0	4	4	12	8	20
Lower Gastrointestinal	10	4	14	6	3	9	1	1	2	17	8	25
Lung	5	1	6	10	5	15	5	4	9	20	10	30
Sarcoma	0	0	0	0	0	0	1	0	1	1	0	1
Skin(c)	12	3	15	15	4	19	10	1	11	37	8	45
Brain/CNS	0	0	0	0	0	0	0	0	0	0	0	0
Breast	0	0	0	7	5	12	5	9	14	12	14	26
Gynaecological	3	7	10	0	0	0	0	0	0	3	7	10
Urological	0	0	0	11	14	25	1	9	10	12	23	35
Haematological(d)	0	0	0	7	3	10	1	1	2	8	4	12
Other(f)	3	0	3	1	0	1	0	0	0	4	0	4
Total Breaches	41	15	56	65	39	104	24	29	53	130	83	213
	Overall Compliance		73.2%	Overall Compliance		62.5%	Overall Compliance		45.3%	Overall Compliance		61.0%

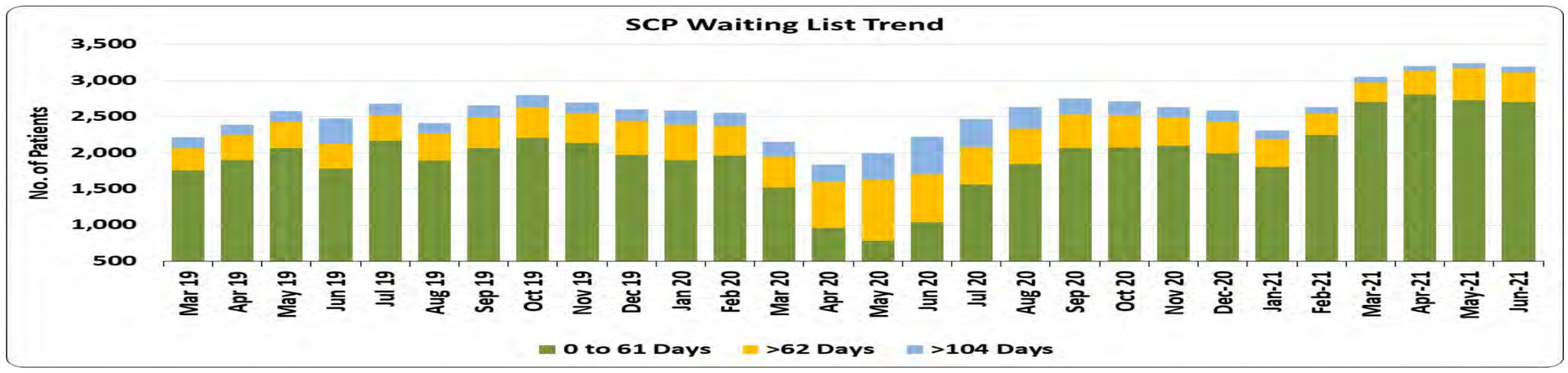
Single Cancer Pathway Compliance Trend

As can be seen in the graph below, overall CTM compliance has improved since January but remains below the 75% target.

This situation can be attributed to the ongoing operational challenges in access to outpatients and diagnostics.



Patients Waiting on a Cancer Pathway – as at 1st July 2021



Merthyr & Cynon ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases =/>104 days
Lower Gastrointestinal	22	7	14
Upper Gastrointestinal	6	4	3
Gynaecological	44	10	11
Haematological			2
Head & Neck	2		
Lung	4	1	2
Sarcoma	1		
Skin	3	1	1
Unknown Primary	2		
Grand Total	**84**	**23**	**33**

Rhondda & Taff Ely ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases =/>104 days
Breast	41	6	
Lower Gastrointestinal	37	15	13
Upper Gastrointestinal	8		4
Gynaecological	5	2	
Haematological	1	1	
Head and Neck	2	1	
Lung	2		
Skin	1		
Urological	39	6	18
Unknown Primary	1	1	
Grand Total	**137**	**32**	**35**

Bridgend ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases =/>104 days
Breast	15	4	
Lower Gastrointestinal	7	1	3
Upper Gastrointestinal	1	2	4
Haematological	1		1
Head & Neck	16	3	
Lung	5		1
Skin	1		
Urological	21	4	16
Other	1		
Grand Total	**68**	**14**	**25**

Whilst the Welsh Government's target focusses on patients who started treatment in the month, given the present circumstances, the present waiting list needs to be considered, as it provides a forward look into how well we are improvimg access to cancer services and the driving influences. As per the chart above, the number of patients on an urgent cancer pathway is 3192, near to the peak that CTM has recorded and week above the c.2600 per-covid levels. Of the 3192, 93 patients have been waiting in excess of 104 days and a total of 451 patients have been waiting in excess of 62 days. In order to sustainably meet the 62 day standard and address the long waiting times, the following actions are being undertaken by ILGs:

- RTE ILG - service and workforce redesign within urology and breast tumour sites, analysis of lower GI and head & neck referrals to obtain a greater understanding of the consistent increase in demand, recruitment of an additional radiologist, development of a business case for a centralised breast unit and review of SLA's with tertiary centres.
- MC ILG – delivery of additional capacity through insourcing arrangements and development of the gynaecology cancer recovery plan, with a 'one stop shop' service.
- BILG - commencement of the one stop clinic within lung, review and redesigning of pathways within lower GI and lung tumour sites, appointment of an upper GI CNS, reallocation of skin referrals, working with clinicians on D&C analysis and reviewing clinic templates, job plans and theatre space to ensure sufficient capacity is available.

Prepared by the Performance & Information Team

Mental Health

Adult Mental Health Services & CAMHS – May 2021

% of assessments undertaken by LPMHSS within 28 days of receipt of referral – Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
59.6%	**82.7%**	**88.2%**

Part 1a.
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. Overall, May's compliance saw an improvement to 59.6% from 47.5% in the previous month.

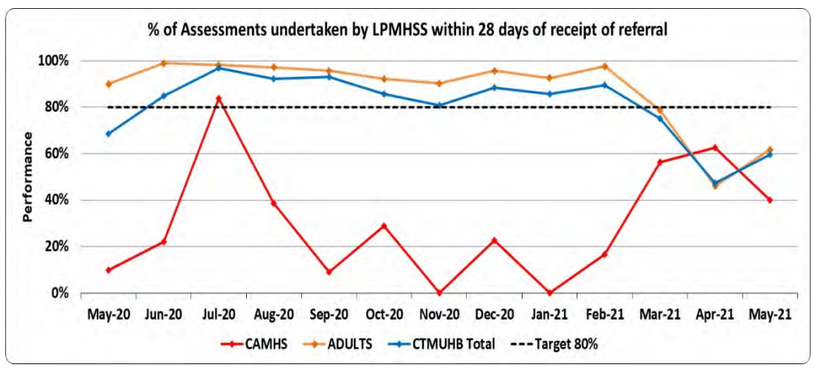
Referrals in May remained fairly stable totalling 921. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month.

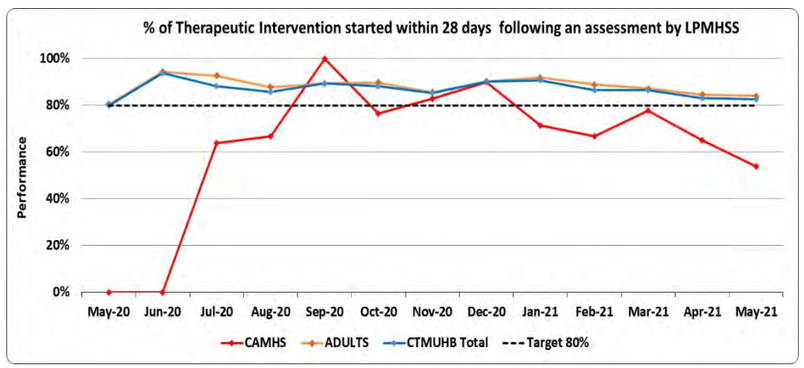
Part 1b.
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained reasonably static at 82.7% (83.1% in April) but continues to be above the 80% target.

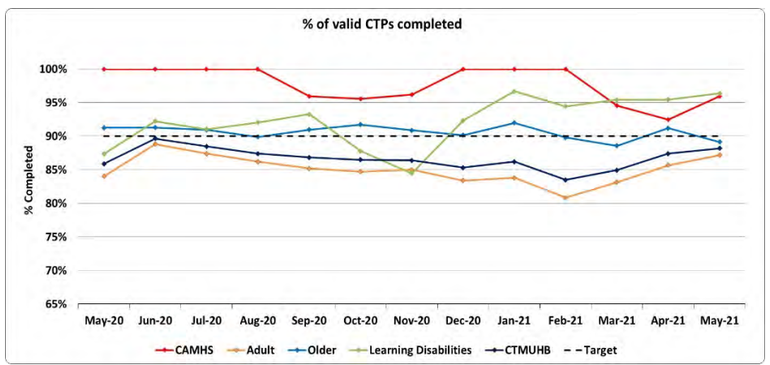
The number of interventions continued to increase this month to 307 from 248 in May and is nearing the pre-Covid average of 357 per month. Compliance in the CAMHS service fell further from 65.0% in April to 53.8% in May, with the number of interventions falling from 20 in the previous month to 13 this month.

Part 2
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month further improved during May to 88.2% from 87.4% in the previous month, but continues to fall short of the 90% target. Overall the target has not been met since September 2019.

Part 3
There were no outcome of assessment reports sent during May for Part Three of the Mental Health Measure.





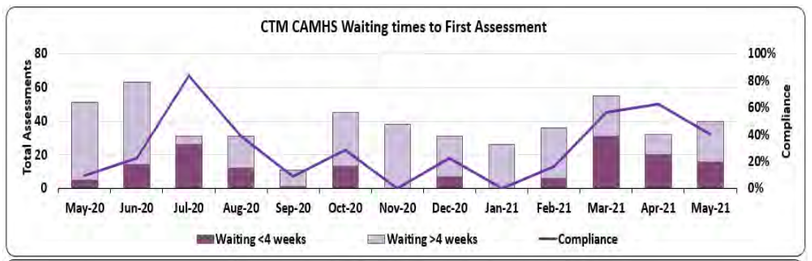


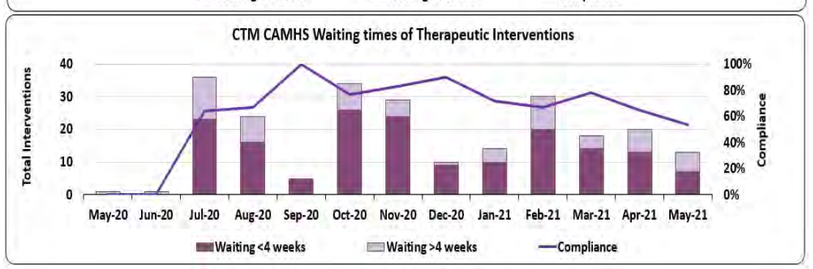
CAMHS
The charts show that in recent months improvement in CAMHS compliance against the Mental Health Measure has fluctuated.

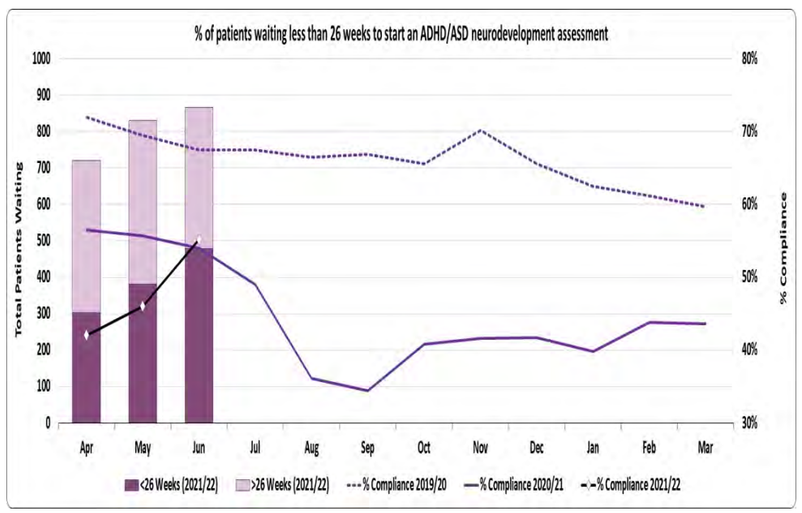
At the time of writing this report the combined waiting list for CAMHS stands at 687 patients with 353 patients waiting over 4 weeks (48.6% compliance).

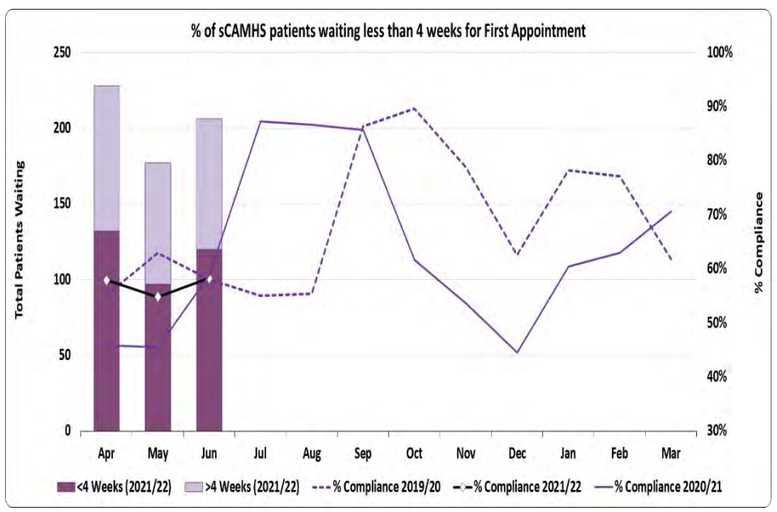
Neurodevelopment
The compliance against the 26 week target for Neurodevelopment services in May was 46.0% (42.0% in April) and the provisional position for June is currently 44.8%. The total waiting list continues to rise to a current total of 866 patients, an increase of 36 on the previous month, with the number of patients waiting above the target time increasing to 478 from 448 in May.

Specialist CAMHS (s-CAMHS)
The Cwm Taf Morgannwg position for specialist CAMHS waiting times for June is a provisional 58.3% (54.8% in May). Currently the total waiting list stands at 206 (177 in May), with 86 patients waiting above the target time of 4 weeks.



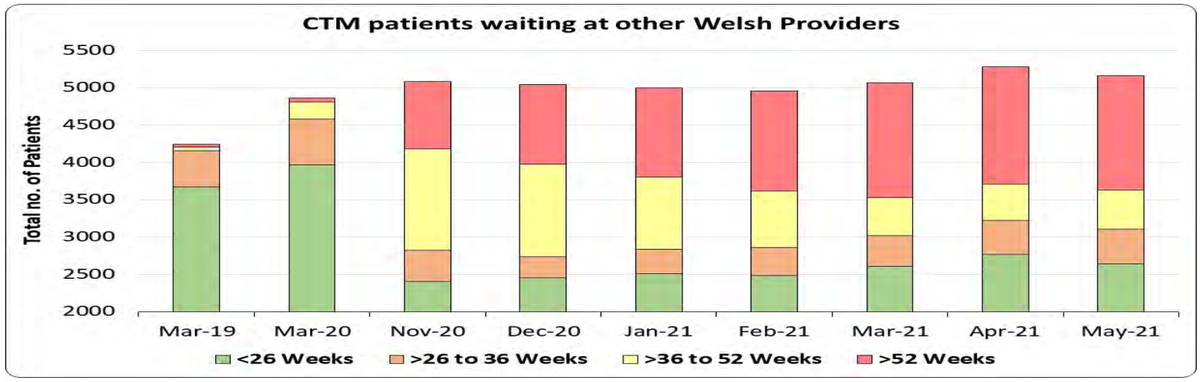






Prepared by the Performance & Information Team

CTM Patients waiting for treatment at other Welsh Providers



There is limited information available from WHSSC updating the performance of specialised services. However using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards and overall there has been a reduction of 115 patients since April.

The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty breakdown of the number of patients waiting. The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards remained fairly static in May at 2037 (2040) in April. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 370 and there is just 1 patient waiting over 14 weeks for a therapy (Cardiff & Vale UHB – Dietetics).

Patients Waiting more than 36 weeks at other Welsh Providers - Specialty Breakdown

Cardiff & Vale UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Neurology	165	Trauma & Orthopaedics	575
Trauma & Orthopaedics	91	Ophthalmology	177
Ophthalmology	41	Clinical Immunology And Allergy	56
Clinical Immunology And Allergy	24	Oral Surgery	45
Cardiology	21	ENT	40
ENT	10	Gynaecology	39
Paediatric Surgery	10	Neurology	37
General Surgery	9	Paediatric Surgery	23
Oral Surgery	9	General Surgery	21
Urology	9	Cardiology	19
Paediatrics	8	Urology	18
Neurosurgery	5	Neurosurgery	18
Paediatric Dentistry	5	Paediatric Dentistry	18
Dermatology	3	Paediatrics	11
Gynaecology	3	Dermatology	9
Orthodontics	2	Cardiothoracic Surgery	9
Dental Medicine Specialties	2	Dental Medicine Specialties	7
Pain Management	1	Rheumatology	4
Respiratory Medicine	1	Restorative Dentistry	3
Cardiothoracic Surgery	1	Orthodontics	2
Grand Total	420	Pain Management	1
		Anaesthetics	1
		General Medicine	1
		Grand Total	1134

Aneurin Bevan UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Urology	16	Trauma & Orthopaedics	55
Trauma & Orthopaedics	14	Urology	43
Dermatology	4	Ophthalmology	22
Ophthalmology	4	Oral Surgery	22
ENT	3	ENT	14
Oral Surgery	3	General Surgery	8
General Surgery	2	Dermatology	4
Gastroenterology	1	Gynaecology	2
Geriatric Medicine	1	Gastroenterology	1
Neurology	1	Grand Total	171
Grand Total	49		

Swansea Bay UHB			
Specialty	>36 to 52 Weeks	Specialty	>52 Weeks
Plastic Surgery	30	Plastic Surgery	123
General Surgery	5	Trauma & Orthopaedics	25
Oral Surgery	4	Oral Surgery	24
Gynaecology	2	General Surgery	14
Ophthalmology	2	Gynaecology	9
Clinical Haematology	1	ENT	4
ENT	1	Urology	4
Gastroenterology	1	Ophthalmology	3
Neurology	1	Orthodontics	3
Trauma & Orthopaedics	1	Gastroenterology	2
Paediatrics	1	Cardiology	1
Grand Total	49	Respiratory Medicine	1
		Paediatric Neurology	1
		Grand Total	214

CTM patients waiting at specific health boards

May 21	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	2177	53.1%	215	44.1%	236	43.3%
>26 to 36 Weeks	366	8.9%	53	10.9%	46	8.4%
>36 to 52 Weeks	420	10.3%	49	10.0%	49	9.0%
>52 Weeks	1134	27.7%	171	35.0%	214	39.3%
Total Waiting	4097		488		545	
% of Total Waiting	79.4%		9.5%		10.6%	

CTM Patients waiting for a Diagnostic at other Welsh Providers (May 21)

Cardiff & Vale UHB		
Service	Total Waits	>8 wks
Cardiology	115	36
Endoscopy	30	16
Radiology	139	13
Physiological Measurement	18	10
Neurophysiology	3	2
Imaging	2	0
Total	307	77

Aneurin Bevan UHB		
Service	Total Waits	>8 wks
Cardiology	5	3
Endoscopy	22	10
Radiology	16	0
Total	43	13

Swansea Bay UHB		
Service	Total Waits	>8 wks
Cardiology	76	40
Endoscopy	27	16
Neurophysiology	300	224
Physiological Measurement	1	0
Total	404	280

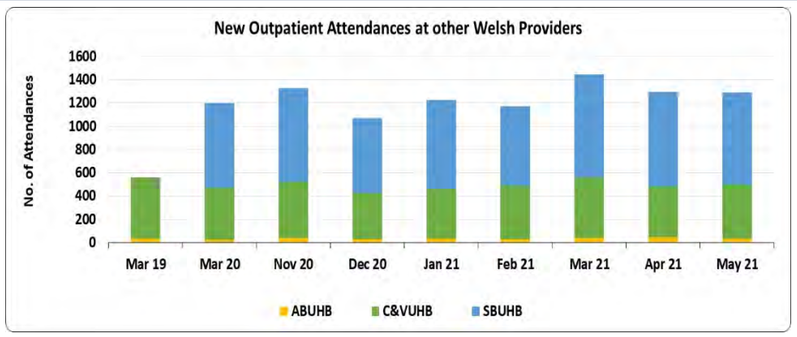
CTM Patients waiting for Therapy at other Welsh Providers (May 21)

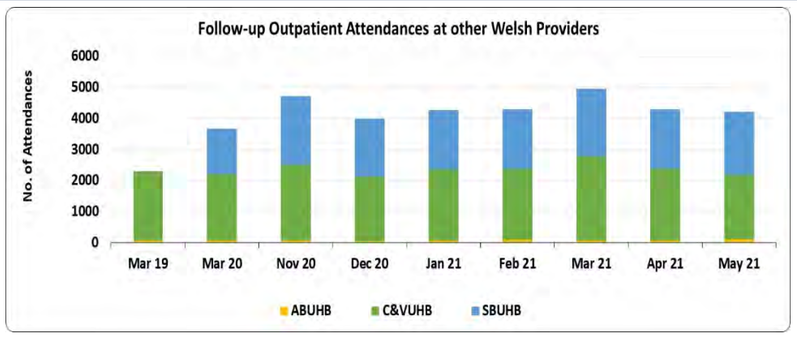
Cardiff & Vale UHB		
Service	Total Waits	>14 wks
Physiotherapy	15	0
Dietetics	11	1
SALT	1	0
Occupational Therapy	3	0
Total	30	1

Aneurin Bevan UHB		
Service	Total Waits	>14 wks
Physiotherapy	5	0
Dietetics	1	0
SALT	2	0
Total	8	0

Swansea Bay UHB
No patients waiting for a therapy

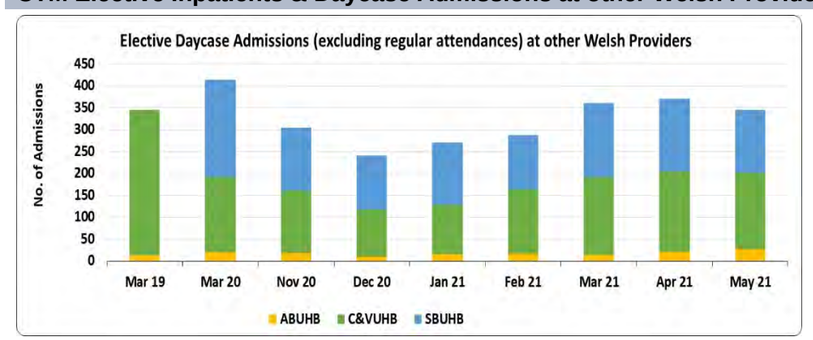
CTM Outpatient Attendances at other Welsh Providers

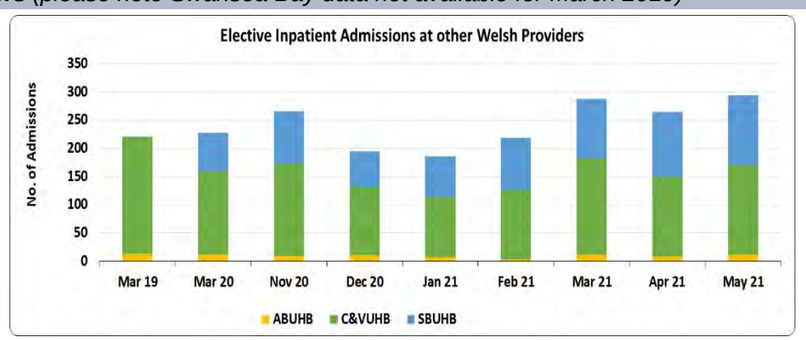




At the time of writing this report WHSCC performance reports for May 2021 are not yet available, however from the limited data shown here, it is clear that Cardiff and Vale UHB have recovered activity levels, faster than Swansea Bay UHB, but both have recovered more slowly across the specialties than English counterparts.

CTM Elective Inpatients & Daycase Admissions at other Welsh Providers *(please note Swansea Bay data not available for March 2019)*





Inpatient and daycase activity for specialised services across all providers has decreased significantly between 2019-20 and 2020-21.

Waits of over 52 weeks are reported for Cardiac Surgery and Thoracic Surgery in both C&VUHB and SBUHB and over 50% of those waiting for Plastic Surgery provided by SBUHB and Paediatric Surgery in C&VUHB have waited for over a year. A number of patients are also waiting more than a year for Neurosurgery in C&VUHB.

Access rates for CTM patients differs by specialty, with high access rates reported for Paediatric Surgery and Neurosurgery, but low access rates for Cardiac Surgery across the two providers.

Quadruple Aims At a Glance

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q4 20/21	97.3%	Q3 20/21	96.4%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.8%		93.3%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1 to Q3	2.9%	2019/20	3.6%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target	20/21	not available		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q3 20/21	311.6	Q3 19/20	419.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q4 20/21	70.8%	Q3 19/20	66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	not available		2019/20	68.9%
	under 65's in risk groups	55%				40.3%
	pregnant women	75%				81.7%
	health care workers	60%				63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	56.8%	2017/18	54.8%
	breast	70%		74.1%		73.9%
	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	May-21	95.9%	Apr-21	73.6%
	over 18 years			86.9%		86.3%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Measure		Target	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2019/20	65.4%	not available	
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q2 20/21	62.3%	Q1 20/21	64.2%
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered		90%	Jan-20	97.0%	Dec-19	91.2%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jun-21	59.0%	May-21	58.2%
Number of ambulance patient handovers over 1 hour		Zero		208		301
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge		95%		69.5%		69.7%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		857		940
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Mar-21	71.7%	Mar-20	75.5%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 59.3%	May-21	16.0%	Apr-21	14.6%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%		75.6%		78.8%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%		61.0%		61.9%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Jun-21	13,365	May-21	13,113
Number of patients waiting more than 14 weeks for a specified therapy				272		336
% of patients waiting less than 26 weeks for treatment		95%		48.2%		46.8%
Number of patients waiting more than 36 weeks for treatment		Zero		42,533		41,793
Number of patients waiting for a follow-up outpatient appointment		74,734	May-21	106,040	Apr-21	105,796
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815		28,365		27,876
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%		35.4%		34.7%
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population		Annual Reduction	2019/20	2.5	not available	
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (sCAMHS)		80%	May-21	54.8%	Apr-21	57.9%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)				41.9%		58.8%
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)				61.7%		46.3%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				62.5%		66.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				84.0%		84.6%
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment				46.0%		42.0%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				81.2%		78.6%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Ecoli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E-coli	To be confirmed	Apr-21 to Jun-21	95.66	Apr-21 to May-21	94.69
	S.aureus bacteraemia			32.19		33.34
	C.difficile			30.40		28.01
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			17.88		18.67
	P. aeruginosa			5.36		5.33
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Jun-21	54.6%	May-21	53.6%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Jun-21	65.5%	May-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Apr-21	5.7%	Apr-20	8.4%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020	61.4%	2018	75.0%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 20/21	52.7%	Q3 20/21	62.2%

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Measure	Target	Current Period		Last Period	
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1-Q3 20/21	1626	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Mar-21	2.09%	Feb-21	2.15%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	May-21	85.7%	Apr-21	42.5%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			71.4%		56.3%
% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 Month Improvement Trend	Mar-21	0.5%	Mar-20	2.2%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q3 20/21	98.9%	Q2 20/21	98.8%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	To be confirmed		279.2		262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437		1474
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21	5240.6	Q2 20/21	5017.9
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 20/21	72.3%	Q1 20/21	66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21	25.6%	Q3 20/21	21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21	6.8%	Q3 20/21	6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Mar-21	571	Feb-21	1,014
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21	6.7%	Dec-20	6.1%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available

AGENDA ITEM
7.2

CTM BOARD

UPDATED 2021/22 ANNUAL PLAN

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Chris Coslett, Assistant Director of Planning (Interim)
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
IMTP	Integrated Medium Term Plan
MDS	Minimum Dataset
CTM UHB	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group

1. SITUATION/BACKGROUND

1.1 In line with Welsh Government (WG) guidance, in place of the usual 3 year IMTP, the Health Board submitted its draft Annual Plan for 2021/22, plus accompanying Minimum Data Set (MDS), at the end of March 2021. The WG guidance set out a further requirement for a final Annual Plan, plus updated MDS, to be submitted to Welsh Government by the end of June 2021.

1.2 To inform the updated Plan, a letter received from WG on the 20th April set out initial feedback on an all Wales basis, noting that should any significant issues be identified as Plans were further reviewed, meetings would be organised directly with Health Boards. CTM UHB was not invited for such a meeting, however more detailed individual feedback was provided in a letter from Welsh Government received on 20th May 2021.

1.3 The Annual Plan has, therefore, been updated and is attached as appendix 1, plus appendices - updated Minimum Dataset, Finance Plan and a new Planned Care Recovery Documents appendix (see appendix 2, 3 and 4).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The update of the Annual Plan sought to address the following feedback that was provided by Welsh Government, in their individual feedback to the Health Board, received on 20th May-

- The finance plan presented a core deficit that was not recognised in the context of the 20/21 outturn financial position
- Further work required to ensure that service and workforce plans are aligned to achieve the objective of maintaining a 20/21 outturn position.
- Greater alignment is required between finance, workforce and performance, with any risks around these areas clearly articulated.
- The plan needs to include details on key deliverables, including timelines and this must include demand and capacity assumptions.
- Whilst the prioritisation of work on the planned care recovery response was recognised, there is a need for transition to recovery/ business as usual to better reflect the ongoing COVID context - response arrangements in place, contingency planning for potential further waves, new opportunities for regional working and implications for workforce arrangements.

- Further detail in relation to workforce planning is required, including any associated risks.
- Further detail required in relation to the alignment of investment in improvement capability and value based healthcare with the targeted intervention framework and developing a new modus operandi for the organisation
- Need to flag the continued work required to respond to the Healthcare Inspectorate Wales (HIW)/Audit Wales governance review, with latest feedback received in May 2021

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The plan has been updated seeking to address the feedback outlined above, a summary of the updates made to the plan since the March submission are summarised in appendix 5. Some of the key points to note are-

- The finance section has been updated, now projecting a break even position for 2021/22 – full details of the assumptions behind this, including relating to the COVID response, are incorporated into the Finance section within the plan (see section 8, page 40)
- The Planned Care Recovery section has been updated, setting out the schemes that are progressing against the initial allocation of £16.8m and further schemes that are proposed - orthopaedics, mobile endoscopy, primary care pain management, increased outsourcing and additional management support for the programme – this represents 5 separate requests totalling £7.771m (see section 6.5 page 26)
- The Workforce section has been updated, seeking to provide greater detail and assurance in relation to the specific points highlighted by WG in their feedback above (see section 7, page 32)
- A 'plan on a page' has been included early in the document (see page 2), plus 'key deliverables' at the end of each chapter.

3.2 The updated Annual Plan was approved at Planning, Performance and Finance Committee on the 23rd June 2021 and submitted to Welsh Government on 30th June 2021.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The plans cover all aspects of health service delivery across each ILG, therefore cover a broad range of issues

	that have quality/ safety and patient experience implications.
Related Health and Care standard(s)	Choose an item.
	If more than one Healthcare Standard applies please list below: The ILG Annual Plans cover aspects of all of the health and care standards
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	No- As individual plans are developed the requirement for EQIA will be considered
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The Annual Plan sets out their financial and workforce projection and plans for 2021/22
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

5.1 The Board is being asked to NOTE: the updated 2021/22 Annual Plan plus appendices: MDS, Finance Plan and Planned Care Recovery Documents

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

ANNUAL PLAN

2021 – 2022

MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

Professor Marcus Longley
Chair

Paul Mears
Chief Executive

This past year has brought extraordinary challenge to our communities, our staff and our services, yet the resilience shown in adapting and responding to this has been a source of ongoing inspiration. The Health Board has had to adapt rapidly to the evolving situation with COVID-19 and our colleagues and partners have risen to this challenge admirably. Their professionalism, ingenuity, humanity and kindness allowed us to continue to deliver our services and meet the needs of our population.

The response to the COVID-19 pandemic has required the development of new services at an unprecedented pace, working closely with our partners, such as the development of our test and trace capability and the roll out of our COVID-19 vaccination programme. A new inpatient facility, Ysbyty'r Seren, was created from scratch and has provided vital capacity to support our services. All of our services have had to adapt rapidly and have done so through the dedication, flexibility and commitment of our staff, who have demonstrated again that they are our greatest asset.

Despite the challenges that we have faced, we have continued to make progress on our journey in improving our quality and governance, in response to our escalated monitoring status of Targeted Intervention. Work in responding to the findings of the Independent Maternity Review has continued and we remain committed to delivering the recommendations from this report to provide the high quality services that our population has a right to expect.

In this last year we have started the long process of embedding our values and behaviours in all that we do. Our new operating model is well-established, providing a framework for the planning and delivery of services at a local level whilst maintaining a focus on best value healthcare and population. Our teams have contributed significantly to research and innovation and much of this work has directly benefitted the COVID-19 response on a local as well as national level.

We are mindful, however, that despite the vast efforts that have been made, the COVID-19 pandemic has had tragic consequences for many families and across our communities and the harms associated with this will continue to impact for some time to come. The pandemic has also further emphasised the health inequalities within our population and addressing this will remain a key area of focus for the Health Board going forward. As a result of our services being re-focussed on providing care to the sickest patients and the movement of many colleagues to support this, our waiting lists have grown, and addressing this will be a significant challenge, particularly with the ongoing impact of COVID-19 across our communities.

In 2020, the Health Board set a new mission and vision, the first for Cwm Taf Morgannwg – a clear statement of what it is that we are here to do. Our mission, *Building healthier communities together*, when we reflect on the last year, is now more critical than ever. Our ongoing improvement journey and focus on quality is evident throughout the Plan, as is a commitment to partnership working and seeking to balance our ambitions with the needs of our staff. We will be vigilant and agile in our approach, to ensure that we will be responsive to the rapidly evolving situation. This annual plan is therefore the first step in our ambition to recover our services whilst maintaining our response to COVID-19, balancing clinical need with available capacity and the year that we begin to align core activities to our ambition to be leaders in Population Health management; targeting interventions at those who need it the most.

Our mission, vision and strategic objectives

Mission	**Building healthier communities together**
Vision	In every community people begin, live and end life well, feeling involved in their health and care choices
Strategic Well-being Objectives	• Work with communities and partners to reduce inequality, promote well-being and prevent ill-health. • Provide high quality, evidence based, and accessible care. • Ensure sustainability in all that we do, economically, environmentally, and socially. • Co-create with staff and partners a learning and growing culture.

Our priorities for 2021/22

1

To be delivered through the ongoing delivery of-

- Sustainable contact tracing and case management
- Surveillance and sampling
- Testing
- Vaccination

2

- Understand the impact of COVID-19 and wider inequalities on our communities
- Further developing the Health Board Integrated Health and Care Strategy & Clinical Strategy
- Implementation of the Transformation ambition of the Regional Partnership Board

3

- Further embed our quality and patient safety governance as set out in our framework
- Delivering our Targeted Intervention roadmap
- Establish Improvement CTM: putting learning into action, developing the skills and leadership for improvement

4

- Work to address the backlog in elective care, including cancer services
- Taking a whole-system approach involving community and primary care services and improving access to mental health services across all age groups

5

- Deliver breakeven in year
- Work with our services to deliver recurrent savings of £16.1m, and manage the recurrent deficit leading in to 2022/23
- Start to prepare for 2022/23 as early as possible

6

- Support and improve the well-being of our staff
- Enhance and develop our leadership capabilities
- Development of new roles and recruitment strategies for hard to fill posts
- Further embedding our values and behaviours

1. STRATEGIC CONTEXT

1.1 CWM TAF MORGANNWG UNIVIERSITY HEALTH BOARD

Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of hospital and community based services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local Primary Care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy) and the running of hospitals, health centres and community health teams. Detailed information about the services that we provide can be found on the 'services' section of our website. The Health Board is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the Health Board boundary.

Our mission, vision and strategic well-being objectives where approved by the Board in January 2020 having drawn on sources including: public engagement and patient concerns; discussion with staff and partners; feedback from independent reviews; and from key documents such as the Well-being of Future Generations Act, the Social Service and Well-Being Act and 'A Healthier Wales: Our Plan for Health and Social Care'.

Mission	Building healthier communities together
Vision	In every community people begin, live and end life well, feeling involved in their health and care choices
Strategic Well-being Objectives	• Work with communities and partners to reduce inequality, promote well-being and prevent ill-health. • Provide high quality, evidence based, and accessible care. • Ensure sustainability in all that we do, economically, environmentally and socially. • Co-create with staff and partners a learning and growing culture.

Following extensive consultation with staff, patients and service users, our values and behaviours were launched in October 2020; helping to define how together, working as one team, we can focus on 'how we can be at our best'. Considerable work has been undertaken in launching the values and behaviours. The focus in 2021/22 will be progressing this to connect and embed into the wider workplace culture and at every stage of the employee journey. Improving employee experience and well-being and making the Health Board a 'great place to work'.

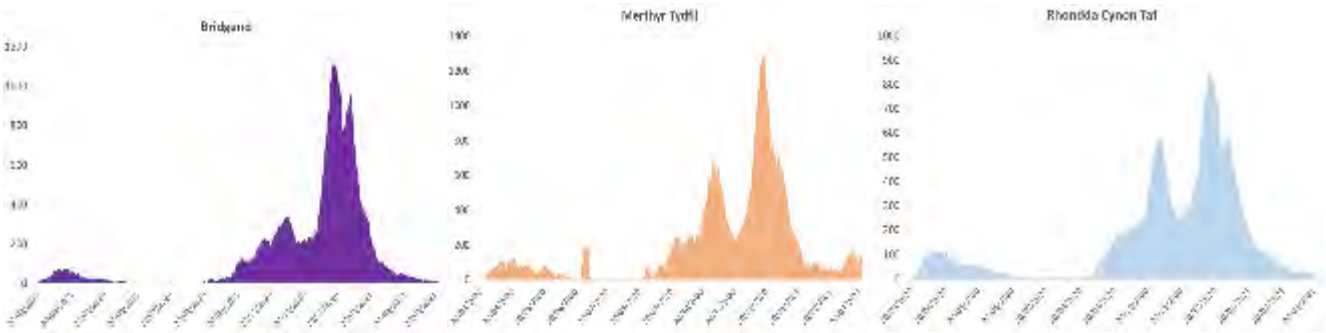
1.2 OUR POPULATION AND THE COVID-19 IMPACT

The resident population of the Health Board is estimated at 448,639 in 2019, increasing to 530,000 when accounting for flows from other areas e.g. South Powys, North Cardiff, Neath Port Talbot, Vale of Glamorgan. The population has high levels of deprivation, with 57.1% of the population of the Health Board estimated to be living in the most deprived 40% of areas in Wales. The highest levels of deprivation are in valleys to the north of the Health Board.

COVID-19 has had an unprecedented impact on the population of Cwm Taf Morgannwg (CTM). At times, the rates of COVID-19 within the Health Board footprint have been among the highest in the United Kingdom. This has highlighted once again the profound interdependence between population, societal, economic and environmental wellbeing.

The harms that have been caused are broader than direct harm from the virus itself and the charts below illustrate the impact that COVID-19 has had across our population.

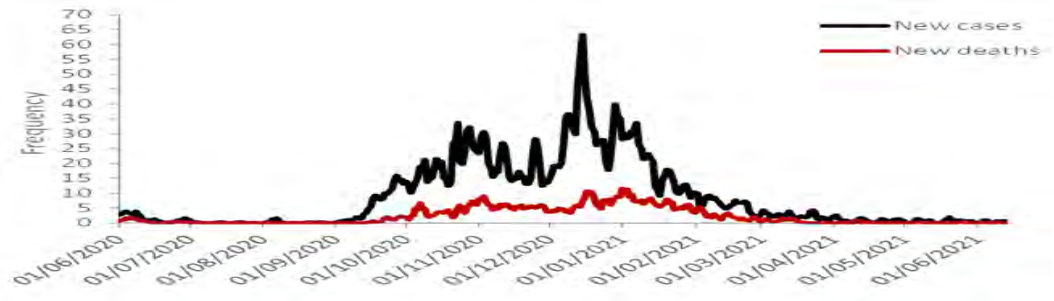
7-day Cumulative COVID Infection Rates per 100,000 (March 2020 – March 2021)-



The above charts highlight the peaks in COVID-19 infection rates that have occurred across our localities, particularly during the winter months, and demonstrates the rapidness with which the rates can escalate (it is important to note that widespread testing was not available at the start of the pandemic).

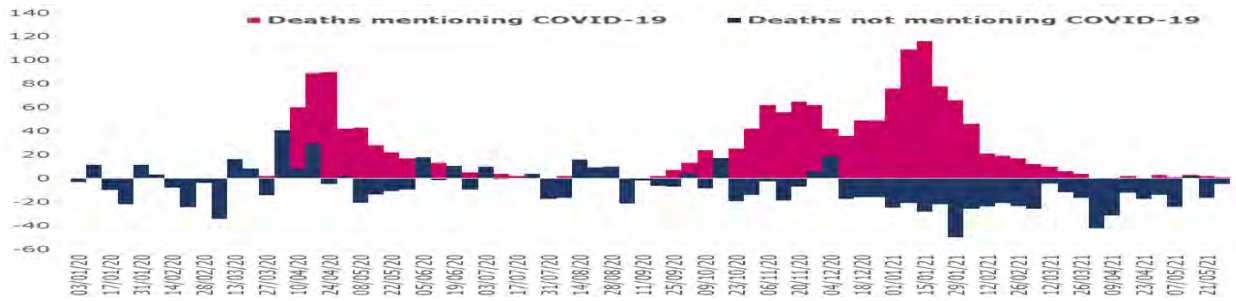
The impact of this growth in cases can be seen to lead to an increase in people becoming very sick and needing hospital care and ultimately, tragically, some of these patients dying in hospital as the following chart shows.

New COVID-19 cases and deaths in CTM hospital sites including community hospitals, (3-day rolling average)-



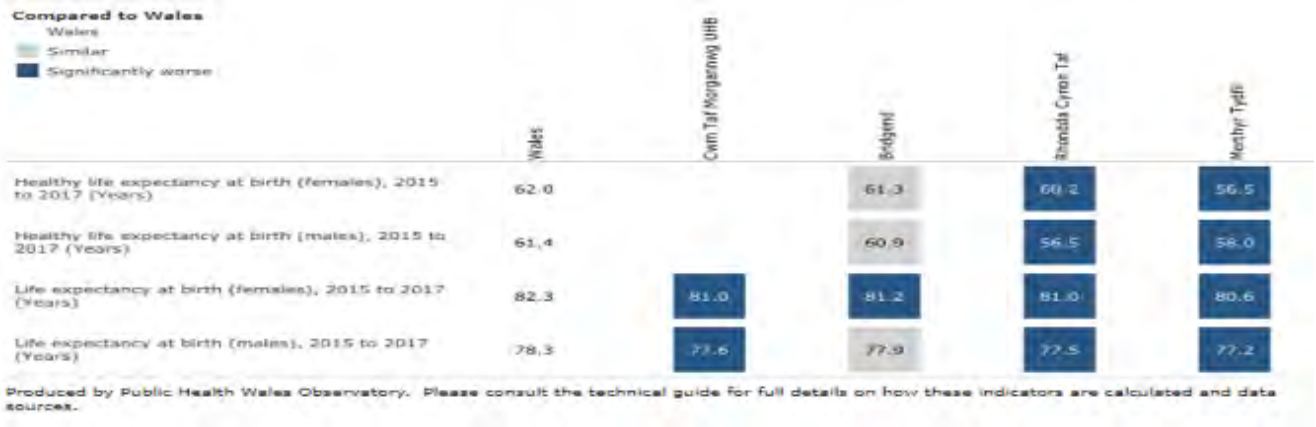
The impact of COVID-19 is not confined, however, to hospital wards, and the pandemic has caused harm to our population in a number of ways, both directly and indirectly. Monitoring total deaths and comparing this with previous years provides a way of assessing the wider impact. The chart below summarises excess deaths across CTM since April 2020, demonstrating the tragic impact on our overall death rates and close alignment with peaks in COVID-19 infection rates and hospital admissions. Every death represents a tragic loss for families, friends and communities and this data further illustrates the importance of our continuing collective efforts to remain vigilant and to suppress the virus.

Weekly excess deaths, minus 5 year average, COVID-19 mentioned and not mentioned on death certificate-



The recently published "Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales" highlights the less immediately visible, impacts of COVID-19 on issues such as poverty and deprivation, social exclusion, unemployment, education, the digital divide, harmful housing and working conditions, violence and crime.

Alongside our partners, there is much work to do to address these underlying issues. Life expectancy for men and women in CTM is less that the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) across CTM is 4.8 years for women and 4.4 years for men. The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following chart:



Additionally, the Health Board lags behind Wales in terms of healthy behaviours, with 12.2% of the population of CTM reporting fewer than two health lifestyle behaviours compared to an all Wales average of 10%. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer. The following are some of the key risk factors for our population:

- High smoking prevalence, reflecting that in Wales prevalence ranges from 11% in the least deprived fifth to 26% in the most deprived fifth;
- 63% of adults in CTM are overweight or obese;
- Highest levels of childhood obesity in Wales;
- High levels of teenage pregnancy and low levels of breastfeeding; and
- Higher percentage of babies in CTM born with low birth weight compared to Wales.

This position, coupled with the impact of COVID-19 on health and social care services – our population are experiencing longer waiting times for diagnostics tests and treatment (see section 6.1) - means that our 2021/22 Annual Plan sets out meaningful steps to address inequalities, at the same time as delivering healthcare service reset and recovery.

1.3 OUR IMPROVEMENT JOURNEY

The Health Board is undertaking a comprehensive improvement journey following the increase in its Welsh Government (WG) escalation status in 2019. The improvement programme, developed to deliver continuous, sustainable improvement, incorporates: Leadership and Culture; Quality and Governance; Rebuilding Trust and Confidence; as well as the Maternity Services and Neonatal Improvement. Progress in relation to these plans continues to be monitored by the relevant Committees, the Board and by Welsh Government in bi-monthly Targeted Intervention meetings chaired by the Chief Executive for NHS Wales. The development of a maturity matrix has provided a tool to support the monitoring of progress and evidencing sustainable improvement across the Health Board.

To deliver on its improvement commitment, ten separate but inter-related work streams were identified, intended to create a cohesive Health Board, clear on its vision for the future, underpinned by shared values and behaviours, and a strong quality governance framework. These work streams are set out below and progress and further work against these is highlighted throughout this Plan, as well as the Maternity and Neonatal Services improvement work which, is a further key component of the Health Board's improvement work:

- Developing and embedding the Health Board's values and behaviours;
- Developing the Health Board's vision and mission;
- Taking the vision a step further developing the organisation's long term Integrated Health and Care Strategy;

- Establishing a clear Operating Model to enable the organisation to achieve its core purpose, based on agreed design principles;
- Establishing a Quality Governance Framework and supporting systems (including workforce skills and support) and embedding these throughout the organisation;
- Reviewing, renewing and embedding the corporate governance framework, processes and systems;
- Designing and implementing an involvement and engagement strategy and framework to ensure ongoing two way engagement and involvement with patients, communities, staff and partners;
- Developing staff capability and capacity for improvement, transformation and making best use of health intelligence becoming a digitally enabled Health Board
- Designing and securing leadership and management skills development and continual learning for all staff, and as an organisation; and
- Establishing a clear delivery programme to secure sustainability for the organisations fragile services.

To further enhance the Health Board's arrangements, a Targeted Intervention (TI) and Special Measures Working Group was established in May 2021. This group is overseeing the TI roadmap that has been developed, showing how all the domains will be delivering improvement activities in the calendar year. This roadmap will be controlled at the monthly Working Group meetings, feeding in to other Boards that are overseeing this work.

Audit Wales and Healthcare Inspectorate Wales (HIW) conducted a follow up joint review to assess progress in the year since the publication of the first report, with their feedback provided in their follow-up report published in May 2021. Broadly, the report noted that good progress has been made in addressing the recommendations from 2019, particularly when taking account of the challenges faced in responding to COVID-19, recognising that this had impeded progress on improvements in some areas. A number of areas of progress were identified and the report noted the considerable commitment, drive, and enthusiasm from the staff that were interviewed, and a clear desire to get things right, highlighting that this energy needs to be sustained to ensure that the work completed so far is built upon and embedded. There remains work to do in each of the areas where recommendations were made in 2019 and as such, each will remain open, and the action plan revised to ensure further progress is made to address the original recommendations. Progress will continue to be routinely monitored against the issues identified in the revised action plan to ensure ongoing improvement and delivery.

1.4 STRATEGY DEVELOPMENT: INTEGRATED HEALTH AND CARE AND CLINICAL STRATEGIES

Within the next six months, in light of learning from COVID-19, we will review the work that has been undertaken to date on developing the Health Boards' Integrated Health and Care Strategy. The Strategy will set out for the next five years the organisation's reframed approach to delivering high quality, effective healthcare services on a population health basis. COVID-19 has exacerbated some of the long existing inequalities within our population. Learning from the best, these inequalities need to be addressed and the Strategy will look to demonstrate how, working in partnership our health and care system can develop and transform to meet the needs of our population, recognising that the work will be challenging.

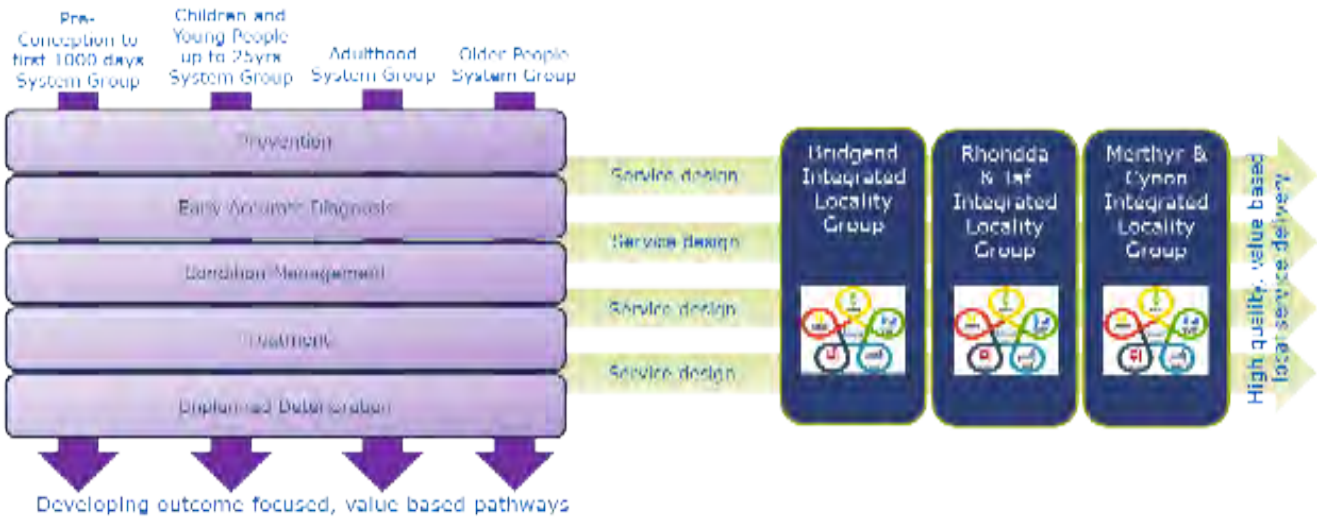
The importance of engaging and building our existing relationships with staff, communities and partners is an integral part in the Strategy's development. This is essential in order to re-affirm and secure commitment to its delivery, allowing us to be ambitious on behalf of our population in turning the Health Board's strategic wellbeing objectives into tangible outcomes. The engagement on the Strategy will be undertaken over Q1 and Q2 of 2021/22. Underpinning the Strategy will be strategic plans in a number of areas including Clinical Services informed by the WG National Clinical Framework, Digital, People and Estates. The milestones for developing these will be included in the over-arching Strategy.

Further, the health board is securing external support for the development of a Clinical Strategy to engage with clinicians and all stakeholders in describing the health system of the future, by speciality / population segment, taking account of new technologies including the digital opportunity, modelling demand and capacity and identifying scenarios for future provision. This will ensure that the workforce and infrastructure are developed and utilised to maximum effect.

1.5 OUR OPERATING MODEL

A key enabler for the Health Board to achieve our improvement ambition, and strategic well-being objectives, is our new operating model. The operating model incorporates four 'System Groups' (pre conception to 1,000 days, Early Years <25 years, Adulthood, Older Adult) and three ILGs for Bridgend, Rhondda Taf Ely and Merthyr Cynon. The operating model is designed in a way that brings our focus towards our communities, considers the whole person's needs and also strengthens relationships with clinical staff and partners in Local Authorities and other sectors.

The ILGs are accountable for the planning and delivery of all health services within their locality, bringing together leadership for primary, secondary, community and mental health services and providing an enhanced opportunity for the coordinated planning and integration of these in line with local need. This approach ensures that the integration of services can be overseen and delivered at a local level. The System Groups ensure there are consistent clinical standards, managing the work of national delivery plans, collaborating across the health and social care system to design and implement best practice prevention, wellness and care pathways. In doing so the Systems Groups review how resource is allocated to outcomes in order to develop value based health are approaches.



1.6 COMMUNICATION AND ENGAGEMENT

Through our communications and engagement work, the Health Board aims to build strong relationships with patients, staff, our communities and partners and through the Community Health Council. Though an open and transparent approach to communications and engagement we aim to build trust and confidence in our organisation and establish a truly collaborative way of working to develop safe and high quality services for our staff and communities. This will be guided by the below principles that we will be:

- Be open and accessible: we will talk and listen to people and take their views and opinions in to account;
- Be transparent: information will be shared in a clear, accessible and relevant way. When we cannot share information, we explain the reasons fully and clearly;
- Be consistent: the messages we communicate are consistent with our aims, values, behaviours and objectives;
- Be compassionate and respectful: we will take a compassionate and considered approach reflected by what we hear from our patients, staff and our population; and
- Involve: we will listen, learn and improve our services by creating opportunities and encourage people to give us open and honest feedback and contribute their ideas and opinions. This will be done in a variety of ways to ensure these opportunities are as accessible as possible to everyone.

This is particularly vital in relation to COVID-19, in order to support our communities to understand how the Health Board is working to respond to the pandemic, our plans for the year and how they will receive care and treatment in both the short and the long term.

1.7 CHAPTER 1 KEY DELIVERABLES-

During 2021/22 we will…

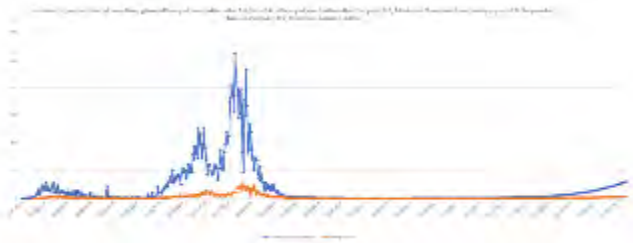
- Continue our improvement journey under each of the work streams identified
- Progress the actions identified within the Targeted Intervention roadmap
- Continue to progress all actions in response to the HIW/ AW recommendations
- Develop and Engage on our Integrated Health and Care Strategy during Q1 and Q2
- Engage external support in Q1 to support engagement and development of our Clinical Strategy
- Continue to embed our operating model, maximising the benefits of the Integrated Locality Groups and System Groups
- Continue our approach to communications and engagement, with a particular focus in relation to our COVID response

2. OUR ANNUAL PLAN FOCUS

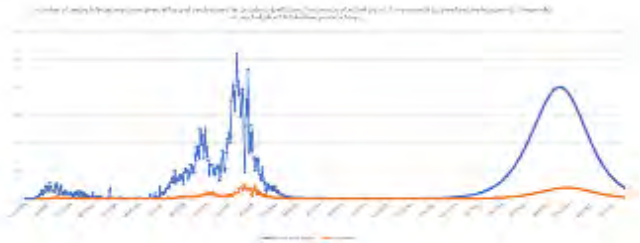
2.1 COVID-19 MODELING ASSUMPTIONS

Ensuring timely and intelligent analysis a number of metrics has been vital to informed decision making and the Health Board will continue to build on this knowledge and skill. In informing our planning for 2021/22, we have used the WG COVID-19 reasonable worst case (RWC) scenario and most likely case scenario, making it Health Board specific by taking into account various local factors and assumptions for example vaccination rates, demographics, population density and transmission rates. These local models demonstrate that there is a potential scenario that could result in a 3rd wave of COVID-19 and this aligns with other models produced by Swansea and Warwick Universities. An example of this uncertainty is shown in the two charts below, where we have compared a 70% and 80% uptake rate for the vaccine amongst the population and assumed that tier 2 restrictions will remain until the end of June:

Scenario 1: 80% uptake of vaccine-



Scenario 2: 70% uptake of vaccine-



This Plan therefore reflects the uncertainty that persists, with more detailed planning for quarter 1 of 2021/22 and a focus on ongoing vigilance and agility to ensure that plans are responsive to the latest position throughout the year. Key data such as COVID-19 rates, hospital admission and vaccination rates will continue to be monitored to inform this. Further information regarding planning for admissions related to COVID are set out in section 6.1.

2.2 2021/22 PRIORITES

As we continue to respond to the COVID-19 pandemic and to develop and align to our strategic well-being objectives', the following priorities have been agreed for 2021/22:

1. Transparent quality, patient safety and improvement: further embed our quality and patient safety governance as set out in the Quality and Patient Safety Governance framework and establish Improvement CTM: putting learning into action, developing the skills and leadership for improvement;

2. COVID-19 public health protection: through sustainable contact tracing and case management, surveillance and sampling, testing and vaccination;
3. Strengthening the CTM health and care system: understanding the impact of COVID-19 and wider inequalities on our communities, further developing the Health Board Integrated Health and Care Strategy in light of the learning from COVID-19; and implementation of the Transformation ambition of the Regional Partnership Board;
4. Delivering healthcare service reset and recovery: address the significant backlog in elective care including cancer services, with a whole-system approach involving community services and primary care and improve access to mental health services across all age groups, with a particular focus on the needs of children and young people and the younger adult population who are more likely to take their own lives;
5. Workforce well-being and development: support and improve the well-being of our staff, alongside further work to enhance and develop our leadership capabilities; and
6. Plan for recurrent financial balance.

These priorities will be delivered through: engaging and involving our communities and our staff; utilising available data and information to provide health intelligence and insight to inform service management, improvement and transformation and embedding new ways of working: agile, flexible, digital, clinical practice, workforce planning and modernisation and partnerships. Our COVID-19 response will be developed further in light of WG's recently published Health and Social Care in Wales COVID-19 Looking Forward Plan.

2.3 CHAPTER 2 KEY DELIVERABLES-

During 2021/22 we will…

- Continue to monitor the COVID position and ensure that our plans are updated accordingly
- Deliver our key 2021/22 priorities and each work stream identified, as described above

3. TRANSPARENT QUALITY, PATIENT SAFETY AND IMPROVEMENT

3.1 QUALITY AND CORPORATE GOVERNANCE

As part of our improvement journey, the Health Board is committed to creating a cohesive organisation, clear on its vision for the future, underpinned by shared values and behaviours, and a strong quality governance framework. A revised Committee Structure was introduced during 2020, including the establishment of a People and Culture Committee. All Board and Board Committee meeting papers are available on our website and since May 2020, all Public Health Board meetings have been broadcast live using Microsoft Teams.

The Health Board has an approved Risk Management Strategy in place which, in conjunction with the Risk Management Policy and Risk Assessment Procedure, articulates the management of strategic and operational risks within the organisation. The Health Board receives the Organisational Risk Register of risks rated 15 and above for scrutiny and assurance at all regular meetings of the Board. Prior to receipt by Board and Committees the risk register is reviewed and examined at monthly Management Board meetings. There have been numerous developments progressed during 2020/21 in relation to risk management and this will continue to be a priority area into 2021/22.

The Board received its Structured Assessment 2020 from Audit Wales in December 2020. The key messages were that in overall terms, the Health Board had maintained good governance arrangements during the pandemic, assisted by a stable and resilient Board and the rapid adjustment of governance arrangements to support agile decision making. There has been a commitment to conduct business in an open and transparent way and to use learning to help shape future arrangements. It was acknowledged that whilst there has been

further development of elements of the risk management system, the need to respond to the pandemic has understandably slowed progress. The Health Board has continued to maintain systems to oversee the quality and safety of services during the pandemic and to address recommendations from audits and external reviews.

3.2 QUALITY AND IMPROVEMENT

3.2.1 Independent Maternity Services Oversight Panel

A key area of our improvement work focuses on our response to the concerns raised in 2018 regarding failings in maternity services within the former Cwm Taf Health Board. WG commissioned the Royal College of Obstetrics and Gynaecologists (RCOG) to undertake an independent review of these services and their report, undertaken jointly with the Royal College of Midwives (RCM), was published in April 2019, raising a number of areas of very significant concern. Wider concerns in relation to governance were also raised by Welsh Government, the then named Wales Audit Office and HIW regarding quality, culture, leadership and governance within the service. As a result, Welsh Government placed the organisation into 'Targeted Intervention' for Quality and Governance and Maternity services into 'Special Measures', with an Independent Maternity Services Oversight Panel (IMSOP) appointed to:

- Provide assurance, constructive challenge and oversight of the improvement against the 70 RCOG/ RCM recommendations; and
- Establish and agree an independent multidisciplinary process to clinically review relevant cases and to ensure that any learning which emerges from these reviews is acted upon by the Health Board and others.

The service has continued to deliver improvements during 2020/21, with 50 of the 70 recommendations now completed. The IMSOP have reported that the Health Board has made good progress despite the challenging circumstances, including progression against the maturity matrices (the IPAAF), with all three domains of Safe and effective Care, Quality of Management and Leadership and Quality of Women's and Families' Experience all now assessed as being in the 'RESULTS' phase. It was also noted, however, that despite the progress made there remains a significant amount of work to be done to fully deliver against all of the recommendations and that the pursuit of exemplar status remains a longer term ambition. The Maternity Improvement team will continue to progress this work into 2021/22.

The external clinical review of cases are being undertaken in three categories; Maternal Morbidity, Stillbirth and Neonatal Death. The maternal morbidity category has been completed and an IMSOP thematic report was published on 25.01.21, and the Health Board's response published on the same day, available on our website. Work is ongoing in relation to the Stillbirth and Neonatal Deaths and will be completed during 2021/22.

Whilst recognising that there is still significant work to do, the service has received further positive feedback on progress from a Community Health Council review, Health Inspectorate Wales report and Health Education and Improvement Wales report. There remain areas for development and ongoing improvement and during 2021/22 the Health Board will aim to continue to further learn from the engagement work we have committed to, and further implement the recommendations made. Key areas of focus will be:

- Continue to improve complaint response times and identifying learning;
- Continue to improve the quality and response of serious incident investigation;
- Improvement plan focussing on moving maturity from 'results' through to 'exemplar' phase;
- Focus on working in partnership with staff, women and families and other stakeholders to drive sustained improvement;
- Cultural Improvement through the lens of Values and Behaviours; and
- Engagement to underpin a maternity strategic plan.

Closely aligned to this, Neonatal Services came under the more formal review of IMSOP in July 2020, following agreement that they would oversee a Neonatal response in relation to 16 of their original recommendations. In order to ensure appropriate oversight of this, a Neonatal Nurse and Neonatologist joined the IMSOP panel in March 2021. To support our response, a Neonatal Improvement Team has been introduced, providing medical and clinical leadership and the ability to coordinate the programme of work across both Neonatal units (PCH and Princess of Wales Hospital (POWH)). The team includes sessional time from a Neonatologist from a Tertiary Unit,

Lead Nurse and Senior Nurses to support both service developments and clinical reviews. Significant activity has progressed, with evidence in relation to 9 recommendations submitted and pending IMSOP review. A programme of work is progressing and will continue to be a key focus in 2021/22: family engagement and communication, documentation; revised training and competence programmes; shared audit plans; and the intent to develop a small Quality Improvement team on both sites. Performance indicators are to be agreed. The IMSOP deep dive commenced in May 2021, led by a dedicated neonatology team. The deep dive will comprise a full review of all aspects of governance; incorporating staff and family engagement and a review of the management of a number of clinical cases and infant care. The duration of the deep dive is proposed to be 20 weeks with the main focus to provide assurances of safe care currently being delivered at the Neonatal unit at Prince Charles Hospital.

3.2.2 Quality Assurance and Improvement

Quality assurance provides a systematic approach to maintaining consistently high levels of quality through ongoing measurement and reporting on safety, effectiveness and experience, identifying areas for improvement and enabling the sharing of good practice.

A new Quality and Patient Safety Governance Framework has been developed during 2020/21. This has enabled and established systems and processes related to quality governance and improved the approach to assurance across the organisation. This framework therefore, provides the foundation for the quality improvement approach across the organisation. The Health Board's overarching quality statements for 2020-23 are as follows:

- Strengthened focus on quality on strategic planning;
- Individuals' voices are better heard;
- Shared learning and continuous quality improvement;
- Risk better articulated, shared and mitigated;
- Strengthened two-way 'point of service delivery' to Board sight; and
- Extensive review and improvement of the management of concerns and serious incidents.

The appointment of a new Director of Improvement will ensure that over the next year the Health Board will see the establishment of a bottom-to-top quality improvement programme 'Improvement CTM'. This will add value with four key aims: co-ordinate and communicate improvement; identify new improvement opportunities; develop the improvement capability in the system and the workforce and build and recognise communities of Improvement practice.

The Improvement team will oversee the ongoing implementation of Value Based Healthcare, focusing on meeting the goals of patients, improving how patients are involved in decision making, using the best evidence, avoiding unnecessary variation in care and considering where resources are best spent for improved outcomes, with a focus measurable and comparable outcomes, aspiring to match the highest comparator organisations.

The Health Board is progressing this agenda through a number of projects, with a focus on Patient Related Outcome Measures (PROMS) through participation in a wide range of national clinical audits and clinical outcome reviews and the implementation of DrDoctor across five specialties during 2021-22. There is further information in relation to VBHC at section 5.3.

3.3 CHAPTER 3 KEY DELIVERABLES-

During 2021/22 we will…

- Continue to develop and embed our risk management systems
- Continue to progress the actions identified in response to the recommendations to the independent maternity services review, including the completion of the external case review and supporting the further deep dive review of Neonatal services during Q1 and Q2
- Embed 'Improvement CTM' within the organisation, supported by the new Director of Improvement post in Q1 and focussed on delivery against the 4 key aims
- Progress the implementation of a Value Based Health Care approach, with work streams in Cardiac, Diabetes and Eye Care. Develop a prioritisation process for phase 2 going forwards

4. COVID-19 PUBLIC HEALTH PROTECTION

4.1 TEST TRACE AND PROTECT (TTP) PROGRAMME

The COVID-19 Prevention and Response Plan has been developed in partnership with the three Local Authorities and third sector partners. This Programme is overseen by a Regional Strategic Oversight Group and has a focus on prevention, mitigation and management, delivered under five specific work streams as described below (reducing to four as part of the 2021/22 plan):

- Surveillance: A suite of indicators drawing on local, national and UK data to inform action within the region and to provide oversight.
- Sampling and Testing: Provide targeted data for accurate surveillance to take place, covering a broad spectrum of work from booking tests, sampling and results. The Communication team also support this work stream by seeking to proactively identify opportunities to encourage testing for all symptomatic (and where required non symptomatic) individuals in the population;
- Contact tracing and case management: Seeking to interrupt chains of transmission in the community by identifying cases of COVID-19 and tracing the people who may have become infected through close contact, then requiring and supporting those close contacts to self-isolate so that they are less likely to transmit it to others.
- Risk communication and community engagement: Effective communication that is coordinated between all work streams, sectors and with national activity is a key part of the TTP programme, with success heavily dependent on widespread public understanding, acceptance and uptake of the primary control measures. The aim is to reinforce primary control measures, provide the public and partners with clear messages and practical information that will encourage and enable them to follow current guidance.
- Protect: The 'protect' element of the programme is a vital contributor to supporting people in our communities who have needed to shield and/ or who need to socially isolate as part of a COVID-19 response, the aim being to identify the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably.

4.1.1 2021/22 TTP Plan

The strategic aim for the TTP programme for 2021/22 has been agreed as, 'To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population based recovery model, focused on the transition from a pandemic to endemic position'. Based on the most recent COVID-19 modelling, described in section 2.1, the TTP service was maintained throughout quarter 1 of 2021/22 and following a review on 22nd June, this will continue through quarter 2. The financial plan assumes TTP capacity will be maintained to meet

emerging requirement and provide capacity to respond to a potential surge requirement. In the event that the case rate should continue to reduce, leading to available capacity within the TTP services, then there will be a focus on further proactive and preventive measures such as:

- Contact tracing - embed backward contact tracing; and
- Testing - support to community lateral flow antigen testing and other areas of testing developing.

There will be a strong focus on the inequalities that have been evidenced in relation to the disproportionate impact that COVID-19 has had on specific groups, including those from deprived communities and Black, Asian and Minority Ethnic (BAME) groups. Concerns have also been raised in relation to the uptake of vaccination within the same groups. As part of the 2021/22 plan, the TTP service will work with partners to better understand the impact of inequalities within our communities. An analysis of COVID-19 morbidity and mortality in CTM, undertaken in liaison with Public Health Wales, was reported in April 2021 in order to further inform this work. This information is being used to support targeted messaging and the community testing targeted work. The service is also part of a task and finish group, undertaking intelligence gathering in support of the Public Service Boards and Regional Partnership Board to inform their recovery plans. The appointment of a new Analyst has supported the implementation of a regional surveillance system to further enhance this and the recruitment of BAME outreach workers is supporting a targeted approach. Community testing has been further rolled out across CTM to targeted areas, following a pilot before Christmas, and will be reviewed to determine whether this should continue. The TTP strategic plan will remain under a minimum of quarterly review to ensure that this is flexible and responsive.

4.2 COVID-19 VACCINATION

The Health Board has created a formal programme of work to mobilise and create a sustainable COVID-19 vaccination, workforce and delivery model that is able to meet the requirement to vaccinate our population based on the Joint Committee on Vaccination and Immunisation (JCVI) guidance and timeframes outlined by Welsh Government. This programme of work is being delivered in close partnership with our Local Authority partners, Primary Care and GP practices, military support and 3rd sector organisations. We have put in place a programme structure to ensure effective governance and allow us to develop plans and deploy them at pace.

Our current model of delivery is predominately through Community Vaccination Centre (CVC), of which there are 6 across CTM to ensure accessibility for all. We have also partnered with Age Connects Morgannwg and South Wales Fire and Rescue to deliver a transport service for those who need help to get to our Community Vaccination Centres.

The Health Board successfully delivered phase 1 and phase 2 of our Programme, with first doses now offered to all eligible people in JCVI guidance cohorts 1-10, meeting the WG target 6 weeks early. Following phase 1 a rapid lessons learnt review has been undertaken, with our partners, to ensure an accessible and sustainable vaccination programme for phase 2 onwards, with an exercise now underway again to inform phase 3.

Planning for phase is based on the most recent WG Vaccination Strategy, with scenarios to delivery COVID-19 boosters to different JCVI cohorts, first doses to 12-15 years colds and flu are being considered. The Health Board is making progress towards creating a sustainable and stable workforce model to enable us to continue to deliver COVID-19 vaccination for the rest of this year. We have progressed the recruitment of a dedicated workforce of fixed term contracts and secondments, making use of volunteers and significant support from our LAs in redeploying staff to deliver our vaccination programme. We now have in place a clinical lead, CVC clinical team leaders and site leads, site managers, vaccinators, administrators and planners and plan to recruit a Directorate Operations Manager to lead the ongoing operational delivery of this programme. Whilst planning scenarios are being developed for phase 3, there remains significant uncertainty with detailed guidance not expected from JCVI until late summer. This makes planning difficult and the financial plan assumes that the current vaccination team will remain in place for the whole for 2021/22.

4.3 COVID-19 CONTINGENCY PLANS

The Health Board, for much of the year, has stood up its emergency command structure in order to oversee the

COVID-19 response. The straegtic objectives which have guided the response have been:

- To prevent deaths related to COVID-19;
- To protect the health and well-being of staff in our public services; and
- To protect the health of people in our community.

In the event of a further escalation in the COVID-19 position this command structure would be re-implemented to ensure a co-ordinated strategic response within the Health Board and with our partners. The response would provide clear oversight of the actions required to respond to the latest position, informed by robust data and intelligence, potentially incorporating the re-provision of services and working models that were introduced to support the initial pandemic response but since adjusted or stood down, consideration of new solutions may also be required given the rapidly evolving situation.

Following the latest WG COVID-19 policy modelling group discussions held on the 10th June, the Health Board has assessed the expected number of beds required to manage any potential 3rd wave of COVID-19 and winter bed requirements. Based on observations from Waves 1 and 2 we consider that COVID-19 will not have an additive effect on our overall non-ICU bed requirements, as the increase is offset by a reduction in non-elective and elective demand. However we have seen a 12% increase in our mean length of stay, which would appear to be a combination of both a reduction in the relative numbers of short stay patients presenting and an increase in the length of stay of patients (especially those with a LOS >7 days).

We have therefore revised our plans, considering it to be prudent to have an accessible contingency of 10 critical care beds available (as per the Swansea University and WG models), strengthening our community teams to support length of stay reduction, whist maintaining the physical ward infrastructure (including the Seren Field Hospital) to enable 150 additional beds to be commissioned, should the average length of stay reductions not materialise.

4.4 CHAPTER 4 KEY DELIVERABLES-

During 2021/22 we will…

- Continue with the current Test, Trace and Protect (TTP) service provision in Q1, utilising any available capacity to support further proactive and preventative measures, and undertake a review on 21st June to determine ongoing provision
- In conjunction with Public Health Wales, publish report on inequalities related to COVID and progress related actions e.g. targeted messaging and testing**,** utilising BAME Outreach Workers
- Support the Public Service Boards and Regional Partnership Boards in the development of recovery plans
- Develop a new regional surveillance system, utilising the new Analyst to support this
- Continue with the established vaccination service provision, expanding the priority groups in line with WG guidance
- Continually monitor the COVID position, assessing the requirement for the re-establishment of an emergency Health Board command structure and additional capacity

5. STRENGTHENING THE CTM HEALTH AND CARE SYSTEM

COVID-19 hasn't only affected the Health Board's ability to deliver services, but has also impacted significantly on key partners. Many services provided by our Local Authority staff have had to implement new guidance and ways of working, focused on delivering statutory duties and prioritising services based on assessed risk and need, this in the context of growing demand and reduced staffing. Care home placements have been impacted by outbreaks and associated restrictions, impacting on discharge times as well as the ability to offer respite care. The provision of domiciliary care has been impacted by the pressure on services, meaning that some care packages have been affected as have day and respite services, many of which have been closed or restricted. The provision of education has also been significantly affected, with closures to schools and the impact that

this has had on the emotional well-being of children. Many third sector organisations have experiencing a reduction in income and volunteers, whilst demand for services has increased.

The Health Board, as part of the CTM health and care system, has a key role to play in working with these organisations as we all recover and rebuild together from COVID-19. The learning for the joint analysis of COVID-19 morbidity and mortality in CTM will inform both our strategic direction and our immediate next steps. Only in this way will we deliver on the Health Board mission: *Building healthier communities together.*

5.1 EMERGING SYSTEM GROUP WORK PROGRAMME

The System Groups aim to provide increasingly integrated and co-ordinated services through clinically-led service development and implementation within a 'best for person, best for system' framework. Their work programme is characterised by a focus on: system-wide plans for promoting and improving population health; evidence based integrated pathways that cross boundaries; health promotion and preventive interventions; co-designing and co-creating services that enable people to take more responsibility for their own health and wellbeing, with a focus on long-term health and wellness systems. The establishment of the Systems Groups, provides the opportunity to further strengthen and align relationships with the Public Service and Regional Partnership Boards.

Well-being – Self Care and Supported Self-Care

The Well-Being of Future Generations Act (2015) sets out a requirement for the development of Public Services Boards (PSBs) to improve joint working across all public services in each local authority area in Wales. The PSBs must undertake a well-being assessment and develop a local well-being plan. There remain two PSBs in CTM following the Bridgend boundary change and work to integrate these and ensure delivery against the identified priorities will continue through 2021/22.

5.2 POPULATION HEALTH AND PREVENTION

Population Health is an approach aimed at improving the health and wellbeing of an entire population, while reducing health inequalities. As described in section 1.2, the health of our population is adversely affected by deprivation and high levels of chronic disease and this has been further exacerbated by COVID-19. Population health outcomes are not performance measures of service delivery but the health outcomes of population as a whole. They include factors such as mortality, healthy life expectancy and prevalence of chronic disease,

certain lifestyle behaviours and levels of clinical risk. Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted intervention taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection in all its pathways and striving to improve the equity of care it delivers.

The Health Board will collaborate with wider partners via our System Groups and ILGs in working to reduce levels of lifestyle and clinical risk and contributing to a reduction in inequalities and inequities in our population and our services. This will supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural change and incorporating into practice;
- Enabling individuals to have the knowledge, skills and confidence to look after their own health;
- Building of the work funded via the WG Transformation Fund, use of Population Health Management techniques such as population segmentation and risk stratification to help address multi morbidity and identify groups at greater risk of ill-health. This enables us to focus specific interventions and proactively allocate resources more effectively; and
- Continued partnership work to achieve a whole system approach and maximise community assets.

We aim to be leaders in Population Health Management; aligning services to best support the people who need it the most. To identify those people the Public Health Team has led the Population Health Management programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources. By understanding population groups we can better decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. To do this Population segmentation and risk stratification has been utilised. Segmentation is grouping the local population by what kind of care they need as well as how often they might need it. Risk stratification helps understanding who, within each segment, has the greatest risk of having a significant health event or is at most risk of deterioration. The original pilot using this approach in the Rhondda Cluster has now been expanded across Cwm Taf Morgannwg. A small team of analysts and public health practitioners is being recruited to support system groups and ILGs to turn the intelligence from this work into actions at a local level. We will seek external expert assistance and advice to accelerate this process and to transfer knowledge and skills into the internal team.

A PHM Programme is being established to oversee practical implementation of a range of actions, with responsible Executive leads for each of the following: Value based healthcare in Diabetes, Stroke health equity audit, detection and treatment of Atrial Fibrillation, weight management, health promotion, a supportive environment for health and wellbeing, orientation to prevention in services and for staff, our Primary and Community services will be aligned to meet those needs through integrated primary, community and social service 'villages' at cluster level aligning community services to integrated care villages (circa 20k population), a

CTM healthy housing programme, social prescribing, enhancing employment opportunities including through apprenticeships, positive use of estate. Services will be increasingly personalised to meet individuals' needs and the impact further understood through the increasing use of PREMS and PROMS under the auspices of a value based healthcare approach (see section 5.3 below).

There are numerous examples of good practice that will be further developed as we move forward such as:

- Continued development of a system wide approach to smoking cessation delivery which include the 'Help me Quit' service, community pharmacy, antenatal cessation (MAMSS) and the development of a mental health service cessation model, working to embed referral routes into all care pathways;
- Embedding the "Making Every Contact Count" (MECC) approach into clinical practice to encourage uptake of the key five positive lifestyle behaviours as part of normal care;
- Continued roll out of the >50 Health Check programme, to detect and reduce cardiovascular risk;
- Condition specific education programmes which promote self-care e.g. X-PERT, Pulmonary Rehabilitation the Education Programme for Patients (EPP);
- Using the National Exercise Referral Scheme in prevention and management of chronic conditions including the Joint Care Programme as a conservative treatment for knee and hip osteoarthritis;
- A range of work focussing on Early Years and the prevention of Adverse Childhood Experiences, a priority for the Pre-Conception, 1st 1000 days Systems Group;
- Use of Pharmacist and Stroke clinician to support management of AF at primary care level;
- Promotion of social prescribing; and
- Reducing clinical risk e.g. detection and optimum management of pre-diabetes and hypertension.

A key priority in 2021/22 will be to continue the journey in relation to implementing the Healthy Wales Healthy Weight strategy, building on developments made during 2020/21. These include the digitisation of the Nutrition Skills for Life programme, which has enabled continuation through virtual delivery, as well as the expansion of the Joint Care Programme to cover Bridgend and to develop a digital offering. Moving into 2021/22, enablement funding has been identified to address the gaps in provision across Level 2 and Level 3 of the obesity pathway and work has begun with the relevant stakeholders across the Health Board to accelerate plans for the development of an Adult Weight Management Service for the population, to be led by a dedicated member of the Public Health team. Childhood obesity will remain a key focus and is a priority for the Children and Young People System Group, continuing the Whole System Approach to Childhood Obesity, including a social marketing campaign to promote physical activity, nutrition and healthier lifestyle for families, as well as commissioning a healthy families intervention to be delivered to our communities and families. Work will continue with our Local Authority and Leisure Trust partners to deliver digital programmes and ensure that our population is aware of, and has access to, our incredible environment.

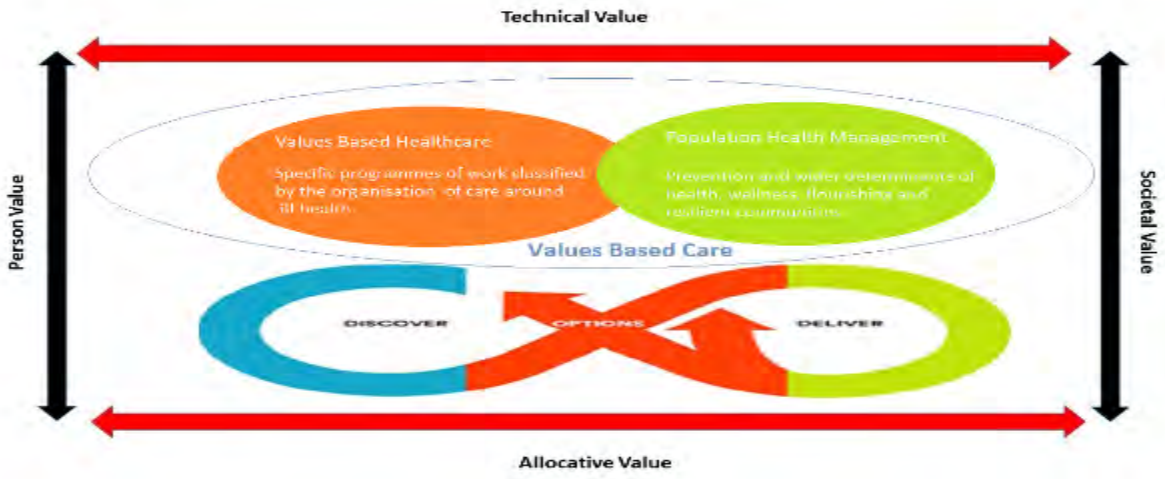
The Pre-Conception to 1st 1000 days Systems Group is leading on the development of the Family Health Visiting Service, as a key component of the Early Years Resilient Families and Wellbeing Health Programme which is chaired by the Systems Director, following the commencement of a pilot in November 2020. This work is a collaboration with Rhondda Cynon Taf Local Authority, developed under the auspices of WG Early transformation programme in 2017 and is an integrated multi agency, multi-disciplinary approach. The pilot equates with a move away from the traditional targeted postcode approach of the Flying Start programme of Health Visiting and family support to a needs based service informed through an assessment of resilience and need. The service specification defines the new approach, with 2 additional contacts and a universal developmental assessment in addition to the Healthy Child Wales Programme. For those families who require additional support they are offered access to the core RFS team which comprises a broad range of support including parenting support, midwifery, therapy and Health visiting interventions. The aim is to ultimately offer an equitable approach to early years provision for families with children under 5 and in doing so be better placed to target health inequalities. COVID-19 has impeded the delivery of the pilot, with limitations to home visiting activity by health and social care teams, it is now proposed to run the pilot throughout the whole of 2021/22 given the impact of COVID and this is currently under discussion. A number of pieces of work are under development with social media approaches being developed to improve family engagement and also capture the experiences of families who have had babies during the pandemic.

5.3 VALUE BASED HEALTH CARE

The Health Board faces the challenge of responding to the contradiction that rising costs do not consistently equate to better quality care. Though great improvements have been achieved by strategies to enhance cost-effectiveness and performance of healthcare services within the last 20 years, an OECD report on "Wasteful Spending in Health" (2017) presented data on inappropriate care and wasted resources with estimations ranging from a conservative 10% up to 34% of expenditure. The numbers also show that many patients are unnecessarily harmed at the point of care, many patients receive unnecessary care that makes no difference to their health outcomes, or that the same benefits could be provided by using fewer resources.

To support the ambition of improving person described outcomes and utilise resources more effectively, we need to ask people about their outcomes and create a data-driven system that seeks to provide the timely information to citizens, clinical teams and our organisation to inform the decision-making that leads to those outcomes in a way that is financially sustainable. Delivering outcomes that matter most to patients is where the value in health and social care actually lies. Focusing on traditional clinical outcomes like survival and mortality may obscure those outcomes that matter most the patients, carers, families and communities. In order to do this, CTMUHB will undertake an ambitious program to establish Value Based Health Care (VBHC).

A National Action Plan for VBHC in Wales was launched in 2019, setting out a three year programme to embed this approach as part of making Prudent Healthcare philosophy a reality. The ambition for the Health Board is to be at the forefront of this agenda in Wales and on an international basis. The VBHC agenda will be driven by the CTM Improvement team and the first phase of this work will begin in cardiac disease (heart failure and acute coronary syndromes), diabetes (gestational diabetes, diabetic foot, diabetic eye) and eye care. A prioritisation process will be used to identify specialties and themes for phase II going forward. In adopting this approach, we must consider this as part of a 'spectrum of care' as shown in the diagram below**.** Care has traditionally been organised based on the diagnosis of ill health (diseases and conditions based around professional and organisational concepts of value) but we must now aim to organise care driven by assessing person value into population health management (wellbeing, wellness, flourish and resilient communities).



Integrated Community Services

5.4 INTEGRATED SERVICES

The Social Services and Wellbeing Act Wales (2014) set a statutory requirement for the creation of Regional Partnership Boards (RPB) to oversee strategic approaches to delivery of integrated Health and Social Care services, this is further reinforced within A Healthier Wales. The CTM RPB will continue to deliver service developments in line with the agreed vision and values:

Vision: Making a difference to people's lives by involving them, listening and taking action together to transform the way services are delivered
Values: Inclusivity, equality, integrity, collaboration, innovation

Recent work, undertaken jointly by NHS Wales Delivery Unit (DU) and the WG, in collaboration with health and social care partners across Wales is seeking to undertake whole system, health and social care COVID-19 impact modelling. The work will inform both the CTM Regional Partnership Board and the Health Boards Unscheduled Care Programme, see section 6.4. The February 2021 Report, Community Reponses: COVID-19 and Beyond, makes the case that, the impact of 'Long COVID-19' could mean requirement for intermediate care and longer term social care may be felt some time after the surge in demand on the NHS has begun to decrease. Even if a prompt and robust supported recovery model is implemented, we can still expected to see a COVID-19 related additional increase in demand for longer term packages of care and care home placements.

It is therefore imperative that, over the course of 2021/22, as we evaluate and take decisions on how to covert pilots and time limited projects into sustainable core business, we shape and refocus these services to effectively deliver within the context of 'living with COVID-19'.

5.4.1 Transformation fund

In July 2019, £22.7m of Transformation funding was awarded to the CTM RPB to deliver the vision set out in 'A Healthier Wales' and meet the time-limited additional costs of introducing new models of health and social care, accelerating the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services. Within the region all work streams were due to go live between January-April 2020, however the majority experienced delays due to COVID-19. This funding was due to end 31 March 2021 however this has now been extended for one year, although at a reduced level. Implementing and evaluating the following projects and sustaining those that are effective beyond 2022 will be a key focus during 2021/22 including a strengthened sustainability plan to finance the continuing services within the current overall resources :

- Every day is a Tuesday: The Bridgend approach to the integration of services through the Community Resource Team model;
- One team approach around people: Single Point of Access (SPoA) provides effective 'front door' to district nursing service, meaning nurses can ensure a flexible and speedy response;
- Resilient coordinated communities: This programme supports older people to engage in activities and provides support in communities. During COVID-19 the service provided practical and emotional support for isolated and shielding individuals such as access to food supplies and befriending support;
- Risk stratification and population segmentation: This enables improved identification of patients with greatest need and provides an evidence base for predictive ability of segmentation, to allow policies and interventions to be more targeted;
- Assistive technology: The introduction of a Mobile Responder Service (MRS) has been successful in reducing pressures on the Welsh Ambulance service, which include call outs and conveyances to A&E by providing appropriate and timely support to individuals in their own homes;
- Community Health and Wellbeing Team: The introduction of a multi-disciplinary team (MDT) approach is focussed on supporting the top 3% of service users in a GP practice, reducing demand on general practice both in and out of hours and on A&E; and
- Stay Well @Home 2: Builds on the Stay Well @Home 1 work, providing greater support in the community to vulnerable residents by improving access to community health and social care services.

5.4.2 Discharge to Recover and Assess (D2RA) Pathways

WG published COVID-19 Hospital Discharge Service Requirements in April 2020, to support the delivery of the 'Every Day Counts; Home First' ethos and implementation of the D2RA pathways. The D2RA model is predicated on optimising recovery and reablement/ rehabilitation, where going home is the default pathway, This approach means that patients are discharged home rapidly once medically fit, with immediate support needs assessed prior to discharge and the necessary arrangements put in place, with ongoing assessment of support needs safely continued at home so that patients can benefit from assessment in their normal place of residence with the ability to cope in familiar surroundings.

To support this approach, community intermediate step down facilities were operationalised in Abergarw Nursing Home (Bridgend) and Marsh House (Merthyr Tydfil) with the Health Board responsible for the patients in these facilities, providing the clinical staff whilst contracting some support services through the LAs. In

addition, Age Connects Morgannwg have been a key partner, providing direct support to patients such as access to technology to engage with friends and family, daily activities to support mental and physical wellbeing and supporting discharge planning as required. Further funding in October has supported a number of service developments to further embed this approach. The Transformation Scaling Fund for 2021/22 will be used to support and enhance the delivery of pathways with a focus on ensuring a regional approach in delivering the agreed D2RA model, it is envisaged that this will add capacity to sustain and bolster the RPB Transformation programme.

5.4.3 Cwm Taf Morgannwg Carers Strategy

The Health Board is committed to delivering the CTM Carers Strategy developed by working with partners, including Carers, across the region and has incorporated it into the 'actions for Carers' in the CTM RPB's Area Plan. The CTM Carers Partnership is working to ensure that carers of all ages are recognised and valued as being fundamental to supportive and resilient families and communities; will not have to care alone; and will be able to access information, advice and support to help meet their needs, empowering them to lead healthy and fulfilled lives whilst balancing their caring role and life outside caring. Significant progress has been made and funding from WG will enable the continuation of a Carers Co-ordinator post in 2021/22 and a number of joint projects with the LA's, including respite activities for adult carers and young carers.

5.4.4 Integrated Childrens Services

The needs of Children across CTM have had renewed focus within the RPB with a clear work programme and governance now in place. The priorities for 2021/22 are:

Regional Priority 1 - Integrated Approach to accommodation and care and support for those with complex needs	Sub Group Priority 1: to develop a new proposal for a Regional Integrated Children's Residential accommodation for young people with complex emotional needs.
	Sub Group Priority 2: Continuing care - review of existing collaborative arrangements between health and social care, for support packages for children and young people with complex needs.
	Sub Group Priority 3: MAPSS (Multi Agency Placement Support Service for Children Looked After (CLA)) - To commission a third sector agency to deliver therapeutic interventions to Children looked after (CLA) with placement breakdowns
Regional Priority 2: Integrated approach to promote emotional and physical resilience	Sub Group Priority 4. Emotional Wellbeing - Early Help and Support Framework (early adopted tbc) – support for emotional needs for children and young people
	Sub Group Priority 5. MUSE – development of a regional mobile phone app, to improve communication and operational requirements between social care staff and CLA (aged 16+ years).

5.4.5 Integrated Care Fund (ICF)

Within CTM, partners have worked together in developing ICF proposals to establish and deliver a wider range of sustainable, integrated services for older people and preventative services for people with learning disabilities, children with complex needs and carers' dementia and the integrated autism service. ICF funding has now been extended to the end of 2021/22, with the following allocation for the Health Board:

Older People	LD, children with complex needs, carers	Children at the edge of care/ in care	Integrated Autism Service	Dementia	Total
£5.52m	£3.21m	£2.41m	£0.34	£1.24	**£12.76**

Previous year's ICF capital funding allocation of £5,049,000 to the RPB has been maintained for 2021/22 and will continue in its 13 capital schemes to focus on accommodation support delivering a mixed model of social care housing, extra care schemes, supported living for people with learning disabilities, community hubs, integrated community bases and children's accommodation.

5.5 CHAPTER 5 KEY DELIVERABLES

During 2021/22 we will…

- Deliver each of the priority areas that have been identified for our 4 System Groups
- Continue to focus on a Population Health Management approach, prioritising prevention and early detection in our pathways and striving to improve the equity of care delivered
- Delivery of the Population Health Management Programme and the further progression of the work on population segmentation and risk stratification at a Health Board level
- Continue to progress work focussed on the Health Wales Healthy Weight strategy, including the development of an Adult Weight Management Service, obesity pathways and whole system approach to childhood obesity
- Undertake the pilot of the Family Health Visiting service in the RCT area
- Continue to deliver the services funded through the Transformation Fund, undertaken an evaluating of these during 2021 and seeking to sustain into 2022 where demonstrated to be effective
- Continue to deliver the ICF funded services and progress the ICF funded capital schemes
- Using the Transformation Scaling Funding to support and enhance the delivery of pathways, with a focus on ensuring a regional approach in delivering the agreed D2RA model
- Ongoing implementation of Carers Strategy, supported by the extension of the Carers Coordinator post, including respite activities for adult and young carers
- Deliver the 2 priority areas for children's services, incorporating the 5 priority actions, from the Regional Partnership Board

6. HEALTHCARE RESET AND RECOVERY

As described, the Health Board has focussed on taking a balanced approach to responding to the 4 harms from COVID-19 and on recovery planning from the moment that services were paused. Recognising the constraints of working with COVID-19, our clinicians have continued to provide as much patient care as possible, adapting where necessary such as the use of remote consultations, alternative pathways outside of hospitals, and alternative locations for care. Our teams have done all that they can to care for patients whilst also facing exceptional pressure in unscheduled care. Despite this, the challenge that lies ahead for resetting all services is unprecedented and the following sets out how the Health Board will transition from managing elective recovery in a pandemic situation into the planned recovery phase.

In progressing this work, we have sought to be ambitious but realistic in terms of what we can aspire to deliver. We have also sought to ensure that we are maximising this opportunity to align the reset plan with the longer term ambition to place population health outcomes at the heart of the care provided for our committees. With that in mind, our focus has been on interventions that will aid overall population health (prehab, the role of all types of therapy in the community, well-being hubs and lifestyle medicine). We are therefore putting in place the early steps to further build on these aspects of care while also incorporating the pragmatic actions included within the detailed ILG plans.

6.1 THE IMPACT OF COVID-19 ON OUR SERVICES

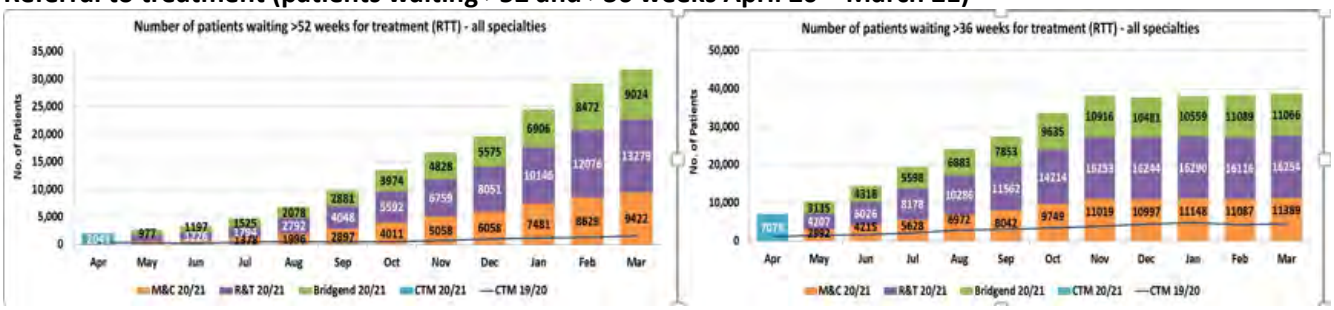
Despite the efforts made to maintain services the impact of COVID-19 has seen a significant growth in the number of patients waiting for elective care, as well as the length of wait, as demonstrated below:

Diagnostics and therapies (total waiting April 20 – March 21)-

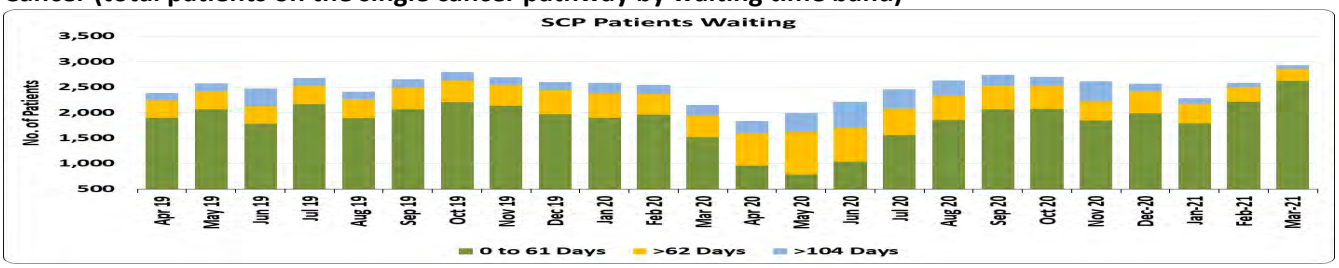
Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12931

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	0	0	0	13	25	37	57	44	1	1	0	13
2020/21	109	396	1020	945	842	632	647	674	603	639	740	591

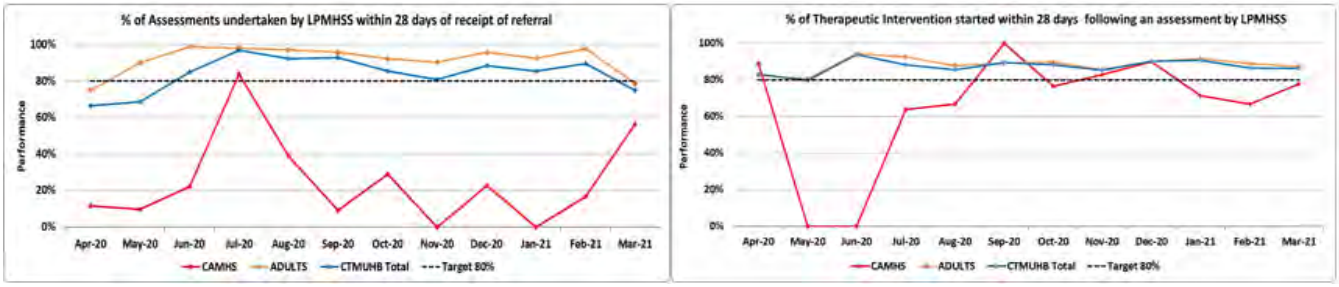
Referral to treatment (patients waiting >52 and >36 weeks April 20 – March 21)-



Cancer (total patients on the single cancer pathway by waiting time band)-



Mental Health (performance against part 1a and 1b of the Mental Health Measure)-



As the above charts demonstrate, there has been significant growth in referral to treatment waiting times as well as diagnostics. Whilst the total number of patients on the single cancer pathway has fluctuated, overall it has not increased significantly, however the number of patients waiting in excess of 62 days to commence treatment remains outside the target of 75%. Whilst only representing one part of our Mental Health services, overall the Local Primary Mental Health Support Service (LPMHSS) has generally been able to maintain performance above the target level. Performance in child and adolescent services has been lower, particularly for new appointments, however this has significantly improved in March 2021.

The accompanying Minimum Dataset (MDS) in Appendix 1 highlights the difference in activity for a range of services over 2020/21 compared to the pre-COVID year and sets out our assessment of demand and capacity over the coming year in the forecast profile of activity. The majority of services included have seen a significant reduction in core activity during 2020/21, such as a 27% decrease in GP non cancer referrals and almost 25% decrease in A&E attendances. Reductions have not been seen in all services, however, such as Mental Health crisis referrals and the number of advanced care plans in place for palliative care both increasing in year and expected to continue to increase. We expect to see increases in demand and activity in a number of areas in 2021/22, for instance cancer demand is projected to increase beyond pre-COVID levels to reflect an element of catch up for referral levels in 2020/21.

Of note, we have excluded within the MDS numbers capacity utilised at the Morriston and Neath Port Talbot hospitals attributed to the Health Board.

6.2 MENTAL HEALTH SERVICES

It is recognised that COVID-19 has had a significant impact on the mental well-being of our population and that this is likely to continue for some time. Mental Health services are recognised as an essential service and have continued to be delivered throughout the pandemic, adapting to new requirements such as distancing and face coverings whilst ensuring that patient's needs are met, and will continue to be prioritised. Despite this, there are growing pressures on our services for both adults and young people and addressing these to ensure that the emotional well-being needs of our population are being met will be a key priority.

6.2.1 Adult Services

A wide range of Inpatient and Community Adult Mental Health services are delivered across the Health Board with significant partnership working with our Local Authority and third sector partners. There are pressures growing in several areas such as the delivery of group interventions in the Local Primary Mental Health Support Services (LPMHSS), Memory Assessment Services, Outpatient clinics and the provision of Psychological Therapies. To address this the following have been key areas of focus in quarter 1 of 2021/22:

- Seeking temporary external capacity to reduce delays for psychological therapy and directing internal capacity to support waiting list validation and interventions;
- Increasing internal capacity to reduce waiting times for memory assessment;
- Working to remodel some group interventions, with third sector partners, to increase capacity; and
- Commission further Tier 0/1 capacity to provide early and rapid intervention to support people impacted by socioeconomic issues such as isolation, debt and housing.

During 2021/22, the service will continue to monitor key performance indicators in order to identify areas of challenge early so that action can be taken to address these. A key focus will be on early intervention, with additional investment in third sector provision of tier 0/1 services and new appointments being made in the LPMHSS in order to provide additional capacity. A new Advanced Nurse Practitioner post will provide additional capacity and release Consultant Psychiatrists to focus on the work that only they can do. There will be a focus on closer working with primary care on new models of shared care, aimed at addressing issues of health inequalities and supporting best evidence treatment choices at the right time in the right environment. Learning will be taken from pilots of services focused on better access at times of crisis, to avoid unnecessary use of other services and attendance at ED's, with a focus on ensuring a 'first place – right place' approach for our population. Modernisation of the Mental Health Estate will continue, seeking to improve the safety and dignity for all.

6.2.2 Child and Adolescent Mental Health (CAMH)

A wide range of community CAMH services are provided across the Health Board and we are also commissioned to deliver the same across Swansea Bay UHB (SBUHB). The Health Board is also the provider for a number of regional and national specialist services, including the inpatient unit serving South Wales (Ty Llidiard), the national Forensic Service (FACTS), and South Wales Eating Disorder Outreach Service (EDOS). Demand for CAMH services has been growing, placing increasing pressure on services, to manage this partnership working has been a key priority as well as re-designing and investing in services. The Inpatient and Forensic services are under enhanced monitoring arrangements by the commissioner, WHSSC, and work remains ongoing to deliver the changes required in order for these to be de-escalated. To support this work and to address a number of internal concerns, additional investment has been made into providing enhanced management support for the service, and this will remain in place in 2021/22. Key areas of focus in Q1 have been:

- Commissioning 'Kooth', an online mental wellbeing chat and counselling service for young people;
- Maximising capacity within the Primary and Secondary CAMHS teams to reduce waiting times;
- Progressing security improvements in Ty Llidiard; and
- Further embedding the Single Point of Access team and re-designing pathways around this.

During 2021/22 the service will continue to work with commissioners on key areas of focus such as the service specification for inpatient services, the FACT Service and sustainability of on call rotas. There will continue to be

a focus on working with partners such as Local Authority, Education and Third Sector to ensure that young people's needs are being met as early as possible, including the embedding of CAMHS Liaison Practitioners within Local Authority services. The review and development of Eating Disorder services at all tiers will be a key area of focus as will the further development of unscheduled care and crisis pathways to ensure the provision of safe and appropriate services for our young people. The service will progress service developments against the funding provided for the Whole School Approach and will focus on making the changes required to improve performance and to ensure the delivery of safe and effective services.

6.2.3 New funding for 2021/22

The Health Board has been allocated the following additional Mental Health funding for 2021/22, and invited to submit proposals against this, five proposals have been developed, as summarised below:

Service Improvement Fund (1.075m)-

- As mental health services were restructured in line with the new operating model just as the pandemic hit, further work is required to understand the resource allocations by population and the associated services and critical developments. The approach planned to achieve this involves internal benchmarking to ensure that the resources allocated in future reduces variation that the work may show. As such, the initial proposal is for an interim, non-recurrent, approach in year, then in Q3 when the benchmarking is complete and a full review of the IMTP/ service needs and ambitions are in place plan to submit a further proposal for use of the funding recurrently. The interim funding will cover a range of work to include: pan ILG Benchmarking, recovery plans, accelerating ambitions (Lived Experience Involvement and Engagement, A Psychologically Informed Strategy), strengthening CAMHS change leadership and scoping around repatriation.

Crisis Care (£0.614m)-

Two proposals have been submitted against this funding, one for CAMHS and one for AMHS, noting the collective agreement that further development of the CAMHS crisis model is a priority for the Health Board-

- CAMHS Crisis: The proposed model will support the integration of the single point of access and Crisis Liaison teams, resulting in a 7 day 24 hour service where referrals can be triaged and managed effectively by the CLT if available. All CYP referred for a crisis assessment will be seen within the timeframes set out in the Welsh Government guidelines over 24 hours, seven days a week and the model will support the out of hours medic on call rota to be more sustainable over time. There is also an acknowledged lack of coordination for looked after children and an additional Band 7 post in the SPOA team will provide this coordination and act as an ALNET lead - £153k (plus £180,884k from the dedicated CAMHS funding)
- Adult Crisis: the Health Board is looking to build on the exemplar approach in Bridgend, in line with national developments related to 'Think 111 First', so there is a smooth transition from 111 to urgent mental health advice and where needed assessment. In its simplest form there will be a single point of access for initial 111 calls and other professionals and agencies to see urgent advice. In addition, there has been a successful pilot of a Wellbeing Retreat that it is proposed to fund sustainably, with a view to working with the third sector to potentially extend provision. The approach to this provision is intrinsically linked to SPOA who will help triage referrals and provide support to the provider and people accessing the service so there is always the option of quickly revisiting individuals support needs should they change during the period of crisis - £462k

Specialist CAMHS (£0.553m)-

Two proposals (noting that some funding is also part of the Crisis proposal as above)

- Eating Disorder: development of a specialist eating disorder pathway, recruiting a multi-disciplinary team to deliver the Maudsley model and develop stronger links with other services including Primary Care, AMHS, paediatrics and external agencies - £341,347
- Psychological Therapy: funding for 0.3 WTE band 8d Head of Psychological Therapies to provide leadership, coordination and development of Psychological Therapy in CTM, in line with Matrics Cymru and to support delivery of the 26 week target for specialist psychological therapies - £28,073k

6.3 PRIMARY AND COMMUNITY SERVICES

6.3.1 Primary Care Clusters and General Practice

There are 51 GP practices across the Health Board, with services organised in Clusters, based around localities, with 8 across the Health Board covering Cynon North, Cynon South, Merthyr North, Merthyr South, Rhondda North, Rhondda South, Taff Ely North, Taff Ely South, Bridgend West, Bridgend North and Bridgend East. The clusters are well established and functioning well, progressing a range of developments within each locality and supporting the development of the Primary Care Model for Wales at a larger scale than practice level. Each cluster has produced their own IMTP Annual Report outlining their priorities and ambitions. As highlighted in section 5.3, Primary Care plays a vital role in the delivery of the Transformation schemes, focussed on delivering care closer to home, avoiding the need for hospital care and seamless working with other services.

All Practices have remained open throughout COVID-19 but are working in different ways to previously with more remote triage and consultation in order to reduce footfall and associated risk to patients and staff. Digital solutions to support remote working have been essential to support this and this approach is expected to continue and further evolve. GPs have continued to deliver essential services based on need and have played a vital role in the delivery of the COVID-19 vaccination programme. The delivery of some Enhanced Services had to be adjusted during the COVID-19 response as a result of the relaxation of the GMS contract, with services continuing to be delivered but in a different way. It is currently planned for all Enhanced Services to resume to their pre-COVID position with effect from September 2021. The Health Board provides urgent primary care services (GP Out of Hours) and this has also continued throughout the pandemic, with consistent shift fill and level 1 escalation status. The 111 service is now operational across the whole of CTM. Key priorities for 2021/22 include:

- Resume full delivery of services that were adjusted due to COVID-19;
- Continue to mature, embed and mainstream the Community Health and Wellbeing Team (CHWT);
- Delivery of a wide range of priorities identified within cluster IMTPs.
- Working with staff to explore the development of new enhanced services that can support the planned care COVID-19 response, including further development of diabetes services;
- Re-design of aural care services to incorporate and strengthen primary care audiology services; and
- Further development of Contact First and urgent primary care model.

We will ensure Cluster development and leadership in innovative delivery of strategic priorities such as COVID recovery, prehab, value based healthcare for priority groups. A dedicated Primary Care service is providing holistic support from assessment through to diagnosis, treatment and rehabilitation for patients suffering from 'long COVID-19' which is where unexplained symptoms persist for more than 12 weeks. Health Board staff have also contributed and are making use of the COVID-19 Recovery App which was launched at the beginning of the year by the NHS Wales Respiratory Health Group with the aim of supporting patients and staff to recognise the symptoms of long COVID-19 and signposting them through clear pathways to the relevant services within the healthcare system.

6.3.2 Wider Primary Care and Community Services

Community Hospitals have been a vital support for our acute sites in managing the demands of COVID-19, including creating additional beds in surge areas at times to provide increased capacity. There has been close working with a range of partners and services to ensure flow through the community hospitals, including a pilot of direct admission from the community through the @Home services. There will be ongoing focus in 2021/22 on maximising the benefits of our community hospitals for instance reviewing and adapting to the changing needs of patients in relation to long-COVID-19, the development of a shared care environment supported by Mental Health and development of step up beds in Ysbyty Cwm Rhondda (YCR), development of a Community Beds pathway and 'Step Up/Step Down' beds Ysbyty Cwm Cynon (YCC), working on pathways to maximise flow with acute services as well as partners in relation to complex discharges across all sites. The Health Board will also seek to ensure that learning from the delivery of Ysbyty'r Seren is adopted where appropriate, for example the GP led clinical model and integrated service/ multi-disciplinary approach.

A wide range of community services such as District Nursing, Specialist Palliative Care, Dental, Optometry and Community Pharmacy have continued throughout the pandemic, playing a crucial role in keeping patients safe

and avoiding hospital admission wherever possible. Where necessary services have developed cluster plans to ensure sustainability through this challenging period and to ensure continuity for patients. The focus has shifted to delivering the most urgent care, to ensure access for those that have needed these services whilst minimising travel and contact where not essential. Maintaining and re-establishing wider services will a key priority in 2021/22. There will also be a specific focus on undertaking demand and capacity analysis of District Nursing teams using the Malinko software to better inform the service need and provision. Various service and pathway developments are planned to further develop the community offering for Dentistry and Optometry.

6.3.3 Extending Primary Care Recovery

Primary Care teams, across the ILG's have been working collectively on the interventions which would further enhance the core capacity within the baseline recovery plan. Delivered as a single piece of joined up work, the interventions are set out in section 6.5.

Hospital Care – Local and Regional Secondary and Tertiary Care

6.4 UNSCHEDULED CARE PROGRAMME

Unscheduled care has been under significant pressure, even pre-COVID-19, and this is experienced in the context of an aging population and rising demand for services, affecting the whole health and care system, meaning that a variety of approaches will be required in order to manage this going forward. The National Programme for Unscheduled Care will offer an important framework against which the Health Board can progress this and internally this work stream will be overseen by the establishment of a widely owned and clinically led Urgent Care Programme Board. There will be a number of programme groups reporting to the Board and this will align to the Welsh Access Model six goals for urgent and emergency care.

The programme will enable learning from the work already underway across CTM to be shared and for improved alignment. The RPB led work on Transformation and Discharge to Recover and Assess, section 5.3 and the further development of Contact First and urgent primary care model, section 6.3, will deliver within the programme governance.

The programme objectives are:

- Effectively identify high risk groups and to plan and deliver support;
- Deliver an effective navigation system for people and professionals, directing people to right care, right time, right place;
- Ensure people have a good understanding of their health, how to access the right care if they become unwell;
- Establish integrated services that deliver a consistent standard of response as close to home as possible;
- High quality responsive hospital services; and
- To get people back to their place of residence as soon as possible.

6.5 RECOVERING OUR PLANNED CARE SERVICES

The Planned Care Recovery Plan has two elements:-

- The **Base Plan** sets out our pragmatic delivery assumptions in 2021/22 within existing resources and the current operational conditions resulting from IPC-related factors.
  Based on a set of assumptions set out in the Annual Plan, the Base Plan will deliver the following projected shortfall in delivering a maximum 52 week wait by year end:

Pathway Stage	Capacity Gap
New Outpatients	**18,777**
Follow Up Outpatients	**25,006**
Surgical Procedures	**20,425**

- The **Extended Plan** sets out what further activity can be delivered subject to investment in specific areas
  A set of capacity expansion and demand management interventions have been developed. These include extended plans across our Integrated Locality Groups, Primary Care, and Mental Health services and are supported by targeted outsourcing of surgical and diagnostic activity.

Pathway Stage	Capacity Gap
New Outpatients	**4,332**
Follow Up Outpatients	**2,006**
Surgical Procedures	**9,316**

The proposals also include backlog clearance of Endoscopy demand (10,558 points) and Ultrasound demand (approximately 10,000 patients)

There are 5 aspects of the Extended Plan which have been funded through the allocation of £16.8m from WG which are summarised in the table below.

1. **Demand management**. These are proposals that combine waiting list validation (both administrative and patient choice) along with the deployment of lifestyle medicine hubs which is a crucial aspect of delivering long term change within CTM but will also have material immediate impact
2. **ILG interventions**. These are core operational changes resulting from the expansion of capacity through additional sessions from existing staff, additional temporary staff, improved productivity and the use of the Bridgend Clinic for core NHS capacity
3. **Primary Care interventions**. These are the early deployment of three changes within primary care that will allow the increase of capacity to transfer activity from secondary care backlogs
4. **Outsourcing**. Tactical use of the private sector for core specialty activity, endoscopy & radiology

Category	Anticipated benefit				Anticipated cost[1]
	New OPD	FU OPD	Procedures	Diagnostic	
Demand management	35,393	17,310	0		£602,000
ILG interventions	10,611	11,846	3,254		£8,400,000
Primary Care	2,250	518	141		£531,000
Outsourcing	148	0	1,431	USS/ Endo[2]	£7,300,000
TOTAL	**48,402**	**29,674**	**4,826**		**£16,833,000**

Implementation of these schemes is now underway. In parallel, our focus has also been on the development of further proposals, should additional resources above the £16.8m be available.

- The further development of regional solutions, in conjunction with other HB partners, in areas such as Ophthalmology and Orthopaedics and building on the work already underway with our regional partners within Endoscopy
- The development of the identified transformational schemes included within the Annual Plan (including the consolidation of elective orthopaedic work on one site and the reconfiguration of elective services at Royal Glamorgan Hospital)
- The forensic review of services being provided within core capacity and heavily impacted by IPC driven changes with the aim of identifying whether future operational changes can be made

Resulting further plans for investment

There are a number of areas across our ILGs and Primary Care where additional capacity could be generated if the identified required investment was made available.

Orthopaedic Transformation: there are a number of interventions / schemes which have been suggested as part of our orthopaedic transformation work-stream, these range from digital / IT related schemes to enhanced recovery and placing physiotherapists on wards to reduce LOS. These are in the process of being fully worked

up. The total investment required for all schemes would be £1.3m. The table below shows details the impact and the cost for the schemes:

Intervention	Impact on demand or capacity (full year)	Impact on demand or capacity (part year)	Capital (£k)	Anticipated full year financial impact (£k)	Anticipated part year financial impact (£k)
Various specific schemes e.g. wearable devices, dedicated OrthoGeri ward rounds, educational programmes	21,312	10,656		£1,281	£961

** these are newly developed schemes and were not included in the first submission and hence have been separated out.

Endoscopy Specific Interventions: In addition to the previously agreed insourcing for Endoscopy a regional solution has been developed that will provide additional valuable capacity across South Wales. The details for this are below:

- A regional wide proposal:
  - X 2 mobile units for a minimum of one year (one year assumption but can be extended)
  - Phase one of the deployment will be one unit each at CTM and Cardiff and Vale (C&V)
  - Phase two of the deployment (six months after CTM and C&V) will be to transfer these two units to two of AB, HD and SB
  - The units will bring total capacity of 14,000 points to the LHBs – and will tackle those HBs with the longest waits (CTM specifically circa 7,000 points)
  - The overall cost for part of year one specifically for CTM will be £2,107,000 revenue and £153,000 capital

Primary Care: Pain Management: The intervention below consists of an MDT approach to pain management within the community and encompasses both waiting list management (long waiting patients) in addition to a more holistic approach to demand management including education and medicine management within the community.

Intervention	Impact on demand (full year)		Impact on demand (part year)		Full year financial impact(£)	Part year financial impact(£)
	New	F/Up	New	F/Up		
Persistent Pain Management	3024		1512		296,054	222,040

Outsourcing; In addition to the previously funded case mix for outsourcing, upon further review across ILGs and upon reviewing specific case mixes of waiting patients there has been an increase of the requested monies. This equates to an additional total amount of £4,328,000.

The detail of the full amount is shown below including the associated variances:

Specialty	ILG			Total Activity	Variance	Rate	Difference in cost per case	Grand Total (£)
	RTE	MC	Bridgend					
Orthopaedics	600	200	300	1100	200	7500	£500	£8,250,000
Gen Surgery	180		83	263	-	3263	-	£858,169
Gynaecology		420	400	820	-240	2500	£131	£2,050,000
Ophthalmology			240	240	-	1200	-	£288,000
Pain 1		200		200	-	160	£5	£32,000
Pain 2		200		200	-	750	-	£150,000
Total	**780**	**1020**	**1023**	**2,823**				£11,628,169

Governance of the Planned Care Recovery Programme: An Elective Care Recovery Planning Board has been established to oversee the individual projects and programmes of work which make up the Recovery portfolio. The Board presently meets weekly, with highlight submissions received on progress from each of the delivery work streams. The weekly highlight reports include Risks and Issues and provides the opportunity to look across

the portfolio for guidance, support and escalation. The board is evolving over time and currently includes representatives from our clinical leadership teams, governance, finance workforce, project support and the lead for each work stream. Appendix 2 sets out a range of documents that have been developed in relation to this, currently in draft pending final approval.

The recovery programme has loosely been split into three phases; the first being stabilising and resetting the programme, agreeing schemes and ensuring robust governance exists, the second and upcoming phase will be where existing core capacity is reviewed and challenged where appropriate and in line with changing IPC guidance, the final phase will be looking ahead to our strategic and transformational space.

Work has been underway to ensure tracking is in place for activity (benefits), workforce and finance in order that these triangulate, including trajectories being set for the expected benefits of each scheme (where there is a direct benefit associated). In recognition to the level of recruitment associated with the recovery of planned care services (and additional activity from the existing establishment), the Health Board has introduced a workforce and recruitment assurance mechanism. The programme will be delivered by its nominated workforce and organisation development leads, working with project and operational teams to consider the levels of assurance related to the recruitment to or additional hours associated with each recovery scheme. Where assurance levels are low mitigating actions will be identified and recommendations made to the programme board regarding the viability or otherwise of a particular scheme. A tracking spreadsheet will be maintained and reviewed at programme board weekly.

In order to engage on a wider scale with our clinical colleagues a Clinical Guidance Group has been established to discuss key issues and ensure that recommendations from this group and taken forward. A report on the overall progress of the recovery portfolio is provided to the Health Management Board on a monthly basis.

In order to ensure that there is essential grip over all of our recovery schemes and interventions we require support from experienced staff, we are therefore requesting financial support to work within our ILGs and Primary Care to deliver these and ensure the necessary governance processes are followed. The anticipated costs are detailed below;

Resource area	**FYE (£k)**	**PYE (£k)**
X 1 Programme / Project Manager per ILG 12 months FTC @ Band 8a	£184	£92
X 1 Programme Manager for Primary Care	£61	£30
X 1 Project Manager to support Outpatient Schemes across CTM	£61	£30
Grand Total	**£306**	**£153**

In summary: there are five additional areas where additional monies, should these be available could be used. These are brought together in the table below:

Category	**Anticipated cost** (£k)
Orthopaedic Transformation	**£961**
Regional Endoscopy Unit (CTM costs)	**£2,107**
Persistent Pain, Primary Care Scheme	**£222**
Amended Outsourcing costs	**£4,328**
Essential Governance and Project Related Resources	**£153**
Grand Total	**£7,771**

***** NB Capital Costs are associated with deployment of the Regional Endoscopy Unit @£153k***

6.5.1 Cancer Recovery

In line with the approach throughout the pandemic, caring for patients suspected to have or with cancer will remain a key priority as we recover our planned care services. The demand and capacity model assumes delivery of the Single Cancer Pathway within the financial year. Operational plans are being developed to achieve 75% in year with an improvement to 85% by March 2022. The three specialties with the greatest challenge and therefore risk to successful delivery are Urology, Gynaecology and Colorectal. These three specialties will require specific interventions, particularly within their diagnostic pathway stage in order to deliver the SCP performance of greater than 75%.

We will continue with the cancer harm review process, which includes a clinical review of pathways over 104 days, discussion with the relevant MDT and completion of a cancer harm template. As described in section 6.1, cancer referrals have now increased to a higher rate than pre-COVID, with an increased rate projected to continue during 2021/22 – increasing the challenge ahead.

6.6 NHS NATIONAL AND REGIONAL COLLABORATIVE WORK STREAMS

The Health Board is committed to working collaboratively with neighbouring organisations to secure benefits for patients. The Health Board has been an active partner in a number of collaborative mechanisms including the NHS Wales Collaborative, the South East Wales Regional Planning Forum (SEWRPF), Welsh Health Specialised Services Committee (WHSSC), NHS Wales Shared Services Partnership (NWSSP), Emergency Ambulance Services Committee (EASC) and the Clinical Networks. A number of specific work streams that the Health Board is actively working with partner organisations from across the region to deliver:

National Delivery Groups: The Health Board remains an active participant in the national Delivery Groups and, given the conformation of continuation into 2021/22, will continue this going forward. COVID-19 has impacted on the delivery of some of these work streams and re-establishing the internal working groups and progressing the key priorities is under way and will remain a key focus during 2021/22. Overseeing the work of the internal delivery groups is the role of the Health Board System Groups.

South Wales Programme (SWP): The SWP has now been officially ended and associated work is now progressing within the Health Board, focussed on the delivery of safe, sustainable and accessible emergency medicine and minor injury and illness services for the people of Rhondda Taf Ely. The Health Board has committed to maintaining 24/7 Consultant led Emergency Department in the RGH, key areas of focus in 2021/22 will be:

- Further implementation of workforce plan for sustainable ED services and actions to manage demand; and
- Development of a preferred model for inpatient paediatrics across the three district general hospital sites and associated workforce plan to ensure sustainability.

Major Trauma: The major trauma model has been implemented, with a Major Trauma Centre in the University Hospital of Wales, Cardiff and Trauma Units in PCH and POW and Specialist Recovery Centre in RGH. This model ensures the provision of very specialist care for those that need this, focussed on improving outcomes, whilst maintaining local provision, ensuring care close to home where appropriate. Key priorities for 2021/22:

- Recruit to vacant Trauma Practitioner posts;
- Development of Major Trauma rehabilitation; and
- Development of Orthogeriatric business case.

Transforming Cancer Services: The Velindre Cancer Centre is a specialised treatment, teaching, research and development centre for non-surgical oncology and treats a number of our patients with chemotherapy, systemic anticancer treatments, radiotherapy and related treatments, together with caring for some patients with specialist palliative care needs. Along with other commissioners, we have agreed to financially support Velindre to develop and implement plans to bring about change and transformation to the way that cancer services are delivered. The Health Board continues to work collaboratively with Velindre NHS Trust on the Transforming Cancer Services (TCS) Programme Business Case, which was approved by the Health Board in March 2018. Key areas of focus in 2021/22 are consideration of enhancement of regional acute oncology services and regional integrated radiotherapy solution, seeking to provide the highest possible standards of care for our patients.

Vascular: This work stream is focussed on ensuring the ongoing sustainability of this vital and fragile service, to ensure the provision of a safe and effective service for our population. In hours vascular interventional radiology and complex arterial surgery are provided on behalf of the Health Board from Cardiff and Vale UHB, in line with phase 1 of South East Wales Vascular Network. Detailed planning for phase 2 is underway with the following key aims for 2021/22:

- Undertake public engagement/consultation in early 2021, implement from October 2021; and
- Submission of a regional capital case for a hybrid theatre at UHW to support centralisation.

Ophthalmology: Given the significant pressures on Ophthalmology services across all Health Boards, a regional approach is being taken alongside the local work described in our recovery plan. The focus in 2021/22 will be:

- Roll out of the Community Glaucoma model with local Optometrists providing more timely follow ups for patients
- Establishing Health Board wide VBHC work-streams in Digitisation and Pathway redesign to ensure that the HB is providing the equitable, effective and efficient services for patients
- Introduce Ophthalmic Diagnostic and Treatment Centres (ODTC) in Community sites, firstly in Maesteg so that patients can receive care closer to home, outside of the acute hospital environment;
- Continue roll out of Electronic Patient Record (EPR) and digitisation of working across the Health Board to ensure more seamless communication between primary and secondary care services; and
- Develop and implement cataract recovery plan.

Endoscopy/ Endoscopic Ultrasound (EUS): In recognition of the significant pressures on endoscopy services across Wales, a National Endoscopy Programme (NEP), with sub-groups, has been established and the Health Board is an active participant in this work, including the development of pathways, workforce plans and proposals for regional capacity solutions to enhance our services for patients. There has been local focus on introducing pathways in line with NEP guidelines and developing solutions to waiting list backlogs. The key actions for 2021/22 will be:

- Continue to engage in the NEP, including proposals for regional solutions;
- Progress local solutions to increase capacity and reduce waiting times, including capital schemes; and
- To review the regional EUS provision and scope costs and benefits of developing a local service.

Sexual Assault Referral Centre (SARC): A new service model has been agreed for the delivery of Sexual Assault Referral Services in South Wales to provide more integrated services that meet clinical, forensic, quality and safety standards and has robust governance arrangements. The priority for 2021/22 will be to inform the development of business cases for the regional SARC hub at Cardiff Royal Infirmary and engage locally on the changes that this will bring for our population.

6.7 CHAPTER 6 KEY DELIVERABLES

During 2021/22 we will…

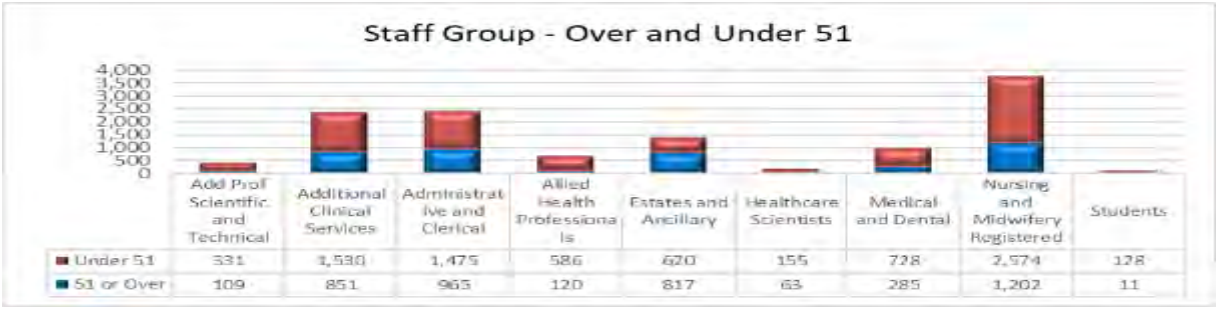
- Adult MH: focus in Q1 within Adult MH services on increasing capacity for psychological therapy and memory assessment, working with the third sector to increase group interventions and commissioning further tier 0/1 capacity for rapid intervention for those impacted by socioeconomic issues. During 2020/21 focus on early intervention e.g. investment in third sector provision, increased staffing in LPMHSS, recruitment of Advanced Nurse Practitioner to release Consultant time, closer working with Primary Care, learning from pilots of crisis services; modernisation of the Estate and implementing developments against new funding if bids approved
- CAMHS: focus in Q1 on commissioning Kooth (online mental wellbeing chat and counselling service for young people), maximising capacity within the Primary and Secondary CAMHS teams to reduce waiting times; Progressing security improvements in Ty Llidiard; and further embedding the Single Point of Access team and re-designing pathways around this. During 2020/21 focus on working with commissioners on key areas e.g. inpatient services, FACT Service, sustainability of on call rotas; working with partners to ensure that young people's needs are met as early as possible (including embedding CAMHS Liaison Practitioners within Local Authority services); review and development of Eating Disorder services; further development of unscheduled care/ crisis pathways and implementation of developments against new funding if bids approved
- Primary Care: focus on resuming adjusted services to pre-COVID position, progressing priorities

contained within cluster IMTPs, support service developments linked to planned care recovery, re-design of aural care services to incorporate and strengthen primary care audiology services and further developing the Contact First and urgent primary care model. Continue to provide Long COVID services and utilising the COVID-19 Recovery App.

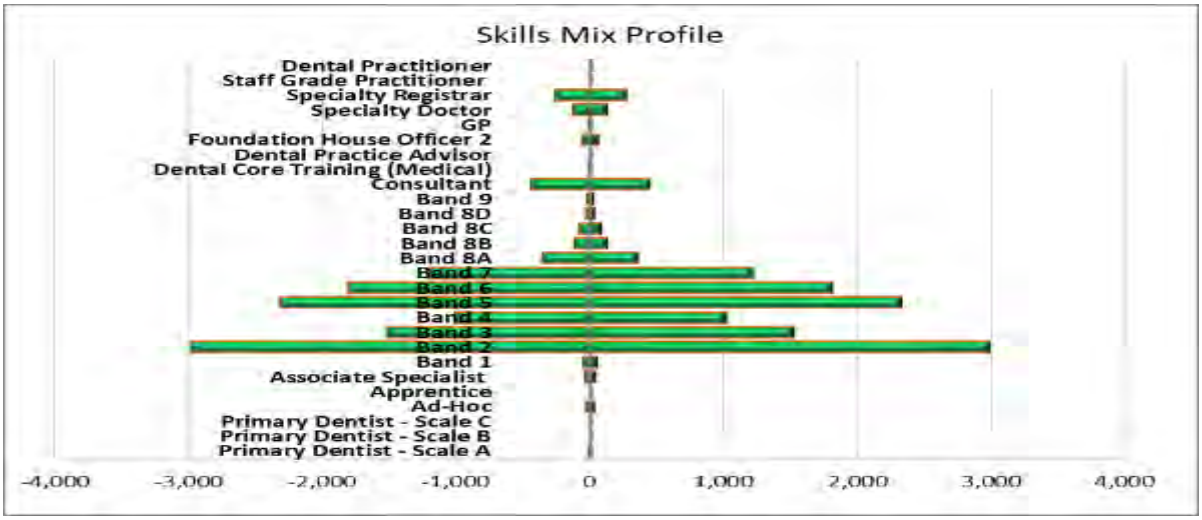
- Develop a shared care environment, supported by Mental Health and development of step up beds in Ysbyty Cwm Rhondda
- Develop a community beds pathway and 'step up/ step down' beds at Ysbyty Cwm Cynon
- Undertake demand and capacity analysis of District Nursing teams using the Malinko software, to better inform the service need and provision
- Further embed the Unscheduled Care Programme, focussed on the 6 identified programme objectives
- Implement a Planned Care Recovery Programme which is focussed on maximising our core capacity and delivery of the schemes approved as part of the Recovery Monies, funded by Welsh Government. The programme includes plans developed in partnership with ILGs and Primary Care in addition to schemes across the Health Board such as Endoscopy, Orthopaedics, Outsourcing and Outpatients.
- Further develop regional solutions, in conjunction with other Health Board partners, in areas such as Ophthalmology and Orthopaedics and building on the work already underway with our regional partners within Endoscopy
- Continue the clinical harm review process for patients with cancer pathways over 104 days
- Continue to progress regional work streams e.g. national delivery groups, internal work related to the former South Wales Programme, Major Trauma, Transforming Cancer Services, Vascular, Ophthalmology, Endoscopy, SARC

7. WORKFORCE WELL-BEING AND DEVELOPMENT

The Health Board currently employs on average 10,919 whole time equivalent (WTE) people, with a headcount of 12,550. As the second largest employer in the area, a significant number of our workforce live and work within the communities we serve. As at 31st December 2020 the workforce, split by staff group and age profile, was as follows:

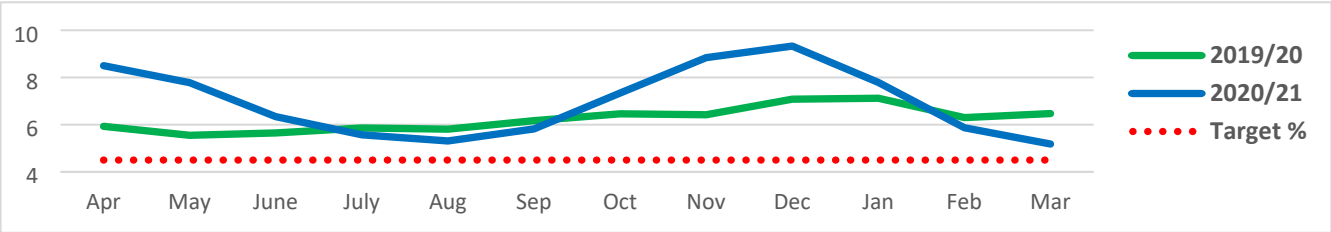


The skill mix is as follows-



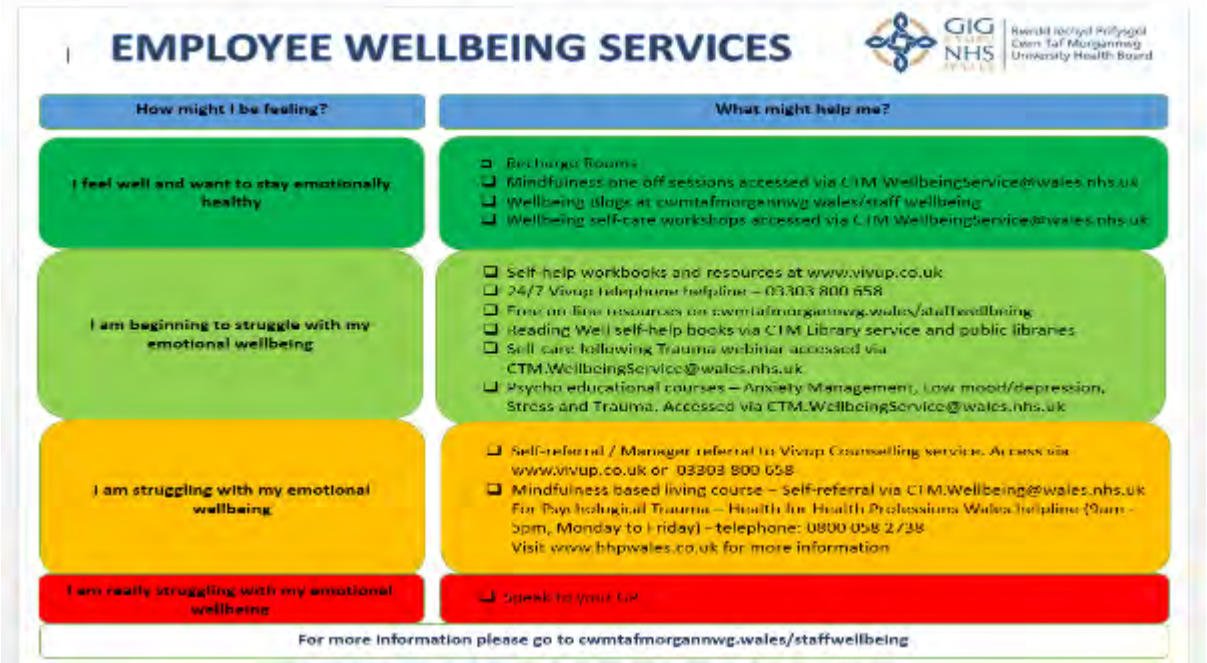
Following an increase in the number of retirements this year there has been a 4% decrease in the proportion of the workforce that are over age 51, from 39% to 35%, however this rate remains high. The rate of turnover has decreased in year from 10.67% in 2019 to 8.89% in 2020. 39% of the workforce is part time, with the highest rates of part time working in Estates and Ancillary (64%), Additional Clinical Services (47%) and Add Prof Scientific and Technical / Admin and Clerical (both 38%). The lowest are Students (5%) and Medical and Dental (35%). This is similar picture as reported in last year's IMTP.

The rolling 12 month sickness absence for 2020/21 was 6.97%, an increase from 6.24% in the previous year. Reducing the sickness rate is expected to continue to be an ongoing challenge in the short to medium term due to the ongoing impact of COVID-19, including sickness, bereavement, childcare, stress and anxiety and other related factors. The following chart demonstrates the increased sickness rate in 2020/21:



7.1 WELL-BEING

The Health Board Well-being Service was introduced in 2020, and offers a stepped care approach to individual wellbeing, providing a range of services within a hierarchy of interventions from self-care, self-help, low intensity interventions, to high-intensity interventions, matched to the individual's level of need. This includes a wide range of provision including mindfulness sessions, well-being workshops and blogs, a 24/7 helpline (Vivup), Psycho-education courses, access to counselling and mindfulness based living courses. Dedicated recharge rooms have also been developed for staff to rest and recuperate during the working day, these facilities were initially temporary but will remain in place and are now being improved. The following provides an overview of these services-



7.2 APPROACH TO EMPLOYEE EXPERIENCE

Considerable work has already gone into identifying and launching the CTM UHB values and behaviours. However, work now needs to take place to connect and embed these values into the wider workplace culture at every stage of the employee journey (attract, recruit, on boarding, develop, retain and moving on) in order to improve employee experience and well-being by making CTM UHB a 'great place to work'. We are looking to

build on our visual identity and to explore meaningful ways of communicating who we are as an organisation, what we believe and how we welcome, support and develop staff during their employment with us both to our current staff and to the wider healthcare community.

Plans are being developed to improve the health and well-being of staff to develop a positive organizational culture to ensure that staff have a great experience of working for CTM UHB.
Project groups have been established for the 'attract / recruit', 'on boarding' and 'moving on' touchpoints along the employee journey. Within each project group, task and finish groups have been established to deliver specific, measurable outcomes to enhance the experience of staff. Future plans and work streams continue to be developed for 2021.

Workforce wellbeing has always been a challenge within the Health Board, due to the levels of social deprivation within our communities, which is a known cause of ill health and therefore, a contributory factor to our high levels of workforce sickness absence. We are already seeing and feeling the impact that COVID-19 is having on the health and wellbeing of our workforce and their ability to attend work.

7.3 EQUALITY, DIVERSITY AND INCLUSION

The 2021 Strategic Equality Plan (SEP) is under review to ensure that it fully reflects our commitment to create a culture of genuine inclusion, fairness and equity for all of our people across our workforce. The importance of this has been further emphasised by the disproportionate impact of COVID-19 and feedback from our BAME staff that they live an experience of disadvantage and inequality, not only in their communities but also in the workplace. The Health Board will continue to engage with staff to hear and learn from their lived experience. We recognised that only meaningful dialogue and active listening will result in real change. Since the initial identification of the increased risk to BAME staff, regular contact has been maintained and risk assessments developed to ensure that appropriate action can be to taken to ensure safety.

Over the past three years we have actively communicated with our staff from the European Union, to express that we value and appreciate their contribution and want them to stay in Wales. In the forthcoming year, we will continue to support our staff to obtain settled status and to assist with seamless transition to continue working under the new immigration arrangements.

7.4 WELSH LANGUAGE

The Health Board's first annual report was published in October 2020, highlighting key achievements and areas for improvement. Some of the key areas of focus in 2021/22 will be:

- Ongoing implementation of the five year plan to increase capacity to provide clinical consultations in Welsh, which was published in October 2020;
- Continuation of the More Than Just Words Forum, which is well attended by local partners and plans activities to promote the use of Welsh in the workplace and in the community;
- Work to standardise the terminology used in patient leaflets will continue through 2021/22 and future years, working with teams across Wales, WG and the Welsh Commissioner;
- Staff will continue to be able to access a wide range of Welsh courses funded by the Health Board
- Plans to deliver Welsh language awareness training online in 2021 to ensure that all new staff can access this as part of their Corporate Induction.

7.5 ATTRACTION AND RECRUITMENT

As part of the making CTM a great place to work, an Employee Experience programme has been set up, this includes a work stream looking at our future approach to attraction and recruitment. The focus for 2021/22 will be the recruitment of nurses, doctors, and the continued response to the COVID 19 pandemic.

Attract and Recruit: The Health Board supported the COVID-19 challenge by heavily promoting the COVID support roles via social media, which attracted significant interest, especially during the first wave. The Health Board was successful in recruiting significant numbers of Healthcare Support Workers, with nearly 250 supporting our hospital teams. We have also recruited the Test, Trace and Protect workforce and vaccination teams, with the Health Board leading the way in developing the Band 3 role in vaccination. We will continue to

recruit our administrative support team for the immunisation programme, along with additional Healthcare Support Workers across the Health Board, and registered nurses for wards.

We will be revamping our online presence and use of social media for business as usual recruitment activity.

In September 2020, the Collaborative Bank was established, with the intention of creating a bank function for registered nurses with Swansea Bay UHB, offering a weekly pay. The longer term aim is for this to become an all Wales initiative. Due to the COVID-19 pandemic, and the risk of cross infection, a decision was taken to suspend shifts being offered through the collaborative approach and suspend the widening of the Bank to neighbouring Health Boards.

Currently the UHB is establishing a Medical Bank, ensuring a standardised approach for the use of ADH and WLI working. To support this, the Health Board is introducing an IT solution (Patchwork) providing visibility on all shifts across the Health Board. The key objective is to reduce the reliance on expensive agency locums by changing the temporary staffing landscape, with implementation commencing in March 2021 on a rolling basis. The bank will set out clear roles and responsibilities for approving and engaging internal locums. It will also provide full visibility and consistency around monitoring, verification and payment.

Values Based Recruitment: Work has commenced and will continue into 2021, with values based job adverts, values based job descriptions and values based selection processes, our ambition is for all Cwm Taf Morgannwg colleagues to be working towards one definitive set of shared values and behaviours; creating one healthy organisational culture. This will help us ensure we attract, recruit and retain the best talent in order to design and provide the very best integrated health and social care services, to help the people living in our communities to live long and healthy lives.

Skills Shortages: It has been recognised for a number of years that there is a shortage of registered nurses, both in Wales and across the UK. This national position is reflected within the Health Board, especially on the adult acute wards and ED/ AMU departments. Traditional recruitment routes, and the recruitment of newly qualified nurses, continue to provide a valuable contribution to our teams, but in terms of the overall position, do not make a sufficiently significant impact on vacancy levels.

In 2019/20, a refreshed overseas nurse recruitment project was initiated looking to recruit 216 nurses by the end of 2020. In addition, the introduction of the Nurse Staffing Levels (Wales) Act increased the establishments on a number of ward areas, increasing the need for nursing staff. Moving forwards the Health Board plans to continue to recruit from overseas during 2021/22. This recruitment has been limited so far due to the red listing of India and the impact that this has had on the viability of the project.

In late 2020 a dedicated overseas medical recruitment project was agreed, aiming to mirror the success of the nursing project. The overseas medical recruitment project has been initiated, aiming to fill approximately 30 posts, as a result of ongoing and long term shortages of doctors in hard to fill specialties, in the first half of 2021. Specialties will be targeted in a phased approach, with those who have the most urgent need being prioritised first. The overall project aims are to ensure that medical rotas are fully staffed, able to provide safe and effective services, and that locum agency costs are ultimately driven down. The project is predicted to be ongoing over the next 18 months.

Values Based Induction: Both our corporate and local inductions are being revised to be values based for 2021. The corporate induction is a formal welcome to the Health Board by the Chief Executive or other Executive with mandatory attendance by all new employees. Building on the insights we have gathered from our new starters in 2020, this has been re-designed to be delivered digitally (largely in a response to COVID-19) and in recognition of the wider needs of our multi-generational workforce. The programme has been designed to reinforce the importance of vision and values, our strategic priorities, and critically, how we work, putting our values and behaviours at the heart of everything we do. We have specifically created a focused space in our induction programme for new starters to engage with our values and behaviours and to consider how they will bring them to life in their new roles. This will be reinforced with local induction practice.

The local induction is a tailored induction within the workplace that staff will ordinarily complete within 4 weeks of commencement date. This is normally conducted by the line manager (or person(s) nominated by the line manager). At the local induction, the line manager will explain how values feature within the everyday team setting and also assure the new colleague how our values will form part of team meetings, 1-2-1s, appraisal reviews and are expected to be lived by all employees. At this induction, the new colleague will be introduced to the organisation values based recognition scheme and understand how they can nominate a colleague who they feel has demonstrated our values and behaviours.

Seamless Workforce Models: CTM UHB is working towards providing seamless services, by developing different workforce models to improve patient outcomes and deliver high quality and timely healthcare to the communities that we serve. In keeping with the HEIW Workforce Strategy for Health and Social Care we are committed to developing services that are organised around an individual to provide with person-centred care.

The workforce is key to developing a truly seamless health and social care system. Our long term workforce planning will reflect the system that we are aiming to create and include the whole health and social care workforce across the NHS, public, independent and third sector.

There is increasing a need to develop and retain a highly motivated workforce that comprises of extended skills and advanced practice multi-professional teams that are not obstructed by professional and occupational boundaries, to permit them to work and perform at the top of their professional licence and competence. This approach will need to be built into the education and training of health and social care professionals, including the provision of more integrated training opportunities across Wales.

It will be through the development of a range of approaches to address and improve our employee experience that we will ensure that our workforce is supported and motivate throughout their careers to deliver high quality, efficient and effective services.

Across Wales, we recognise the requirement to provide high quality services in community settings and closer to people's homes. Initiatives such as social prescribing are providing timely access to services outside traditional settings. By understanding different professional perspectives, sharing existing expertise and coordinating resources it is possible to improve the delivery of health and social care.

Remote and Agile working: The COVID-19 lockdown and shielding requirements has changed the concept of work being a place of the employer's choosing, during specified working hours. The pandemic has proven that remote and agile working is feasible for many employee and numerous surveys have shown that many prefer this way of working. The Health Board, like all employing organisations, had to rapidly adopt and adapt to remote and agile working being the new normal for many employees. This was necessary to protect the health and wellbeing of our workforce during lockdown and to support those required to shield, where it was viable and possible for them to work remotely.

During September 2020 the Welsh Government's Deputy Minister for Economy and Transport released a statement, on embedding remote working. Employers were asked to reflect and learn from the experience of employees required to work from home due to COVID-19 and "to seize the opportunity to make Wales a country where working more flexibly is integral to how our economy functions, embedding a workplace culture that values and supports remote working". There is therefore a national view that employers must embrace and maintain this working model as resistance is unacceptable.

For many of our employees, remote and agile working has now become part of their new normal, which enables them to achieve and maintain a balance between their work and home life, especially during these challenging times. Going forward, the Health Board's recognises the importance and benefits of maintaining a remote and agile working model which will, were appropriate, allow the employee to choose where, when and how they work to optimise their performance and output.

The Health Board will embrace and promote the remote and agile workforce policy and framework being developed by NHS Wales, to ensure the fair and consistent application of this working model. It is the intention of the Health Board to develop a hybrid workplace model, where employees can work both in the office and at home, or in a hub location. This approach will help to ensure that the model complies with the legislative requirements and fulfils the organisation's duty of care to the health and wellbeing of our employees and to provide the necessary face to face opportunities to build and maintain key workplace relationships.
While there are currently a significant number of clinical roles that require our employees to be physically present in the workplace during core hours, the use of technology will continue to be explored, to open up new ways of working to all staff groups, over the course of the next three years. This approach will assist the Health Board to fully realise the associate benefits of remote and agile working such as improved staff engagement, motivation and satisfaction, increase productivity and output, improved recruitment and retention rates, reduction in accommodation overhead efficiencies and freeing up the estate for essential clinical services.

COVID presented opportunities to modernise and optimise key services. Key examples include Attend Anywhere, Agile working, Digitally enabled workforce, Pharmacy supporting with drawing up IV drugs for those patients in ITU, when staffing levels were very challenging and also therapies staff on rotation 'proning' patients in ITU. As a result, service delivery and patient care has become more of a multi-professional competency/ skill based approach rather than traditional professional models and boundaries. This learning must be taken forward as we move further through and beyond this pandemic.

7.6 LEADERSHIP AND SUCCESSION

As described following an extensive period of engagement and co-creation with staff across CTM UHB, we launched our Values and Behaviours framework on 15th October 2020. More than 2,000 member of staff joined the event with Professor Michael West attending as a keynote speaker, drawing links between CTM UHB values and compassionate leadership. Following the launch of our Values and Behaviours, our next phase is to embed and entrench them at an individual, team and organisational level. One example of how we intend to tackle the leadership challenges that we need to address is to develop bespoke management and leadership development programmes rooted in values based leadership principles. Building on the insights gathered through the 2020 staff survey and other sources we are identifying key content including compassionate leadership, diversity and inclusion, wellbeing and learning which will feature throughout our development programmes to help grow our future leaders.

We will be rolling out our new online Managers Development programme for CTM early in 2021 with an introduction to management focusing on building essential management skills and confidence. This will be aimed at all staff with management or supervisory responsibilities from bands 2 to 6. This will be followed by an enhanced programme for established managers focusing on developing leadership skills.

To support this work, we have invested in a new learning management system to improve accessibility of our learning content to our workforce who we recognise have limited time and access to online learning. A greater emphasis on digital learning will also help to compensate for the challenges of face to face learning during the COVID pandemic.

In addition, we are also in the process of developing an outline Leadership Development Programme for CTM UHB. Specifically, we are: undertaking a scoping exercise of existing leadership development materials via HEIW, the Kings Fund, Academi Wales and other NHS Wales organisations; articulating the leadership challenges which need to be addressed for CTM; articulating the attributes of a great leader for CTM and considering our Clinical Leadership development offer. Compassionate leadership will be a key attribute of leadership development across CTM UHB and we will continue to work with HEIW in this area.

7.7 DEVELOPING TALENT AND SUCCESSION

CTM UHB has hosted its own Graduate Development programme with five cohorts participating over a number of years. A number of these graduates have gone on to secure permanent positions within the Health Board or the wider NHS Wales. We continue to host and support those graduates who remain on the programme through operational placements, coaching, mentoring and funding Masters Courses. A number of individuals

were identified to take part in the HEIW Talentbury programme in 2020 to support the development of our future leaders.

The Health Board Graduate programme was paused in 2020 due to COVID-19 pressures and during 2021 we intend to review the existing offer to ensure its design continues to meet the needs of the organisation. In the meantime, as part of our talent management plans, we are proposing to receive three graduates from the new all Wales HEIW scheme in 2021, plus one graduate from the Academi Wales scheme.

7.8 ESTABLISHING NEW ROLES

Workforce plans continue to identify alternative skills in areas where there are particularly hard to fill roles or where there is service redesign. Working with HEIW, the Health Board is commissioning Physician Associates (PA) for the 2024 graduate outturn (estimated to be 12 places), and will seek to recruit into 10 additional PA roles for 2021.

Digital Skills are in short supply in a number of key areas across NHS Wales, including Cyber Security and Business Intelligence. This is particularly challenging when recruiting into senior roles, as NHS salaries cannot compete with the higher salaries paid in the private sector. This skills shortage is expected to continue, although there may be opportunities to recruit new talent into the health board, where individuals have found themselves redundant or furloughed, as a result of the impact of COVID-19 on their employer.

The Health Board will also explore the opportunities available through recruiting graduates, creating apprenticeships and through process automation, to address the skills gap.

7.9 BUILDING CAPACITY AND CAPABILITY IN WORKFORCE PLANNING

For workforce planning to become truly meaningful and sustainable within the Health Board, we recognise the need for it to become an embedded, continual core activity of supply, demand and gap analysis. Led and driven by our leaders and managers, to enable us to shape and prepare our workforce for the future, to react with agility to changes, by identifying and planning for any gaps and managing the associated risks. To meet this objective the Health Board will invest in leadership education and training, to build workforce planning, capability, capacity and competence among our managers. This will provide managers with the understanding and awareness of their role in continually scanning the environment / horizon, using and sharing the data to identify new trends and factors, to enable the wider organisation to make informed workforce decisions that will enable it to react to and deal with current and future workforce challenges. The Health Board will utilise the 6 Stage NHS Wales Workforce Planning Approach and tool, to embed a uniform, integrated approach.

It is anticipated that the following may further impact on our ability to address our skills shortages:

- Population health is placing increasing demands on our healthcare services, e.g. aging population and increasing co-morbidities, potentially requiring expansions of our establishments as services continue to grow. Furthermore these demands are reflected on a national and international level, increasing the worldwide demand (and competition) for qualified healthcare staff
- Further role out of Nurse Staffing Act may lead to increased nursing establishments
- Brexit - more stringent UK immigration rules and procedures will present challenges to recruiting internationally. It is possible that EU staff may also decide to leave the UK
- Age profiles within the ILG (as outlined above)
- The impact of COVID-19 may result in higher turnover and increased levels of sickness. It may also affect our ability to attract into NHS – the pressure, challenges and risks for NHS staff have been well documented in the public domain. However conversely this may also improve attraction for altruistic reasons, alongside the stability of NHS employment in an increasingly volatile job market. UCAS have recently reported a 32% increase in applications for nursing courses, and a 5% increase in applications to medicine and dentistry.

Over the past decade the NHS in Wales and the Health Board has in the main been able to recruit medical staff at Specialty and Associate Specialist and consultant level. However, it is unlikely that the rate of growth will continue over the next decade, given the workforce planning forecast. To mitigate against this risk, the Health Board recognises that to ensure high quality and safe patient services in the future that it will have to

undertake overseas recruitment campaign to attract medical staff to come and work within the organisation. The Health Board has already commenced this process with the first medical staff recruits due to commence working in our hospitals by spring 2021.

Some of the roles and responsibilities currently undertaken by medical staff could be equally well and safely performed by developing our other key professional staff groups, including non-clinical staff. This approach to workforce planning would enable the Health Board to maximise the potential competence of our employees, extend their roles and provide them with enhanced career pathways opportunities. As we are leaving from the pandemic experience, innovative use and new developments in technology are also likely to replace some of the medical work load. The Health Board will develop links with HEIW and NHS organisations to explore both of these options in supporting the delivery of clinical and non-clinical patient services in both our primary and secondary care settings.

There is a national difficulty in recruiting to Junior Doctor posts and the Health Board anticipates that junior doctor training rotation posts will not be filled to capacity in future rotations. Due to the ongoing recruitment difficulties we are continuing to look for opportunities to find alternative ways to meet the clinical needs of our patients, using innovative clinical and technological practice, which has grown pace in response to the COVID-19 pandemic. We are also reviewing the structure of the medical workforce as a whole by introducing the new role of Physician's Associate and reviewing the working practices of our medical staff and other professional groups, to ensure our patients continue to receive high quality, efficient and effective care.

7.10 CHAPTER 7 KEY DELIVERABLES

During 2021/22 we will…

- Continue to focus on employee wellbeing, delivering a wide range of services, including supporting staff initiatives around increasing physical activity.
- Continue to embed our values and behaviours into every stage of the employee journey, including progressing the implementation of values based job adverts, values based job descriptions, values based selection processes and values based induction.
- Progress the work of our employee experience project groups for 'attract and retain', 'on boarding' and 'moving on'.
- Review our Strategic Equality Plan, ensuring that it fully reflects our commitment to create a culture of genuine inclusion, fairness and equity for all of our people.
- Continue to engage with staff to hear and learn from their lived experience.
- Support our staff to apply for pre-settled and settled status and to assist with the seamless transition to continue working under the new immigration arrangements.
- Continue to progress our work in promoting the Welsh language, with key focus on increasing capacity to provide clinical consultations in Welsh, continuation of the More Than Just Words Forum, work to standardise the terminology used in patient leaflets, funding Welsh language courses and delivering Welsh language awareness training online, as part of the Corporate Induction Programme.
- Revamp our online presence and use of social media to support recruitment, including our join Cwm Taf Morgannwg microsite.
- Continue to develop the Collaborative Bank with Swansea Bay UHB and look to expand this with other NHS Wales Health Boards.
- Establishing a Medical Bank, supported by an IT solution (Patchwork), providing visibility on all shifts across the Health Board.
- Continue the overseas recruitment project for nursing posts and expanding this to medical staff
- Focus on seamless workforce models, developing different workforce models to improve patient outcomes and deliver high quality and timely healthcare in keeping with the HEIW Workforce Strategy for Health and Social Care. Our long term workforce planning will reflect the system

that we are aiming to create and include the whole health and social care workforce across the NHS, public, independent and third sector.

- Embrace and promote the developed NHS Wales Remote and Agile Workforce Policy and Framework, to ensure the fair and consistent application of this working model.
- Develop bespoke management and leadership development programmes, rooted in values based leadership principles, rolling out our new online Managers Development Programme and followed by an enhanced programme for established managers focusing on developing leadership skills.
- Introduce a new learning management system to improve accessibility of our learning content.
- Review our existing Health Board offer for Graduate Management trainees, in the mean-time proposing to receive three graduates from the new all Wales HEIW scheme in 2021, plus one graduate from the Academi Wales scheme.
- Review our existing Health Board offer for apprenticeships, by exploring the potential funding streams, to increase the number of apprenticeships available across a variety of skilled and unskilled jobs.
- Work with HEIW on the commissioning of Physician Associates for the 2024 graduate outturn and seek to recruit into 10 additional PA roles for 2022.
- Explore opportunities to address the digital skills gap through recruiting graduates, creating apprenticeships and through robotic process automation.
- Develop links with HEIW and NHS organisations to explore technology options, to reduce the workload for clinical staff in both our primary and secondary care setting.
- Continuing to look for opportunities to find alternative ways to meet the clinical needs of our patients, using innovative clinical and technological practice, which has grown pace in response to the COVID-19 pandemic, in recognition of ongoing recruitment difficulties.

8. FINANCE

The financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- COVID-19 response
- Planned care recovery

Further information on the core plan for 2021/22 plus the next two years is provided at Appendix 3.

8.1 CORE PLAN

The core financial plan for 2021/22 builds on the current Health Board plan and is based on the funding confirmed in the 2021/22 allocation letter. The key assumptions driving the financial plan for the next three years are summarised below:

- A 2020/21 recurrent deficit of £33.9m, which is the starting point for the 2021/22 plan. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from COVID-19 and £4.3m of additional cost pressures, in addition to the originally planned 2020/21 recurrent deficit of £13.4m. Additional cost pressures identified by ILGs and Clinical Service Groups are greater, but it has been agreed that these will need to be managed back to this level.
- Additional recurring allocations from Welsh Government of £20.2m for 2021/22 followed by £18.5m and £18.9m per annum for each of the next two years. The 2021/22 increase includes a 2% general allocation uplift, and we have assumed similar uplifts in the two following years.
- Agreed additional non-recurring allocations from Welsh Government of £11.7m in 2021/22. This includes allocations for the Health Board's Transformation programmes (£7.0m), Targeted Intervention response costs (£2.6m), plus existing Invest to save scheme grants (£2.1m).
- Anticipated additional non-recurring allocations from Welsh Government of £7.0m in 2021/22 for investment in Think 111 first, Urgent Primary Care and Same Day Emergency Care (SDEC).
- Provision for recurring inflation, cost and service pressures of £29.4m in 2021/22, £29.3m in 2022/23 and

£28.1m in 2023/24. The 2021/22 increase includes £14.3m for pay rises, incremental drift and inflation plus £15.1m for other service and demand pressures.

- The 2021/22 plan includes £1.0m for new recurring investment in service improvement plus £0.75m for enabling investments. The service improvement investment is largely committed to the reconfiguration of vascular surgery, which is a broader South East Wales programme and its exact financial impact is still being assessed. The enabling investments relate largely to improvement capability (including population health, VBHC and ICT) and are critical to the delivery of the medium term financial plan.
- The plan also includes non-recurring costs equivalent to the non-recurring allocations for the Transformation programmes (£7.0m),Targeted Intervention (£2.6m), investments in Primary Care and Emergency Care (£7.0m) plus a number of other non-recurring costs and benefits with a net benefit of £(10.5)m in 2021/22.
- Recurring savings of £16.1m are planned in 2021/21. This is circa 2% of an estimated controllable budget for the Health Board of circa £800m. It would still leave a recurrent deficit at the end of 2021/22 of £31.4m. Unless Welsh Government allocations were to increase at a greater rate in years 2 and 3, savings would need to be greater in these years. The total recurring savings requirement required over the three years would be £73.6m (9.2%). In addition, a cost release of £6.2m is required in order for the recurrent costs of the planned transformation of out of hospital services to be financially sustainable from 2022/23 after Transformation funding stops in March 2022.
- The overall plan is showing a £20.5m deficit for 2021/22 and a £18.3m deficit for year 2 before returning to a breakeven position/surplus in year 3. The underlying deficit planned for the end of 2021/22 is £31.4m and this reduces to £16.6m in year 2 before achieving breakeven within the period of the 3 year plan.

The 3 year financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers:

	2021/22 - 2023/24 SUMMARY FINANCIAL PLAN									
	2021/22			2022/23			2023/24			Total
R = recurring NR = non recurring	R	NR	Total	R	NR	Total	R	NR	Total	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Brought forward recurring deficit/-surplus	**33.9**		**33.9**	**31.4**		**31.4**	**16.6**		**16.6**	
Income changes										
Share of core un-earmarked growth monies	-18.6	0.0	-18.6	-19.0	0.0	-19.0	-19.4	0.0	-19.4	-56.9
Additional funding:										
Mental Health services	-2.4	0.0	-2.4	0.0	0.0	0.0	0.0	0.0	0.0	-2.4
Primary Care and Emergency care	-0.3	-7.0	-7.3	0.0	0.0	0.0	0.0	0.0	0.0	-0.3
Transformation programmes	0.0	-7.0	-7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Invest to Save funding	0.0	-2.1	-2.1	0.0	0.0	0.0	0.0	0.0		0.0
Invest to Save repayments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.0
Targeted Intervention funding	0.0	-2.6	-2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
All Wales top slices	1.1	0.0	1.1	0.5	0.0	0.5	0.5	0.0	0.5	2.1
Estimated repayment of AME funding for retrospective CHC claims received in prior years which crystallise in 19/20	0.0	0.5	0.5	0.0	0.5	0.5	0.0	0.5	0.5	0.0
Estimated new AME funding for new retrospective CHC claims provided for in 19/20	0.0	-0.5	-0.5	0.0	-0.5	-0.5	0.0	-0.5	-0.5	0.0
WG funded developments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total income changes	**-20.2**	**-18.7**	**-38.8**	**-18.5**	**0.0**	**-18.5**	**-18.9**	**0.5**	**-18.4**	**-59.6**
Cost pressures and investments										
Pay rises, incremental drift and inflation	14.3	0.0	14.3	14.3	0.0	14.3	14.3	0.0	14.3	42.9
Service and demand pressures	15.1	0.0	15.1	15.0	0.0	15.0	13.8	0.0	13.8	43.9
Service improvement - locally determined	1.0	0.0	1.0	1.5	0.0	1.5	2.0	0.0	2.0	4.5
Service improvement - nationally funded	2.7	7.0	9.7	0.0	0.0	0.0	0.0	0.0	0.0	2.7
Out of Hospital Partnership Transformation Fund	0.0	7.0	7.0	6.2	0.0	6.2	0.0	0.0	0.0	6.2
Health Board Transformation Fund		0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0
Other Non-recurring costs	0.0	2.4	2.4	0.0	4.2	4.2	0.0	3.7	3.7	0.0
Other Non-recurring benefits	0.0	-12.9	-12.9	0.0	-3.5	-3.5	0.0	-3.5	-3.5	0.0
Enablers (Digital, Value, Business partnering)	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Targeted Intervention response costs	0.0	2.6	2.6	1.0	0.0	1.0	0.0	0.0	0.0	1.0
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total cost pressures and investments	**33.8**	**6.1**	**39.9**	**38.0**	**1.7**	**39.7**	**30.1**	**0.2**	**30.3**	**101.9**
Efficiency & re-design savings - 20/21 shortfall	-13.1		-13.1			0.0			0.0	-13.1
Efficiency and re-design savings as originally planned	-23.1	0.0	-23.1		0.0	0.0		0.0	0.0	-23.1
Reduction to a deliverable level of savings	20.1	1.6	21.7			0.0			0.0	20.1
Planned savings			0.0	-28.2		-28.2	-28.8		-28.8	-57.0
Cost release from transformation programmes				-6.2		-6.2				-6.2
Sub total	**-16.1**	**1.6**	**-14.5**	**-34.4**	**0.0**	**-34.4**	**-28.8**	**0.0**	**-28.8**	**-79.3**
Total change on previous year	**-2.5**	**-11.0**	**-13.4**	**-14.8**	**1.7**	**-13.1**	**-17.6**	**0.7**	**-16.9**	**-37.0**
Revised surplus/deficit	**31.4**	**-11.0**	**20.5**	**16.6**	**1.7**	**18.3**	**-1.0**	**0.7**	**-0.3**	**38.4**

8.2 COVID RESPONSE COSTS

The table below shows the assessment of our COVID-19 response costs and income assumptions for 2021/22:

Covid costs and funding 2021/22	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Programme costs:					
TTP	3.0	2.8	3.2	3.1	12.1
Mass Vaccination	3.7	2.3	2.3	2.2	10.5
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
Extended Flu	0.0	0.0	0.3	0.2	0.5
Long COVID	0.1	0.1	0.1	0.1	0.5
Sub total	**8.7**	**7.1**	**7.7**	**7.4**	**30.9**
Assumed funding- programme element	-8.7	-7.1	-7.7	-7.4	-30.9
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
Increase in Covid response costs to reflect revised assessment of bed demand	0.0	0.0	2.8	2.8	5.5
Sub total	**7.5**	**6.5**	**8.9**	**8.1**	**31.1**
Confirmed funding- formula element	-7.5	-6.5	-6.1	-5.9	-26.1
Requested additional funding	0.0	0.0	-2.8	-2.3	-5.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
Total	**-5.1**	**-5.1**	**-5.1**	**-5.1**	**-20.5**

The key assumptions driving the forecast costs are as follows:

- Provides capacity for testing and contact tracing through 21/22.
- The vaccination team is assumed to be retained after July but not primary care vaccination.
- Long COVID-19 service and cleaning standard costs are included. Cleaning standard plans/costs are as planned internally but will be subject to the national review process.
- Care home support assumed to continue at the 2020/21 projected level of cost.
- Dental contract payments assumed to continue at 90% for Q1 and Q2 and dental income shortfalls assumed to taper down as the year progresses.
- Ysbyty'r Seren is closed as a Field Hospital in Q1, with work to move other functions in Q2/3.
- The provision made for the COVID-19 response in ILGs and in other areas is based on an assessment of additional costs being incurred, partly in relation to service changes linked to COVID-19 and partly linked to increased staff absence.
- Residual underspends on planned care/cancer consumables and drugs for Q1 and Q2, based on actual underspends to Month 2.
- A most likely scenario of COVID-19 admissions remaining very low. However, review of the WG modelling has flagged a significant risk of the current increase in overall length of stay (which is 12% for CTM) remaining through 21/22. Provision for a response to this has been made in Q3/4 at an estimated net cost of £5.5m. There is an offset to this from Long Covid costs now being funded on a programme basis, giving a net cost increase of £5.0m. COVID-19 funding is requested to meet these costs. This includes additional out of hospital capacity, keeping Ysbyty'r Seren open in Q3 and Q4 plus additional bed capacity and Paediatrics RSV surge plans. This estimate assumes that the costs of continuing with the existing SDEC schemes are funded. It is assumed that Long Covid costs will be reviewed further in light of the WG statement and may need to increase above the £0.5m now treated as a programme cost.

8.3 PLANNED CARE RECOVERY

The detailed summary of the financial implications of the Planned Care Recovery Plan are set out in section 6.5,

demonstrating what is planned to be delivered with the £16.8m allocated by the Welsh Government, and what could be delivered over and above that if additional resources can be made available.

8.4 OVERALL FINANCIAL PLAN AND KEY RISKS FOR 2021/22

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against COVID-19 funding, giving an overall breakeven position for 2021/22.

The plan includes a number of risks and uncertainties which span the core plan and also the estimated costs for COVID-19 and Planned care recovery. These risks and cost estimates will continue to be refined and updated during 2021/22.

A key issue beyond 2021/22 is the recurrent impact of the plan in 2022/23, when it is likely that the non-recurring funding for Covid will end as well as transformation funding. This will require a focus on the various improvement actions identified to reduce the recurrent deficit below the £31.4m reflected in the current draft plan.

8.5 CHAPTER 8 KEY DELIVERABLES

During 2021/22 we will…

- Deliver breakeven in year
- Work with ILGs and Directorates to deliver recurrent savings of £16.1m, and manage the 2021/22 recurrent deficit leading in to 2022/23 to £31.4m
- Start preparing for 2022/23 as early as possible, in particular around planning for a more significant savings plan to reduce the contribute to reducing the recurrent deficit and a sustainable plan for out of hospital transformation

9. CORPORATE BUSINESS

9.1 EU TRANSITION

Significant preparation and planning was undertaken to reduce the risk of any impact on our services following the withdrawal of the United Kingdom from the European Union and the end of the transition period during 2020/21. As a result of this local and national work, no significant impact was experienced at the end of the transition period and this has remained the case. We continue to monitor this and to participate in discussions at a local, regional and national level to ensure that any potential risks are identified early and action taken if required. This approach will continue into 2021/22 to ensure ongoing vigilance and assurance.

9.2 LEGISLATIVE FRAMEWORK

The Health Board continues to reflect on the Well-Being of Future Generations Act (2015), the Social Services and Well-Being Act (2014) and the Public Health (Wales) Act 2017, informing our medium term planning as well as our longer term vision and Integrated Health and Care Strategy. A Healthier Wales: Our Plan for Health and Social Care and Prosperity for All: The National Strategy, WG 2017 continue to be the bedrock of our plans.

The Socio-Economic Duty will come into effect from 31 March 2021 which, under the Equality Act 2010,

requires relevant public bodies to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when taking strategic decisions. This will ensure effective decision making and ultimately deliver better outcomes for those who are socially-economically disadvantaged.

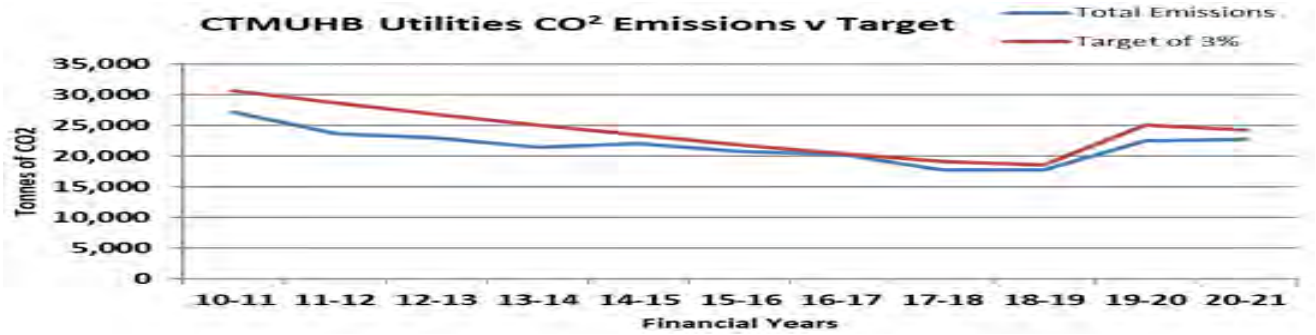
The Additional Learning Needs and Educational Tribunal Act (Wales) 2018 will come into force on 1 September 2021. This will establish a new statutory framework for supporting children and young people with Additional Learning Needs, aged 0-25. In preparation, a Designated Educational Clinical Lead Officer (DECLO) has been appointed and has participated in the creation of a Central South Regional ALN Action Plan. The introduction of the ALN system will be staged, with final details awaited, but anticipated to mean that the organisation will be running the Special Educational Needs system and ALN system in parallel for at least a 3 year period.

The Health and Social Care (Quality and Engagement) (Wales) Bill was passed in June 2020 and is anticipated will be implemented in 2022/23. This will provide the legislative framework through which quality will be expressed, and Health Boards held to account. This will introduce a Duty of Quality and Duty of Candour on Health Bodies and place quality considerations at the heart of all the NHS in Wales.

It has been confirmed that the extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016, to include Paediatric ward areas, will commence in October 2021. Work has been undertaken to determine the requirements against the Act on our current ward areas and the final detail will be confirmed to align with the agreed inpatient model across the three District General Hospitals sites, ensuring that the overall requirements are understood and aligning this with the student streamlining process.

9.3 DELIVERING WELL-BEING FOR FUTURE GENERATIONS (SUSTAINABLE DEVELOPMENT)

The Health Board is committed to meeting the Well-Being of Future Generations Sustainable Development Principles. In line with the draft NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030, the Health Board is focussed on reducing its carbon footprint. The Health Board maintains its commitment to environmental sustainability and will continue to build on its success with its reduction in energy and carbon emissions from electricity and gas.



The graph above provides information on the Health Board carbon emissions from electricity and gas, showing that the target reduction of 3% year on year has been consistently delivered, noting the increase in 2019/20 when Bridgend became part of the Health Board. The Health Board has implemented a number of schemes that continue to deliver improvements, which include:

- Purchasing energy from the Renewable Energy Guarantees of Origin (REGO) scheme, with our electricity generated from solar farms and wind turbines (both on and off shore);
- Generating electricity from solar panels from 5 Health Board buildings across 4 sites;
- The use of Combined Heat and Power (CHP) units which generate electricity on site at PCHRoya and RGH and produce heat as a product which is put to good use to heat our buildings and provide hot water during the winter and is converted to achieve cooling in the summer;
- The Health Board recycling figure monitored, with a target of 50%, with 47% achieved in 2019/20; and
- Food waste collections continue at POWH, RGH, PCH, Ysbyty Cwm Rhondda (YCR), Ysbyty Cwm Cynon (YCC), and Central Processing Unit sites. We will have diverted an estimated 282 tonnes of waste from landfill to anaerobic digestion treatment this year.

Key work streams in 2021/22 will include:

- Replacement of existing lighting with LED lights: A £650,000 investment to replace 4,855 existing lights with LED lights, to reduce electivity consumption and carbon footprint;
- Draft NHS Wales Decarbonisation Strategic Delivery Plan: To ensure adoption of the actions identified within this strategic plan, as per the incorporated roadmap; and
- WG Targeted Capital, Estates & Facilities Improvements funding: Progressing those bids that are approved against the dedicated funding available, focussed on fire safety, estates infrastructure.

9.4 INNOVATION, LEARNING AND PURPOSEFUL COLLABORATION

Significant work has been progressed with our academic partners in preparing for the triennial review process to maintain 'University' Health Board status, with a series of discussions focussed on setting future priorities in the key areas of research, innovation and training and education. An expert panel review session is planned with WG in March 2021 to review and assess this application.

9.4.1 Innovation

As a University Health Board, innovation is at the heart of our objectives and we are strengthening our role as a catalyst for transformation and accelerated improvement in health care delivery. The Health Board has built a strong profile and close partnerships within and outside the organisation and this focus on continuous learning, quality improvement and strategic innovation will remain of high importance for the organisation.

There have been a number of high profile innovation activities that will continue into 2021/22, these include:

- Advanced Physical and Digital Engineering (ADPE) Hub: Funding of >£200k secured for the expansion of digital design and 3D printing capabilities on site with potential impact across multiple services;
- Ward based e-Whiteboards: replicating the traditional pen and board approach on hospital wards, following a successful project with University of Wales Trinity Saint David, supported by Accelerate, work is now ongoing with multiple partners to further develop and roll out the concept; and
- Recycling of Waste material: A number of innovative projects exploring ways of reducing the impact of waste are under way, working with a range of partners e.g. exploring the potential circular economy approaches with our commercial partners to actively find uses for recycled materials.

The Health Board will continue to work with AgorIP in relation to commercialisation opportunities in academia and health. The joint appointment of an Intellectual Property (IP) Development Manager into the Innovation Team will support this in 2021/22. The Health Board also will continue to work with partners through the Academic Partnership Board, with a key focus during 2021/22 on formalising the process of capturing all honorary appointments, joint contracts and clinical academics. The Research Innovation and Improvement Hub will continue to support a range of projects with funding now extended until March 2022.

9.4.2 Research and Development (R&D)

The organisation is ambitious as a University Health Board and the R&D Department continue to support a broad range of high quality collaborative commercial and non-commercial research studies. The department continues to meet and collaborate with its academic partners to optimise research opportunities that will have impact, both for the NHS and academic institutions. There has been investment into the Health Boards R&D infrastructure during 2020/21, with discussions ongoing in relation to further posts via Health and Care Research Wales to support research in 2021/22 and joint posts with academic partners also being explored.

As a consequence of COVID-19, the majority of research studies were suspended in March 2020 and urgent public health research was prioritised across the UK related to COVID-19, the Health Board has been active in this and consistently performed well in recruitment. In line with the National Institute for Health Research 'Restart Framework' 26 studies from the 106 initially suspended within the Health Board are now restarted and regular communication is in place to review the potential to re-open further studies.

Discussions are underway in relation to various collaborative research projects, including green social prescribing, Community Diagnostics, Precision Medicine, Genomics, Social care, Therapeutics and Technologies. Constructive discussions are underway with Wales Cancer Research Centre and the Outreach Research

Innovation Group to explore commercial opportunities for increased cancer research to be delivered locally, with the offer of external research delivery staff to provide additional capacity.

Following a successful bid to the UK COVID-19 Vaccine Taskforce Fund (VTF), via the R&D Division in WG, and with Health Board capital investment, a Clinical Research Facility has been developed on the RGH site, providing a dedicated clinical space for research that will support greater participation going forward. The centre is currently being used to deliver a number of trials including a national study for health care staff with regards their COVID-19 infection rates and antibody status due to natural infection and after their vaccines and a study looking at the immune response (antibodies and T-cells), with further grant applications and discussions regarding participation in further studies ongoing.

9.5 DIGITAL

The Health Board's Digital Health Vision sets out that: *The Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.*

The development of our informatics capabilities underpins our ambition to provide integrate care around the patient, improving our information and understanding as to the relative value of the interventions that we could take post COVID-19 and thus which would have the most impact on improving our populations health and wellbeing. Key elements of this include building our recent agreement with Vision, the GP software provider for 98% of our GP Practices, to be become trusted partners, facilitating the bi-directional sharing and joining together of primary, community and secondary care data; and building the skill set of our analytical workforce in order that NHS Wales has a high quality, sustainable, and cost effective foundation on which to take advantage of the increasingly digital, data rich environment. We are committed to doing this collaboratively with the wider NHS workforce and programmes.

ICT has been a key enabler to allow the Health Board to support the challenge of working across traditional boundaries and to enable integration between health services and other public sector bodies. ICT has been a particularly critical element of the COVID-19 response, with the rapid roll out of digital solutions to support new ways of working such as Attend Anywhere, Consultant Connect, Welsh Patient Referral System (WPRS), Microsoft Teams and the associated hardware to support a shift to remote working. This roll out will continue into 2021/22 as new ways of working continue to play an important role in the re-setting of services. Work has also progressed with the digitisation of records, with a significant programme of work planned over the next two years to scan and digitise 314,000 hospital records.

The clinical and ICT strategy is designed to enable working across the artificial boundaries of hospital and community, with services integrated and seamless, with health, social care, and other professionals being able to work supported by common, reliable, up-to-date information. The Digital and Informatics strategic solutions are as follows:

1	Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

The digital enablers proposed for 2021/22 are as follows:

Aligned to this there are a number of work streams, designed to digitise systems and records that are at various stages of implementation, from initial investigation to roll out and implementation, that will be progressed during 2021/22. There are also several key work streams relating to enabling infrastructure that will be progressed.

9.6 ESTATES AND CAPITAL

The Estate is one of the Health Board's largest assets and consists of a range of facilities and services that support the provision of healthcare services. We now manage three district general hospitals, six community hospitals, 1 mental health site and 39 health centres/ clinics/ support facilities. During 2020/21, the Health Board made strategic property decisions, selling Ystrad Clinic and purchasing Units 3 and 4 Gwaun Elai, which are properties adjacent to the RGH. During the year the estates team surveyed the estate, including former Abertawe Bro Morgannwg UHB properties, resulting in risk adjusted backlog costs for maintenance, statutory compliance and fire safety totalling £61m. Capital investments will be prioritised to reduce these risks as described below.

The importance of ensuring that strategic links are made between significant service change plans and capital investment is recognised and the capital programme is therefore developed in alignment with service planning and the emerging clinical services strategic plan. The following capital schemes have funding approved:

CAPITAL PROJECTS WITH APPROVED FUNDING	£m
Sunnyside Health and Wellbeing Centre	7.4
Primary Care - Dewi Sant Phase II	1.5
I2S - CT Digital Health Records	0.2
Anti Ligature	2.9
Prince Charles Hospital Refurbishment - Phase 1b - £4.925m	4.8
Prince Charles Hospital Refurbishment - Phase 2 - £43.300m	43.9
Electrical Infrastructure Modernisation at RGH	3.5
Kier Hardie ICF	0.2
Fire Enforcement Notice at Princess of Wales Hospital – Fees Funding	0.7
Covid-19 Princess of Wales Hospital Stores Roof	0.2

National Programmes – Imaging	3.1
National Programmes – Fire	0.8
National Programmes – Infrastructure	1.4
National Programmes – Decarbonisation	2.2
National Programmes – Mental Health	1.4

There are a number of further strategic capital programmes and schemes that the Health Board will seek capital funding for, each at various stages of development, these include:

- A Programme of major engineering infrastructure schemes in RGH including replacement of mechanical systems and air handling plant;
- A programme of work on the POWH site to address a number of statutory and infrastructure risks and across a number of Bridgend sites;
- Upgrades to the Mental Health unit at RGH in response to concerns raised by Health Inspectorate Wales;
- Redesign of RGH following the transfer of the neonatal and consultant led obstetric services to PCH, including endoscopy expansion and centralisation of outpatient breast services;
- The opportunity to purchase a further properties close to the RGH site following the purchase of units 3 and 4 Gwaun Elai in order to release capacity for elective and diagnostic service developments, by moving outpatient services off site;
- Development of centralised decontamination services at POWH to address Joint Advisory Group concerns over the current arrangements on the site and to ensure compliance with legislation;
- A focus on creating elective capacity across the Health Board to support the Planned Care Recovery plans; and
- A requirement to create or upgrade isolation rooms on the acute sites.

We will also continue to seek to access any other funding opportunities or routes which become available, such as the Health Technology Fund, 'Invest to Save' and Integration Funds. In addition, there are a number of recurrent funding allocations that are anticipated to support the capital programme over the next planning cycle and predominantly cover: Imaging Equipment Replacements, ICT and Digital Upgrade Programmes and Estates Infrastructure Funding.

Over the next 3 years, the Health Board will receive £10.23m recurrently as the baseline discretionary capital allocation, with a non-recurrent uplift in 2021/22 of £0.7m, and will also seek to utilise any additional funding opportunities that become available. The discretionary programme will seek to meet organisational priorities under the following headings; achieving statutory compliance, backlog maintenance, replacement equipment, ICT and funding service transformation and change. The internal IMTP process together with organisational risk registers will be used to determine how the funding is utilised.

9.7 PERFORMANCE MANAGEMENT

In early April, the Welsh Government issued the Delivery Framework 2020-21, to act as an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Single Integrated Outcomes Framework, a recommendation of A Healthier Wales. It is an agreed longer term objective of the Health Board to use indicators that correlate with our agreed objectives as strongly as is possible, as a development to our current range of performance measures. The Health Board will develop a four element measurement approach for each strategic well-being objective, fully aligned to the Quadruple Aims. This will enable the impact of the numerous inputs, outputs and outcomes at project and service level to be mapped to our strategic well-being objectives. It is a year since the Heath Board's Performance Management Framework, reflecting the new operating model was approved, this will be reviewed to encompass the lessons learnt and refinements made as the new operating model has embedded.

9.8 CHAPTER 9 KEY DELIVERABLES

During 2021/22 we will…

- Continue to monitor the impact of EU withdrawal and participate in discussions at a local, regional and national level to identify risks early and take action if required
- Implement the requirements of the Socio-Economic Duty
- Implement the requirements of the ALN Act, supported by our DECLO role
- Implement the new Nurse Staffing Act requirements, incorporating inpatient Paediatrics
- Continue to focus on reducing our carbon footprint, including replacement of existing lighting with LEDS, adopting the actions from the draft NHS Wales Decarbonisation Strategic Delivery Plan and progressing bids against the dedicated funding available
- Continue to deliver a wide range of Innovation projects, working with our partners
- Continue to focus on leading and supporting Research and Development, seeking investment in new posts, re-starting projects paused due to COVID, commencing a range of new studies and utilising the new Clinical Research Facility on the RGH site
- Continue to support the delivery of digital technologies that have supported remote working as part of the COVID response
- Progress delivery of our Digital Strategy as set out above and the identified priority areas, supported by the recruitment of a new Director of Digital post
- Further progress the digitisation of records project
- Commence the major capital schemes that have funding approved and progress business cases for the identified priorities as identified above, seeking to access specific funding streams where appropriate
- Review the Heath Board's Performance Management Framework and look to develop a measurement approach aligned to the strategic well-being objective and Quadruple Aims

10 RISKS TO DELIVERING THE PLAN

An overview of the key risks to the delivery of the 2021-22 Annual Plan are set out below:

Risk	Mitigation Plan
Further COVID-19 Surge	• Each site has an operational way of working to segregated red and green pathways, with a core red capacity that allows resilience for levels of COVID-19 significantly higher than currently being experienced • Planned Care Recovery plans are based on the assumption of no further substantial waves of COVID-19. In the event of future surges, mitigation plans will need to be developed
Community Expectations	• While not a risk to delivery, it is important to recognise the need for honesty and transparency from leaders at all levels to help manage the inevitable change in public and staff opinion when confronted with the anticipated delays in treatment
Variation in demand	• Continual modelling updates will be included as part of the Performance Monitoring approach
Organisational capacity to fully develop and implement plans	• Deployment of additional resource within Corporate and ILG teams to support the additional workload required • Development of full Programme Management approach to delivering elective plans • Development of performance reporting mechanism to monitor plan • Extension of roles to broader clinical teams
Staff availability	• Development of clear people plans, identified early, and only included within plan where there is a demonstrable route to recruit and retain the specific staff
Staff fatigue	• Many of the staff that will be involved in responding to the planned care recovery will be staff engaged right at the heart of the COVID-19 response (e.g. critical care, anaesthetics, theatres, and endoscopy). Careful consideration of staffing plans will be required as each project is deployed and it is important to recognise that some capacity will be gained, but the Health Board should not build plans that over rely on this

Financial constraints	• Separation of plans into baseline and extended plans to easily identify additional cost requirements and return on investment • Development of detailed plans (following submission) to ensure full financial implications are mitigated as far as possible • Work in partnership with RPB to ensure deployment of plans across systems and the ability to access funds where appropriate
Access to Neath Port Talbot Hospital (NPTH)	• These plans assume existing access to NPT Hospital. SBUHB is developing plans for expansion of their use of NPT that the Health Board will need to be involved in. At this point there are no mitigating plans available.

The Health Board will continue to review and scrutinise its risks in accordance with its Risk Management Strategy and process throughout 2021/22.

	Validation	Result
Completion & Guidance	Has an organisation been selected?	Yes
	Have all sheets been confirmed as complete?	No
Bedplan	Are all entries numeric?	Yes
Workforce WTE	Are all entries numeric?	Yes
Test Trace Protect	Are all entries numeric?	Yes
	Antigen Demand 'Other' items labelled	Yes
	Antigen Sampling 'Other' items labelled	Yes
	Antibody Sampling 'Other' items labelled	Yes
	Antibody Demand 'Other' items labelled	Yes
	Does TTP Testing Cost equal that indicated on Covid-19 Tab?	Yes
	Does TTP Tracing Cost equal that indicated on Covid-19 Tab?	Yes
Covid-19 Vaccination	Are all entries numeric?	Yes
	Do the financial costs reconcile to those reported in the COVID-19 tab?	Yes
Total Activity	Are all entries numeric?	No
Screening Programmes	Are all entries numeric?	Yes
Revenue Plan	Has Revenue been entered as positive?	Yes
	Has Planning Assumptions yet to be finalised been entered as positive?	Yes
	Does revenue plan reconcile to Net Expenditure Surplus/Deficit?	Yes
	Other' items labelled?	Yes
	Are Planning Assumptions equal to the sum of those stated in Net Expendiutre?	Yes
Income Assumptions	Are all Income Assumptions labelled?	Yes
In Year Cost Base	Do In Year Pay Cost Pressures match those in Net Expenditure tab?	No
	Do In Year Non Pay Cost Pressures match those in Net Expenditure tab?	No
	Do In Year Primary Care Drugs Cost Pressures match those in Net Expenditure tab?	No
	Do In Year Secondary Care Drugs Cost Pressures match those in Net Expenditure tab?	No
	Do In Year CHC/FNC Cost Pressures match those in Net Expenditure tab?	No
	Do In Year Primary Care Contractor Cost Pressures match those in Net Expenditure tab?	No
	Do In Year Commissioned Services Cost Pressures match those in Net Expenditure tab?	No
	Are all free text items labelled?	Yes

Net Expenditure	Are Pay Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are Non Pay Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are Primary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are Secondary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are CHC/FNC Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are Primary Care Contractor Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Are Commissioned Services Cost Pressures entered into Net Expenditure tab as positive?	Yes
	Do the Commissioned Services values reconcile between the SOCNEI and expenditure area breakdown?	No
Savings	Have all fields been completed for schemes that have value?	Yes
	Have all schemes a unique number?	Yes
	Has a monitoring return category been selected for all schemes?	Yes
	Has a category been selected for IG/AG?	Yes
	Is FYE of R Schemes >= In Year Plan	Yes
	Has FYE been entered on NR Scheme?	Yes
	Do all schemes have a valid Start Date & Go Green Date	Yes
Covid-19 Additional Sepnd	Are all free text items labelled?	Yes
Risks & Opportunities	Have Risks been entered as Negative	Yes
	Have Opportunities been entered as Positive	Yes
	Are all free text items labelled?	Yes
Capital Expenditure	Are all free text items labelled?	Yes

Comments

There are 1 sheets not confirmed as complete.

For analysis we are unable to consolidate text entries therefore please strictly use numeric entries

There is a difference of -£18,800.00

There is a difference of -£8,298.00

There is a difference of -£1,800.00

There is a difference of -£1,410.00

There is a difference of £950.00

There is a difference of -£1,664.00

There is a difference of -£11,934.18

2021/22 PLANNING MINIMUM DATASET

SUMMARY OF CONTENTS

Organisation	Cwm Taf Morgannwg ULHB

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

Checklist (click section name to jump to relevant sheet)	Sections Complete (dropdown available)
BEDPLAN	Yes
WORKFORCE WTE	Yes
TEST TRACE PROTECT	Yes
COVID-19 VACCINATION	Yes
TOTAL ACTIVITY	Yes
SCREENING PROGRAMMES	
REVENUE PLAN	Yes
INCOME ASSUMPTIONS	Yes
IN YEAR COST BASE	Yes
NET EXPENDITURE	Yes
SAVINGS TRACKER	Yes
COVID-19 ADDITIONAL SPEND	Yes
RISK & OPPORTUNITIES	Yes
CAPITAL	Yes
ASSET INVESTMENT	Yes

Comments
Re: 'Total Activity' tab- * Rows 13-15: information not collected by Welsh Government GMS contract team * Row 20: Cell C20 - previously provided as a % - 54% * Row 24: not available, only 1 contact recorded * Row 26: 4 at level 3, 1 at level 4 * Row 27: 4 at level 3, 0 at level 4 * Rows 84-85: 140 combined inpatient/ daycase Screening not populated as this information is only provided on an annual basis

General Notes

Please only fill in the lightly yellow shaded cells.
Please populate all cells and only use figures when populating.
If cell value is 0 then please enter 0 and do not leave blank. Please also do not enter "-" to denote 0.
This is intended to be a small guide, showing how the tabs work together, which hopefully assists in completion.

Tab	Completion order	Instructions
BEDPLAN	ANY	Populate as normal as this tab is not linked to other tabs.
WORKFORCE WTE	ANY	Populate all workforce sections as dictated by their section titles Including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with COVID-19 additional spend.
TEST TRACE PROTECT	ANY	Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6.) COVID-19 Additional Spend.
COVID-19 VACCINATION	ANY	Populate vaccination activity & populate capital costs on line 60. Vaccination WTE is picked up from the WORKFORCE tab. Vaccination costs are mainly picked up from tab 6.) COVID-19 Additional Spend.
CORE ACTIVITY	ANY	Populate as normal this tab is not linked to other tabs.
SCREENING PROGRAMMES	ANY	Populate as normal this tab is not linked to other tabs.
1.) REVENUE PLAN	6	Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.
2.) INCOME ASSUMPTIONS	5	Populate as normal this tab is not linked to other tabs.
3.) IN YEAR COST BASE	1	Enter values as negative. Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed.) breaking down the individual investement by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 40-48 in 1.) Revenue Plan tab. Secondly profile out each investment in columns T-AE.
4.) NET EXPENDITURE	4	Lines 11-34 are a summarized version of the tables in lines 40-158. Cells coloured in gold are automatically populated from lines in COVID-19 Additional Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.
5.) SAVINGS TRACKER	2	This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AH which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker.
6.) COVID-19 ADDITIONAL SPEND	3	This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.
7.) RISK & OPPORTUNITIES	7	Populate as normal as this tab is not linked to other tabs.
8.) CAPITAL	8	Populate as normal as this tab is not linked to other tabs.
9.) ASSET INVESTMENT	9	Populate as normal as this tab is not linked to other tabs.

For further guidance on completion please contact:
HSS-PlanningTeam@gov.wales

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Please fill in the lightly yellow shaded cells with bed numbers (for all sites).

This section is intended to capture the number of functional planned staffed and equipped beds available to organisations and should include all sites e.g. Mental Health and Community. Please ensure your narrative plan captures details in respect of the organisations ability to flex the available functional bed base to address the varying COVID-19 scenarios in the coming twelve months.

BEDPLAN - ALL SITES	PLANNED AVAILABLE BEDS		BED PROFILE											
	Baseline as @ 31/3/2020	Baseline as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	NUMBER OF BEDS													
Invasive ventilated beds in critical care environment	25	22	25	25	25	35	35	25	25	25	25	25	25	25
Invasive ventilated beds in hospital but outside of a critical care environment	-	4	-	-	-	-	-	-	-	-	-	-	-	-
Designated COVID-19 hospital beds - Health Board sites (inc surge beds)	-	99	50	-	-	-	-	-	-	-	-	-	-	-
Non designated COVID-19 hospital beds - Health Board sites (inc Surge beds)	1,141	1,221	1,317	1,367	1,367	1,500	1,500	1,500	1,520	1,520	1,520	1,540	1,540	1,540
Designated COVID-19 hospital beds Field Hospital Sites	-	115	-	-	-	-	-	-	-	-	-	-	-	-
Non designated COVID-19 hospital beds Field Hospital Sites	-		-	-	-	-	-	-	-	-	-	-	-	-
TOTAL BED CAPACITY	1,166	1,461	1,392	1,392	1,392	1,535	1,535	1,525	1,545	1,545	1,545	1,565	1,565	1,565

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Please fill in the lightly yellow shaded cells with WTEs.
Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each month.
Section 2 is intended to capture organisations key workforce information in relation to BAME assessments and anticipated absences.
Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.
Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.
More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies
3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team
5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS - WTE	ACTUAL WTE		WORKFORCE PROFILE @ END OF MONTH											
Section 1	ACTUAL as @ 31/3/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	WTE													
ESTABLISHMENT & BANK ADDITIONAL HOURS														
Administrative, Clerical & Board Members	1,840.2	1,816.3	1,857.3	1,857.0	1,854.3	1,850.4	1,847.3	1,844.2	1,840.4	1,836.8	1,833.1	1,829.5	1,825.9	1,822.3
Medical & Dental	507.9	529.4	537.3	537.2	536.5	535.5	534.7	533.9	532.9	532.0	531.1	530.1	529.2	528.3
Nursing & Midwifery Registered	3,121.0	3,128.5	3,200.1	3,199.8	3,196.8	3,192.5	3,189.0	3,185.5	3,201.4	3,197.3	3,193.2	3,189.2	3,185.1	3,181.1
Prof Scientific & Technical	317.9	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3	326.3
Additional Clinical Services	1,834.4	2,128.7	2,225.8	2,225.3	2,221.0	2,214.9	2,210.0	2,205.1	2,199.2	2,193.4	2,187.7	2,181.9	2,176.3	2,170.6
Allied Health Professionals	578.6	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4	601.4
Healthcare Scientists	181.3	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6	188.6
Estates & Ancillary	1,036.8	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9	1,110.9
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	9,418.1	9,830.0	10,047.6	10,046.3	10,035.7	10,020.4	10,008.2	9,995.9	10,001.0	9,986.6	9,972.2	9,957.8	9,943.5	9,929.4
AGENCY														
Administrative, Clerical & Board Members	137.5	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0
Medical & Dental	132.5	80.0	79.9	79.8	79.1	78.1	77.3	76.5	75.6	74.6	73.7	72.7	71.8	70.9
Nursing & Midwifery Registered	298.2	300.0	299.7	299.3	296.3	292.0	288.5	285.1	280.9	276.8	272.7	268.7	264.7	260.7
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	22.3	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
Allied Health Professionals	33.8	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Healthcare Scientists	19.8	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Estates & Ancillary	10.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0
TOTAL AGENCY	654.2	499.6	499.2	498.7	495.1	489.7	485.5	481.2	476.0	471.0	466.0	461.0	456.1	451.1
RETURNERS (Former Employees)														
Administrative, Clerical & Board Members	-	-	0.9	-	-	3.4	1.0	-	1.0	-	-	2.0	1.8	0.8
Medical & Dental	-	1.0	0.8	-	0.9	-	-	-	-	-	-	1.8	-	-
Nursing & Midwifery Registered	3.0	3.0	6.4	-	5.0	5.0	-	5.4	4.4	7.6	4.8	6.0	2.9	3.5
Prof Scientific & Technical	-	-	-	-	-	-	2.0	-	1.5	-	1.0	0.8	-	-
Additional Clinical Services	-	-	0.4	-	2.6	1.6	-	1.9	1.6	0.8	2.0	-	1.0	-
Allied Health Professionals	-	-	-	-	-	1.0	-	-	0.8	-	1.0	-	-	2.0
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	2.0	-	-	-	-	-	1.0	-	-	-	-	-	-
TOTAL RETURNERS	3.0	6.0	8.6	-	8.5	11.0	3.0	8.2	9.3	8.4	8.8	10.5	5.7	6.3
STUDENTS														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	0.5	0.5	0.5	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	17.6	74.0	74.0	74.0	73.2	73.2	73.2	73.2	73.2	73.2	73.2	73.2	73.2	72.6
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	13.0	13.0	10.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Allied Health Professionals	-	2.0	2.0	2.0	2.0	2.0	2.0	2.0	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL STUDENTS	30.6	89.6	86.6	82.6	81.2	81.2	81.2	81.2	79.2	79.2	79.2	79.2	79.2	78.6
OTHER TEMP STAFF														
Administrative, Clerical & Board Members	215.0	286.9	303.7	307.0	313.0	324.3	322.9	322.5	322.5	322.5	322.5	322.5	322.5	319.5
Medical & Dental	110.0	119.3	127.5	136.0	176.8	185.1	187.4	191.7	188.9	184.3	152.2	143.1	141.7	140.6
Nursing & Midwifery Registered	226.6	400.7	428.1	441.5	466.4	429.8	424.1	399.5	504.8	504.8	505.1	504.8	492.8	475.1
Prof Scientific & Technical	42.2	62.5	54.9	76.6	73.8	68.4	68.4	68.4	68.4	68.4	67.3	64.6	63.0	60.3
Additional Clinical Services	126.3	446.4	455.8	488.0	533.0	497.3	472.9	430.6	529.6	529.6	529.6	529.6	519.0	502.7
Allied Health Professionals	22.6	32.5	34.8	39.3	44.7	39.3	38.9	38.4	38.4	38.4	38.4	38.4	38.4	38.4
Healthcare Scientists	15.7	31.1	31.1	34.8	40.2	34.8	33.9	33.0	36.6	36.6	36.6	36.6	36.6	36.6
Estates & Ancillary	71.0	117.7	188.7	192.2	169.0	182.4	170.3	162.7	162.7	162.7	162.7	162.7	158.2	153.7
TOTAL OTHER TEMP STAFF	829.5	1,497.1	1,624.7	1,715.3	1,816.9	1,761.5	1,718.8	1,646.9	1,852.0	1,847.3	1,814.5	1,802.4	1,772.3	1,727.0

Summary	ACTUAL as @ 31/3/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Administrative, Clerical & Board Members	2,192.7	2,151.2	2,209.9	2,212.0	2,215.3	2,226.1	2,219.2	2,214.7	2,211.9	2,207.3	2,203.6	2,202.0	2,198.2	2,190.6
Medical & Dental	750.4	730.2	746.1	753.6	793.3	798.7	799.4	802.2	797.4	790.9	756.9	747.7	742.7	739.7
Nursing & Midwifery Registered	3,666.4	3,906.3	4,008.4	4,014.6	4,037.7	3,992.6	3,974.9	3,948.7	4,064.7	4,059.7	4,049.1	4,041.8	4,018.7	3,993.1
Prof Scientific & Technical	360.1	388.8	381.2	402.9	400.1	394.7	396.7	394.7	396.2	394.7	394.6	391.7	389.3	386.6

Additional Clinical Services	1,996.0	2,597.7	2,701.6	2,728.9	2,772.3	2,729.5	2,698.5	2,653.2	2,746.0	2,739.5	2,734.9	2,727.2	2,711.9	2,688.9
Allied Health Professionals	635.1	651.9	654.2	658.7	664.1	659.7	658.3	657.8	656.6	655.8	656.8	655.8	655.8	657.8
Healthcare Scientists	216.8	235.7	235.7	239.3	244.7	239.3	238.5	237.6	241.2	241.2	241.2	241.2	241.2	241.2
Estates & Ancillary	1,117.8	1,260.6	1,329.5	1,333.0	1,309.8	1,323.3	1,311.2	1,304.6	1,303.6	1,303.6	1,303.6	1,303.6	1,299.1	1,294.6

Section 2	WTE													
COVID-19 ANTICIPATED ABSENCE DATA (Profiled BY MONTH for remaining year)														
Anticipated sickness rate (%)	6%	8%	6%	6%	6%	5%	5%	6%	6%	6%	6%	6%	6%	6%
Anticipated COVID 19 sickness (headcount)	256.0	151.0	143.5	133.4	120.1	104.5	87.7	71.1	55.4	41.6	29.9	20.7	13.6	8.6
Anticipated Self Isolation (headcount)	395.0	296.0	288.5	268.3	241.4	210.0	176.4	142.9	111.5	83.6	60.2	41.5	27.4	17.3
Anticipated Shielding (headcount)	228.0	175.0	-	-	-	-	-	-	-	-	-	-	-	-

Section 3	WTE													
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)														
TEST, TRACE & PROTECT														
Administrative, Clerical & Board Members	-	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8
Prof Scientific & Technical	-	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	14.1	11.1	11.1	11.1
Additional Clinical Services	-	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7	23.7
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	13.3	13.3	13.3	13.3	13.3	13.3	13.3	17.3	17.3	17.3	17.3	17.3	17.3
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Students														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	97.8	97.8	97.8	97.8	97.8	97.8	97.8	101.8	101.8	101.8	98.8	98.8	98.8
MASS VACCINATIONS														
Administrative, Clerical & Board Members	-	20.6	20.6	20.6	20.6	39.8	39.8	39.8	39.8	39.8	39.8	39.8	39.8	39.8
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	54.5	54.5	54.5	54.5	41.6	41.6	41.6	41.6	41.6	41.6	41.6	41.6	41.6
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	61.5	61.5	61.5	61.5	71.8	71.8	71.8	71.8	71.8	71.8	71.8	71.8	71.8
Allied Health Professionals	-	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Students														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	145.6	145.6	145.6	145.6	162.2	162.2	162.2	162.2	162.2	162.2	162.2	162.2	162.2
SURGE CAPACITY/FIELD HOSPITALS														
Administrative, Clerical & Board Members	-	6.0	6.0	3.0	3.0	3.0	1.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Medical & Dental	-	3.8	3.8	1.9	1.9	1.9	1.0	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	25.6	25.6	12.8	12.8	12.8	6.4	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	28.4	28.4	14.2	14.2	14.2	7.1	-	-	-	-	-	-	-
Allied Health Professionals	-	2.0	2.0	1.0	1.0	1.0	0.5	-	-	-	-	-	-	-
Healthcare Scientists	-	3.8	3.8	1.9	1.9	1.9	1.0	-	-	-	-	-	-	-
Estates & Ancillary	-	33.9	33.9	16.9	16.9	16.9	8.5	-	-	-	-	-	-	-
Students														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	103.4	103.4	51.7	51.7	51.7	25.9	1.0	1.0	1.0	1.0	1.0	1.0	1.0
CLEANING STANDARDS														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Students	-	-	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9
OTHER COVID-19 RELATED WTE														
Administrative, Clerical & Board Members	1.0	17.3	36.0	42.7	49.3	42.7	42.7	42.7	42.7	42.7	42.7	42.7	42.7	39.3
Medical & Dental	-	6.5	15.7	26.9	72.3	81.5	85.0	90.8	87.7	82.5	46.8	36.7	35.2	34.0
Nursing & Midwifery Registered	-	102.7	133.0	160.7	188.4	160.7	160.7	139.7	256.7	256.7	257.1	256.7	243.4	223.8
Prof Scientific & Technical	-	8.4	-	24.1	21.0	15.0	15.0	15.0	15.0	15.0	13.8	13.8	12.0	9.0
Additional Clinical Services	-	242.0	252.5	302.5	352.5	302.5	282.4	242.6	352.6	352.6	352.6	352.6	340.8	322.6
Allied Health Professionals	-	-	2.6	8.6	14.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
Healthcare Scientists	-	-	-	6.0	12.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Estates & Ancillary	-	18.0	25.0	45.8	20.0	35.0	30.0	30.0	30.0	30.0	30.0	30.0	25.0	20.0
Students	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	1.0	394.9	464.8	617.2	730.0	651.9	630.3	575.3	799.2	794.0	757.5	747.0	713.6	663.2
TOTAL COVID-19 RELATED WTE														
Administrative, Clerical & Board Members	1.0	79.9	98.6	102.2	108.9	121.5	120.0	119.5	119.5	119.5	119.5	119.5	119.5	116.1
Medical & Dental	-	10.3	19.5	28.8	74.2	83.4	86.0	90.8	87.7	82.5	46.8	36.7	35.2	34.0
Nursing & Midwifery Registered	-	193.5	223.9	238.8	266.4	225.8	219.4	192.1	309.1	309.1	309.4	309.1	295.7	276.1
Prof Scientific & Technical	-	22.5	14.1	38.2	35.1	29.1	29.1	29.1	29.1	29.1	27.9	24.9	23.1	20.1
Additional Clinical Services	-	355.6	366.1	401.9	451.9	412.2	385.0	338.1	448.1	448.1	448.1	448.1	436.3	418.1

Allied Health Professionals	-	11.0	13.6	18.6	24.6	18.6	18.1	17.6	17.6	17.6	17.6	17.6	17.6	17.6
Healthcare Scientists	-	17.1	17.1	21.2	27.2	21.2	20.2	19.3	23.3	23.3	23.3	23.3	23.3	23.3
Estates & Ancillary	-	51.9	58.8	62.7	36.9	51.9	38.4	30.0	30.0	30.0	30.0	30.0	25.0	20.0
Students	-	-	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9	71.9
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	1.0	741.7	883.5	984.3	1,097.1	1,035.5	988.1	908.2	1,136.1	1,130.9	1,094.4	1,080.9	1,047.5	997.2

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This section captures a summarised position of Test, Trace and Protect (TTP) monitoring. The data is collected monthly through policy leads via the monthly monitoring return process.

TEST, TRACE, PROTECT	MONTHLY PROFILE (ACTUAL / PLANNED)												
METRIC	M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
ANTIGEN													
ANTIGEN DEMAND	**POPULATION DEMAND - No's**												
Hospital Staff		3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
Hospital Patients		8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000
Care Homes - Staff and Patients		10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200
Symptomatic Population		5,429	6,216	5,429	6,216	11,034	34,774	82,168	94,300	66,883	25,240	3,853	6,216
Community - Closed settings (incl. outbreaks)													
Other - please specify below:													
SUB TOTAL ANTIGEN DEMAND	-	26,629	27,416	26,629	27,416	32,234	55,974	103,368	115,500	88,083	46,440	25,053	27,416
ANTIGEN SAMPLING	**SAMPLING SITES (NUMBER OF SITES)**												
Community Testing Units (CTU's)		3	3	3	3	3	3	3	3	3	3	3	3
Mobile Testing Units (MTU's)		7	7	7	7	7	7	7	7	7	7	7	7
Population Sampling Centres (PSCs)		1	1	1	1	1	1	1	1	1	1	1	1
SUB TOTAL ANTIGEN SAMPLING SITES	-	11	11	11	11	11	11	11	11	11	11	11	11
ANTIGEN SAMPLING	**SAMPLING SITE CAPACITY**												
Community Testing Units (CTUs)		16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500
Mobile Testing Units (MTUs)		57,600	57,600	57,600	57,600	57,600	57,600	57,600	57,600	57,600	57,600	57,600	57,600
Population Sampling Centres (PSCs)		30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Home Testing		1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	3,000	3,000	3,000	3,000
Other - please specify below:													
SUB TOTAL ANTIGEN SAMPLING CAPACITY	-	105,300	105,300	105,300	105,300	105,300	105,300	105,300	105,300	107,100	107,100	107,100	107,100
ANTIGEN TESTING	**TESTING CAPACITY**												
Laboratory Tests (Planned Monthly Laboratory Tests)		9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
Point of Care Tests (Planned Monthly POCT)													
SUB TOTAL ANTIGEN TESTING CAPACITY	-	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
% Positive Test Rates		0.0%	0.0%	0.0%	0.0%	0.9%	7.9%	20.1%	28.8%	16.8%	4.3%	0.0%	0.0%
Monthly Index Cases		1.00	-	-	-	300.00	4,400.00	20,800.00	33,300.00	14,800.00	2,000.00	-	-

ANTIBODY													
POPULATION DEMAND	**POPULATION DEMAND**												
Education Staff													
Health Care Workers													
Other - please specify below:													
SUB TOTAL ANTIBODY DEMAND	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING CAPACITY	**SAMPLING CAPACITY**												
Serology Antibody Testing - Phlebotomy Service													
Antibody - Point of Care Testing													
Other - please specify below:													

SUB TOTAL ANTIBODY SAMPLING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
ANTIBODY TESTING	**TESTING CAPACITY**												
Laboratory Tests (Planned Monthly Laboratory Tests)													
Point of Care Tests (Planned Monthly POCT)													
SUB TOTAL ANTIBODY TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-

TTP PROGRAMME COSTS

OPERATIONAL EXPENDITURE - £'000

	M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Planned year-end position
Testing (including Sampling) - Antigen	3,096	265.17	539.16	711.17	409.39	410.39	409.39	410.39	402.39	402.39	402.39	402.39	399.39	5,164
Contact Tracing - NHS Organisations	206	27	34	88	76	61	61	61	76	71	71	71	71	767
Contact Tracing - Local Authority Costs	4,244	480	446	465	465	465	465	465	665	665	665	565	465	6,273
Testing (including Sampling) - Antibody	630	-	-	-	-	-	-	-	-	-	-	-	-	-
Protect	1,055	-	-	-	-	-	-	-	-	-	-	-	-	-
All Wales Surge Capacity Team	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL TTP PROGRAMME COSTS	9,231	772	1,019	1,263	950	936	935	936	1,143	1,138	1,138	1,038	935	12,204

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2021/2022

A - Vaccination - Pfizer

Ref	Vaccination - Pfizer	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Population Actuals	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's
1	Care Homes Resitents	1,227	1,242	1,242										3,711
2	Care Homes Worker	3,793	3,820	3,861										11,474
3	Ages 80+	888	900	912										2,700
4	Health care worker	18,009	18,092	18,261										54,362
5	Social care worker	5,389	5,451	5,535										16,375
6	Ages 75-79	998	1,004	1,015										3,017
7	Clinically extremely vulnerable aged 16-69 years	797	810	834										2,441
8	Ages 70-74	22,348	22,446	22,485										67,279
9	Ages 65-69	698	707	717										2,122
10	Moderate Risk Adults Under 65	2,387	2,459	2,750										7,596
11	Ages 60-64	733	745	923										2,401
12	Ages 55-59	1,031	1,068	2,014										4,113
13	Ages 50-54	1,274	1,424	7,706										10,404
14	Ages 40-49	1,805	2,044	4,414										8,263
15	Ages 30 - 39	1,730	1,907	2,888										6,525
16	Ages 18 -29	1,854	2,010	3,053										6,917
17	**Total Patients Fully Vaccinated**	**64,561**	**66,129**	**78,610**	-	-	-	-	-	-	-	-	-	**209,700**
18	Total number of doses delivered to each organisation													-
19	Total number of doses administered by each organisation	151,491	188,120	208,047										547,658
20	Total number of doses considered as waste/unsuitable for use													-
21	Number of Vaccines Distributed By WBS (to be completed by Velindre)													-
22	Number of Vaccines Received by WBS (to be completed by Velindre)													-

B - Vaccination Oxford/AstraZeneca

Ref	Vaccination - Oxford/AstraZeneca	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Population Actuals	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's
1	Care Homes Resitents	39	86	88										213
2	Care Homes Worker	113	231	354										698
3	Ages 80+	18,494	19,149	19,222										56,865
4	Health care worker	526	1,067	1,591										3,184
5	Social care worker	68	164	305										537
6	Ages 75-79	14,997	16,035	16,101										47,133
7	Clinically extremely vulnerable aged 16-69 years	6,407	8,937	9,067										24,411
8	Ages 70-74	1,149	1,664	1,781										4,594
9	Ages 65-69	3,849	18,587	19,136										41,572
10	Moderate Risk Adults Under 65	1,213	19,729	30,033										50,975
11	Ages 60-64	302	1,455	13,032										14,789
12	Ages 55-59	249	1,265	15,084										16,598
13	Ages 50-54	177	1,036	9,401										10,614
14	Ages 40-49	172	813	7,877										8,862
15	Ages 30 - 39	109	627	2,885										3,621
16	Ages 18 -29	121	602	1,229										1,952
17	**Total Patients Fully Vaccinated**	**47,985**	**91,447**	**147,186**	-	-	-	-	-	-	-	-	-	**286,618**
18	Total number of doses delivered to each organisation													-
19	Total number of doses administered by each organisation	217,824	261,678	318,310										797,812
20	Total number of doses considered as waste/unsuitable for use													-
21	Number of Vaccines Distributed By WBS (to be completed by Velindre)													-
22	Number of Vaccines Received by WBS (to be completed by Velindre)													-

C - Vaccination C - Moderna

Ref	Vaccination C - Moderna	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Population Actuals	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's
1	Care Homes Resitents													-
2	Care Homes Worker													-
3	Ages 80+													-
4	Health care worker													-
5	Social care worker													-
6	Ages 75-79													-
7	Clinically extremely vulnerable aged 16-69 years													-
8	Ages 70-74													-
9	Ages 65-69													-
10	Moderate Risk Adults Under 65													-
11	Ages 60-64													-
12	Ages 55-59													-
13	Ages 50-54													-
14	Ages 40-49													-
15	Ages 30 - 39													-
16	Ages 18 -29													-
17	**Total Patients Fully Vaccinated**	-	-	-	-	-	-	-	-	-	-	-	-	-
18	Total number of doses delivered to each organisation													-
19	Total number of doses administered by each organisation			19,398										19,398
20	Total number of doses considered as waste/unsuitable for use													-
21	Number of Vaccines Distributed By WBS (to be completed by Velindre)													-
22	Number of Vaccines Received by WBS (to be completed by Velindre)													-

D - Booster Vaccination

Ref	Vaccination D - Booster	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Population Actuals	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's
1	Care Homes Resitents				16	507	630	25	63	4	101	13		1,359
2	Care Homes Worker				60	1,500	2,233	115	152	221	202	43		4,526
3	Ages 80+				30	113	8,434	12,640	646	176	586	22		20,647
4	Health care worker				197	12,509	5,337	572	708	978	601	180		21,082
5	Social care worker					1,766	3,568	122	178	291	115	66		6,106
6	Ages 75-79				3	42	959	15,060	959	100	417	20		17,560
7	Clinically extremely vulnerable aged 16-69 years					90	683	6,662	2,325	260	354	44		10,418
8	Ages 70-74				1	70	22,070	1,326	634	198	188	31		24,518
9	Ages 65-69					114	533	4,111	14,686	780	586	55		20,865
10	Moderate Risk Adults Under 65				11	469	1,541	1,668	20,464	14,719	3,272	1,582		43,726
11	Ages 60-64				3	180	523	350	4,470	8,657	252	48		14,483
12	Ages 55-59				3	241	7,758	308	1,299	14,924	445	110		25,088
13	Ages 50-54				3	257	901	274	1,133	16,361	403	199		19,531
14	Ages 40-49				4	353	1,328	363	986	22,359	7,197	647		33,237
15	Ages 30 - 39				7	358	1,306	221	779	6,449	12,040	14,566		35,726
16	Ages 18 -29				3	359	1,438	249	747	3,431	7,768	10,789		24,784
17	**Total Patients Fully Vaccinated**	-	-	-	**341**	**18,928**	**57,242**	**44,066**	**50,229**	**89,908**	**34,527**	**28,415**	-	**323,656**
18	Total number of doses delivered to each organisation													-
19	Total number of doses administered by each organisation													-
20	Total number of doses considered as waste/unsuitable for use													-
21	Number of Vaccines Distributed By WBS (to be completed by Velindre)													-
22	Number of Vaccines Received by WBS (to be completed by Velindre)													-

E - Vaccination Forecast Table

Ref	Forecast Table	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Number of vaccines forecast (please split out by type if known):	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's	No's
1	Pfizer Forecast													-
2	Oxford/AstraZeneca Forecast													-
3	Moderna Forecast													-
4	Unknown Forecast													-
5	**Total number of vaccines forecast**	-	-	-	-	-	-	-	-	-	-	-	-	-

F - Vaccination Costs

REF	Vaccination Response Costs		1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vaccination Response Pay Costs	A&C Staff Group:	299	415	482	501	501	492	492	492	492	492	492	492	5,637
2	Please List Staff Used In This Section														-
3	Administrative Senior Manager	Administrative, Clerical & Board Members				7	7	7	7	7	7	7	7	7	66
4	Administrative Support	Administrative, Clerical & Board Members	27	38	29	29	29	29	29	29	29	29	29	29	351
5	Clinical Lead	Medical & Dental													-
6	Booking Clerk	Administrative, Clerical & Board Members													-
7	Digital Staff	Administrative, Clerical & Board Members													-
8	Project Manager	Administrative, Clerical & Board Members	21	22	21	21	21	21	21	21	21	21	21	21	251
9	Pharmacy ATO	Allied Health Professionals	6	4	11	23	23	23	23	23	23	23	23	23	228
10	Pharmacy Coordinator	Allied Health Professionals													-
11	Registrant Immuniser	Additional Clinical Services	103	178	179	179	179	179	179	179	179	179	179	179	2,068
12	HCSW	Additional Clinical Services	83	101	156	156	156	156	156	156	156	156	156	156	1,740
13	Flow Volunteer	Administrative, Clerical & Board Members													-
14	Facilities Support Staff	Estates & Ancillary	16	21	29	29	29	29	29	29	29	29	29	29	323
15	Security Officer	Estates & Ancillary													-
16	Data Analyst	Administrative, Clerical & Board Members													-
17	Other Pay Costs (Please Specify Below):		43	51	58	58	58	49	49	49	49	49	49	49	610
18	Imunisation Lead	[redacted]	5	5	5	5	5	5	5	5	5	5	5	5	62
19	Peer Vaccination Support costs	[redacted]			9	9	9								27
20	clinical Team Lead	[redacted]	34	41	40	40	40	40	40	40	40	40	40	40	472
21	Centre Co-ordinator	[redacted]	4	4	4	4	4	4	4	4	4	4	4	4	49
22		[redacted]													-
23		[redacted]													-
24		[redacted]													-
25		[redacted]													-
26	Vaccination Response Non-Pay Costs		752	859	893	265	265	265	265	265	265	265	264		4,887
27	Additional Costs in Primary Care		586	562	298										1,446
28	Clinical Waste														-
29	Venue Hire (Rent & Rates)			54	30	30	30	30	30	30	30	30	30	30	354
30	Cleaning		4	2	5	5	5	5	5	5	5	5	5	5	56
31	Insurance														-
32	Digital Costs (NWIS Only)														-
33	IT Costs														-
34	Laundry Costs														-
35	MRSE - consumables		20	26	20	20	20	20	20	20	20	20	20	20	246
36	Syringe/Tray Packs (NWSSP Only)														-
37	PPE (NWSSP Only)														-
38	Telephony and Stationary														-
39	Communications/Publications			3											3
40	Training														-
41	Transportation														-
42	Transportation (WBS Only)														-
43	Utility Costs														-
44	Site Security		63	126	353	131	131	131	131	131	131	131	131	131	1,721
45	Other Non Pay Costs (Please Specify Below):		79	85	187	79	79	79	79	79	79	79	78		1,061
46	Call Centre Costs	[redacted]	79	80	79	79	79	79	79	79	79	79	79	78	948
47	Establishment Expenses	[redacted]		5											5
48	recharge from LA partners	[redacted]			108										108
49	Sub total Vaccination Response		1,050	1,274	1,375	766	766	756	756	756	756	756	756	756	10,525

G - Vaccination Centre WTE

REF	Vaccination Response Pay WTE		Apr WTE Additional Pay (Cost)	Apr WTE Redeployed (No Cost)	May WTE Additional Pay (Cost)	May WTE Redeployed (No Cost)	Jun WTE Additional Pay (Cost)	Jun WTE Redeployed (No Cost)	Jul WTE Additional Pay (Cost)	Jul WTE Redeployed (No Cost)	Aug WTE Additional Pay (Cost)	Aug WTE Redeployed (No Cost)	Sep WTE Additional Pay (Cost)	Sep WTE Redeployed (No Cost)	Oct WTE Additional Pay (Cost)	Oct WTE Redeployed (No Cost)	Nov WTE Additional Pay (Cost)	Nov WTE Redeployed (No Cost)	Doc WTE Additional Pay (Cost)	Doc WTE Redeployed (No Cost)	Jan WTE Additional Pay (Cost)	Jan WTE Redeployed (No Cost)	Feb WTE Additional Pay (Cost)	Feb WTE Redeployed (No Cost)	Mar WTE Additional Pay (Cost)	Mar WTE Redeployed (No Cost)
1	Administrative, Clerical & Board Members		19	6	24	6	19	66	20	6	20	6	20	6	20	6	20	6	20	6	20	6	20	6	20	6
2	Medical & Dental																									
3	Nursing & Midwifery Registered		41		52		66		66		66		66		66		66		66		66		66		66	
4	Prof Scientific & Technical				1																					
5	Additional Clinical Services		40		44		64	18	64	18	64	18	64	18	64	18	64	18	64	18	64	18	64	18	64	18
6	Allied Health Professionals		2		0		4		9		9		9		9		9		9		9		9		9	
7	Healthcare Scientists				0																					
8	Estates & Ancillary		4		4		9		9		9		9		9		9		9		9		9		9	
9	Other, please specify:		-	54	-	54	-	54	-	54	-	54	-	54	-	54	-	54	-	54	-	54	-	54	-	54	54
10	volunteers	[redacted]		54		54		54		54		54		54		54		54		54		54		54		54	54
11		[redacted]																								
12		[redacted]																								
13		[redacted]																								
14	Sub total WTEs		106	60	127	60	161	138	167	78	167	78	167	78	167	78	167	78	167	78	167	78	167	78	167	78

H - Capital Items

REF	Capital Items		1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar	Total
	Site		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Welsh Blood Service (Velindre Only)														
2		[redacted]													-
3		[redacted]													-
4		[redacted]													-
5		[redacted]													-
6	Sub Total Welsh Blood Service Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
7	Mass Vaccination Response Centre 2														
8		[redacted]													-
9		[redacted]													-
10		[redacted]													-
11		[redacted]													-
12	Sub Total Mass Vaccination Response Centre 2 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
13	Mass Vaccination Response Centre 3														
14		[redacted]													-
15		[redacted]													-
16		[redacted]													-
17		[redacted]													-
18	Sub Total Mass Vaccination Response Centre 3 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
19	Mass Vaccination Response Centre 4														
20		[redacted]													-
21		[redacted]													-
22		[redacted]													-
23		[redacted]													-
24	Sub Total Mass Vaccination Response Centre 4 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
25	Mass Vaccination Response Centre 5														
26		[redacted]													-
27		[redacted]													-
28		[redacted]													-
29		[redacted]													-
30	Sub Total Mass Vaccination Response Centre 5 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
31	Mass Vaccination Response Centre 6														
32		[redacted]													-
33		[redacted]													-
34		[redacted]													-
35		[redacted]													-
36	Sub Total Mass Vaccination Response Centre 6 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
37	Mass Vaccination Response Centre 7														
38		[redacted]													-
39		[redacted]													-
40		[redacted]													-
41		[redacted]													-
42	Sub Total Mass Vaccination Response Centre 7 Costs		-	-	-	-	-	-	-	-	-	-	-	-	-
43	Total Vaccination Response Centre Capital Costs		-	-	-	-	-	-	-	-	-	-	-	-	-

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Please fill in the lightly yellow shaded cells.
This section collects information in respect of the total activity that organisations' aim to deliver over the coming twelve months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and Ambulance Services against key priorities areas
This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider organisational deliverables.

DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE

METRIC	FY % 31/03/2020	FY % 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total	
			Forecast Profile (%)													
1. Essential prevention of adverse outcomes against tier 1 targets																
% of Babies six week check complete	95.0%															
% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months		N/A			N/A			N/A			N/A			N/A		Please remove any text entries, enter numeric values only
% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months		N/A			N/A			N/A			N/A			N/A		Please remove any text entries, enter numeric values only
% of current smokers with any of the following conditions. CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months		N/A			N/A			N/A			N/A			N/A		Please remove any text entries, enter numeric values only

METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total	
			No's													
2. Responsive urgent care																
Dental: Number of Aerosol Generating Procedures		21,828													-	
Dental: Number of courses of treatment															-	
Optometry: Acute eye care presentations (EHEW band 1)	21,395		23,535	23,535	23,535	23,535	23,535	23,535	23,535	23,535	23,535	23,535	23,535	23,535	282,420	
Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1)	1,273	495	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,400	1,336	1,336	1,336	1,336	16,096	
Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	Please remove any text entries, enter numeric values only
Optometry: number of patients seen		24,829													-	
GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4															-	
GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4															-	
GP: Ambulatory sensitive conditions referral numbers (interface with secondary care)	12,210														-	
GP: Urgent Cancer OPD referral numbers	20,763	18,567	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	22,792	
GP: Urgent non-Cancer OPD referral numbers	110,167	80,654	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	138,759	
GP: Total number of referrals for termination of pregnancy	758														-	
Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)	17,820	4,903	447	447	447	447	447	447	447	447	447	447	447	447	5,364	

METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
			No's												
3. Essential management of chronic conditions															
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma	962	709	[illegible]	125	93	121	111	89	146	95	137	166	133	166	1,522
Number of COPD/asthma patients managed by the community team/pulmonary rehab team	2,194	1,275	38	[illegible]	36	55	67	53	57	72	88	103	90	100	793

METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Average	
			No's													
4. Timely diagnosis of new problems																
Optometry: number of practices open at least 75% of normal pre Covid-19 hours	hbouring practices.	44	44	44	44	44	44	44	44	44	44	44	44	44	44	Please remove any text entries, enter numeric values only

METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total/Average
			No's												
5. Proactive management															
DES for Care Homes – compliance rate (%)	85%	88%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	1
No. of advanced care plans in place for palliative care	513	1,337													-
Number of whole system clinical pathways available for Primary Care clinicians to use															-
Number of patients who die in the community (planned deaths – e.g. having used rapid discharge/ palliative care teams / community resources etc.)															-

MENTAL HEALTH

METRIC	FY as @ 31/03/2020 No's	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total/Average	
			Forecast Profile (No's)													
Mental Health																
Number of Part 1a and 1b referrals			974	974	974	974	974	974	974	974	974	974	974	974	11,688	
Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)	2,084		412	412	412	412	412	412	412	412	412	412	412	412	4,944	
Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments	517 / 1027														-	Please remove any text entries, enter numeric values only
Number of Memory assessment service (MAS) referrals and assessments	1773 / 2483		108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	108 / 91	-	Please remove any text entries, enter numeric values only
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)	46 new / 2499 FU		85.8%	86.6%	85.7%	85.5%	89.3%	88.2%	87.0%	86.5%	82.7%	86.2%	84.8%	84.2%	1	Please remove any text entries, enter numeric values only

ACUTE CARE - UNSCHEDULED CARE

METRIC	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
			Forecast Profile (No's)												
1. Unscheduled Care Activity															
A&E Attendances	194,167	145,968	16105	16716	16,260	18,138	16,432	17,126	17,098	16,229	15,981	15,858	14,318	15,858	196,119
Emergency admissions	65,841	44,690	4401	4637	5,432	5,700	6,000	6,350	6,700	7,101	7,245	6,577	6,140	7,064	73,347

ELECTIVE CARE

METRIC	Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
			No's												
2. Elective Care Activity															
OPA First appointment - face to face (complete Planned Care tab)			4,621	4,809	21,529	18,687	17,326	17,936	16,995	17,827	16,664	16,102	16,035	18,466	186,997
OPA First appointment - virtual (non face to face) (complete Planned Care tab)			2,261	2,029	1,312	1,017	925	940	889	931	877	836	844	974	13,835
OPA Follow up - face to face (complete Planned Care tab)			6,191	6,037	52,036	46,228	42,963	44,366	42,199	44,136	41,507	39,974	39,741	45,636	451,014
OPA Follow up - virtual (non face to face) (complete Planned Care tab)			9,701	9,031	6,619	5,959	5,479	5,633	5,362	5,561	5,271	5,066	5,027	5,755	74,464
Compliance with eye care measure for new and follow up patients (%)															-
Number of inpatient procedures (complete Planned Care tab)			235	255	-	-	-	-	-	-	-	-	-	-	490
Number of day case procedures (complete Planned Care tab)			412	572	-	-	-	-	-	-	-	-	-	-	984

OUTSOURCED ACTIVITY	Ave. Volumes per Month 2019/20	Ave. Volumes per Month 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total	
METRIC	No's															
3. Outsourced Activity																
Number of inpatient procedures	N/A	29	140	140	140	140	140	140	140	140	140	140	140	140	1,680	Please remove any text entnes, enter numeric values only
Number of day case procedures	N/A	70													-	Please remove any text entnes, enter numenc values only

CANCER CARE	FY as @ 31/03/2020	FY as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total/Average	
METRIC	No's															
Cancer																
Anticipated new referrals	27,410	23,903	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	2,400	28,800	
Number of cancer patients starting treatment	3,779	2,495	300	300	240	240	240	240	240	240	240	240	240	240	3,000	
Single cancer pathway performance (62 day) [% compliance with]	67%	62%													-	

DIAGNOSTICS	Backlog @ 31/03/2020	Backlog @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total	
METRIC	No. pix waiting > 8 weeks		Activity no's													
Diagnostics Anticipated Activity																
Cardiology:																
Blood Pressures Monitoring	12	101	156	156	156	156	156	156	156	156	156	156	156	156	1,872	
Cardiac CT	1	10	50	63	45	56	102	95	144	110	110	145	110	110	1,140	
Cardiac MR	-	4	25	30	30	30	30	30	30	30	30	30	30	30	355	Please remove any text entries, enter numeric values only
Diagnostic Angiography	30	35	28	46	46	57	64	39	77	50	41	47	103	50	648	
Diagnostic Electrophysiology			86	100	94	81	111	121	112	109	74	153	113	120	1,274	
Dobutamine Stress Echocardiogram	19	208	5	5	5	28	28	28	28	28	28	28	28	28	267	
Echo	195	1,750	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	
Heart Rhythm Recording	18	861	130	130	130	130	130	130	130	130	130	130	130	130	1,560	
Myocardial Perfusion Scanning															-	
Stress Test	4	77	9	9	9	9	9	9	9	9	9	9	9	9	108	
Trans Oesophogeal Echocardiogram		14		2		1		4	1			1			9	
Endoscopy:																
Bronchoscopy	-	1	19	15	18	18	18	21	21	21	21	21	21	21	233	Please remove any text entnes, enter numeric values only
Colonoscopy	101	559	166	209	253	253	253	298	298	298	298	298	298	298	3,220	
Cystoscopy	64	426	66	69	95	95	95	121	121	121	121	121	121	121	1,265	
Flexi sigmoidoscopy	366	905	120	122	166	166	166	210	210	210	210	210	210	210	2,206	
Gastroscopy	497	1,322	254	329	430	430	430	530	530	530	530	530	530	530	5,584	
Imaging:																
Fluoroscopy	7	74	96	120	96	241	252	231	301	256	206	252	245	157	2,453	
Neurophysiology:			150	150	150	150	150	150	150	150	150	150	150	150	1,800	
Electromyography	20	136													-	
Nerve Conduction Studies	57	79													-	
Radiology:																
Barium Enema	2	-	42	53	42	62	123	134	150	127	99	162	131	69	1,193	
Non-cardiac CT	129	17	3,286	4,670	4,186	4,586	6,009	4,800	6,000	4,800	4,800	6,000	4,800	4,800	58,737	
Non-cardiac MR	97	339	784	980	784	904	1,400	1,336	1,813	1,442	1,352	1,767	1,411	922	14,898	
NOUS	154	5,518	2,094	2,629	2,112	2,600	4,342	4,346	5,927	4,955	3,862	6,146	4,986	2,989	46,989	
Nuclear Medicine	4	33													-	
Physiological Measure:																
Urodynamic Tests	13	215	22	22	22	44	44	44	66	66	66	66	66	66	594	
Vascular Technology	67	-	73	91	73	73	91	73	91	73	73	91	73	73	946	Please remove any text entries, enter numenc values only

AMBULANCE	FY 31/03/2020	FY 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total/Average	
METRIC	No's															
Ambulance																
Goal 2 (signposting, information & assistance) Forecasting 111 online & symptom checker impacts of web hits															-	
Goal 2 (signposting, information & assistance) Predicted levels of 111 resolution without referral to ED [%]	86.7%	85.7%	85.2%	85.6%	83.1%	83.3%	84.7%	83.6%	84.9%	85.0%	87.2%	87.5%	85.0%	84.7%	1	
Goal 3 (preventing unnecessary attendance & admission) What are the predicted levels of hear & treat to prevent conveyance/attendance/admission	9.5%	10.5%	940.0%	970.0%	920.0%	940.0%	990.0%	1170.0%	1420.0%	16,1	1420.0%	1140.0%	1090.0%	910.0%	11	Please remove any text entnes, enter numeric values only
Incident volume																
Total incident volume	63,953	59,326	5,807	5,436	5,234	5,735	5,363	5,255	5,543	5,499	8,109	5,488	4,821	5,134	67,424	
No. of which relates to fallers	7,171	6,165	598	598	570	659	641	634	641	603	737	603	530	522	7,336	
No. of which relates to Breathing difficulties	7,885	5,133	691	5,574	501	618	547	581	700	743	948	718	567	879	13,067	
No. of which originate from Care and Nursing Homes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	Please remove any text entries, enter numeric values only
No. of which relates to Mental health (Psychiatric Call only)	3,894	3,524	348	346	356	393	339	346	332	295	320	338	303	269	3,985	
% Incident Volume																
% of which relates to Fallers	11.2%	10.4%	10.3%	11.0%	10.9%	11.5%	12.0%	12.1%	11.6%	11.0%	12.1%	11.0%	11.0%	10.2%		
% of which relates to Breathing difficulties	12.3%	8.7%	11.9%	10.6%	9.6%	10.8%	10.2%	11.1%	12.6%	13.5%	15.5%	13.1%	11.8%	17.1%		
% of which originate from Care and Nursing Homes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		Please remove any text entries, enter numeric values only
% of which relates to Mental health (Psychiatric Call only)	6.1%	5.9%	6.0%	6.4%	6.8%	6.8%	6.3%	6.6%	6.0%	5.4%	5.2%	6.2%	6.3%	5.2%		
% conveyance, by condition, of patients to Emergency Departments (verified incident demand)																
% of falls incidents resulting in conveyance to an Emergency Department	50.7%	57.4%	43.8%	48.7%	54.0%	52.8%	55.8%	52.7%	53.4%	48.6%	46.1%	52.6%	51.7%	48.0%		
% of Breathing difficulties incidents resulting in conveyance to an Emergency Department	68.7%	86.4%	71.1%	75.2%	74.5%	68.9%	69.3%	74.8%	71.2%	70.4%	66.0%	68.9%	68.8%	54.2%		
% of Care and Nursing Home residents conveyance to an Emergency Department	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		Please remove any text entries, enter numeric values only
% of Mental health (Psychiatric Call only) conveyance to an Emergency Department	28.6%	37.7%	29.1%	36.1%	34.8%	28.1%	27.5%	29.0%	24.0%	22.6%	21.7%	26.4%	35.5%	27.8%		

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Please fill in the lightly yellow shaded cells.
This section collects information in respect of the planned care activity that organisations' aim to deliver over the coming twelve months.
This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider organisational deliverables.

DELIVERY OF PLANNED CARE SERVICES	2019/20 Average	2020/21 Average	Forecast Profile APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Orthopaedics															
Elective Care Activity															
OPA First appointment - face to face	12,349	5,061	472	462	1,004	946	927	949	884	952	876	860	856	997	10,185
OPA First appointment - virtual (non face to face)	106	558	178	87	7	7	6	6	6	7	6	6	6	6	328
OPA Follow up - face to face	21,083	7,749	1,042	1,067	1,747	1,603	1,514	1,568	1,469	1,566	1,456	1,415	1,411	1,635	17,493
OPA Follow up - virtual (non face to face)	739	7,649	147	159	148	132	115	116	118	117	111	114	108	120	1,505
Number of inpatient procedures	-	-	-	-											-
Number of day case procedures	1,359	176	41	33											74
Dermatology															
Elective Care Activity															
OPA First appointment - face to face	4,805	3,115	335	388	443	391	358	376	355	370	359	326	326	376	4,403
OPA First appointment - virtual (non face to face)	146	627	138	105	126	70	67	69	66	68	67	62	62	74	974
OPA Follow up - face to face	13,291	7,113	947	860	1,542	1,418	1,319	1,377	1,312	1,371	1,310	1,218	1,215	1,389	15,278
OPA Follow up - virtual (non face to face)	1,070	6,136	274	255	280	272	199	205	199	203	199	189	187	210	2,672
Number of inpatient procedures	-	-	-	-											-
Number of day case procedures	-	-	-	-											-
Ophthalmology															
Elective Care Activity															
OPA First appointment - face to face	5,460	2,594	315	294	797	679	623	655	612	650	618	589	589	684	7,105
OPA First appointment - virtual (non face to face)	76	177	27	13											40
OPA Follow up - face to face	15,829	7,424	1,181	1,005	2,010	1,779	1,593	1,643	1,551	1,647	1,532	1,484	1,482	1,711	18,618
OPA Follow up - virtual (non face to face)	6,064	7,728	255	204	22	22	21	22	21	22	21	20	20	23	673
Number of inpatient procedures	6	3	-	-											-
Number of day case procedures	3,601	1,099	175	174											349
General Surgery															
Elective Care Activity															
OPA First appointment - face to face	6,567	2,810	327	422	1,375	1,252	1,175	1,202	1,141	1,218	1,104	1,098	1,094	1,262	12,670
OPA First appointment - virtual (non face to face)	952	1,461	178	145	76	72	68	75	66	75	66	66	66	77	1,030
OPA Follow up - face to face	6,717	2,781	231	238	1,740	1,608	1,495	1,533	1,471	1,555	1,438	1,404	1,402	1,611	15,726
OPA Follow up - virtual (non face to face)	4,035	6,329	321	362	230	229	210	220	210	215	213	200	199	229	2,838
Number of inpatient procedures	1,450	445	106	95											201
Number of day case procedures	1,846	408	99	104											203
Gynaecology															
Elective Care Activity															
OPA First appointment - face to face	5,256	2,639	236	320	1,013	887	831	868	810	863	813	784	781	907	9,113
OPA First appointment - virtual (non face to face)	400	2,726	253	186	101	66	62	59	58	63	52	54	56	64	1,074
OPA Follow up - face to face	3,729	2,041	182	188	1,855	1,703	1,637	1,700	1,608	1,702	1,592	1,537	1,533	1,765	17,002
OPA Follow up - virtual (non face to face)	4,057	6,728	551	559	432	390	364	372	365	385	350	345	345	391	4,849
Number of inpatient procedures	549	69	8	11											19
Number of day case procedures	1,755	451	87	78											165
ENT															
Elective Care Activity															
OPA First appointment - face to face	4,959	1,555	191	186	634	578	536	549	513	540	499	489	487	555	5,757
OPA First appointment - virtual (non face to face)	387	778	119	119	78	46	29	32	31	28	34	28	28	33	605
OPA Follow up - face to face	6,110	1,597	228	277	860	837	786	827	761	799	767	728	728	841	8,439
OPA Follow up - virtual (non face to face)	2,495	5,523	263	171	183	127	102	104	101	99	105	96	94	110	1,555
Number of inpatient procedures	1,128	208	29	58											87
Number of day case procedures	708	207	42	47											89

Urology															
	Elective Care Activity														
OPA First appointment - face to face	2,861	2,002	130	137	405	328	290	313	290	304	298	278	279	320	3,372
OPA First appointment - virtual (non face to face)	732	884	94	121	25	19	18	18	17	17	18	16	16	18	397
OPA Follow up - face to face	3,796	3,669	207	216	1,749	1,537	1,434	1,491	1,422	1,499	1,414	1,357	1,357	1,560	15,243
OPA Follow up - virtual (non face to face)	2,784	10,331	669	683	168	173	156	169	158	162	161	152	150	171	2,972
Number of inpatient procedures	991	385	29	45											74
Number of day case procedures	495	139	42	47											89

All Other Specialties															
	Elective Care Activity														
OPA First appointment - face to face	39,695	20,782	2,615	2,600	15,858	13,626	12,586	13,024	12,390	12,930	12,097	11,678	11,623	13,365	134,392
OPA First appointment - virtual (non face to face)	5,084	17,323	1,274	1,253	899	737	675	681	645	673	634	604	610	702	9,387
OPA Follow up - face to face	48,849	27,842	2,173	2,186	40,533	35,743	33,185	34,227	32,605	33,997	31,998	30,831	30,613	35,124	343,215
OPA Follow up - virtual (non face to face)	21,326	95,247	7,221	6,638	5,156	4,614	4,312	4,425	4,190	4,358	4,111	3,950	3,924	4,501	57,400
Number of inpatient procedures	1,640	99	63	46											109
Number of day case procedures	3,184	469	74	89											15

Total															
	Elective Care Activity														
OPA First appointment - face to face	81,952	40,558	4,621	4,809	21,529	18,687	17,326	17,936	16,995	17,827	16,664	16,102	16,035	18,466	186,997
OPA First appointment - virtual (non face to face)	7,883	24,534	2,261	2,029	1,312	1,017	925	940	889	931	877	836	844	974	13,835
OPA Follow up - face to face	119,404	60,216	6,191	6,037	52,036	46,228	42,963	44,366	42,199	44,136	41,507	39,974	39,741	45,636	451,014
OPA Follow up - virtual (non face to face)	42,570	145,671	9,701	9,031	6,619	5,959	5,479	5,633	5,362	5,561	5,271	5,066	5,027	5,755	74,464
Number of inpatient procedures	5,772	1,209	235	255	-	-	-	-	-	-	-	-	-	-	490
Number of day case procedures	12,948	2,949	412	572	-	-	-	-	-	-	-	-	-	-	984

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Please fill in the lightly yellow shaded cells

This section is intended to cover anticipated % delivery of each metric, at the period end stated for areas identified as Essential Services.

SCREENING PROGRAMMES	%		PROFILE @ END OF MONTH											
	ACTUAL as @ 31/03/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	%													
SCREENING PROGRAMME														
% Uptake of bowel cancer screening programmes														
% Uptake of AAA screening programmes														
% - Breast Test Results sent within 2 weeks of scan (Target 95%)														
% - Breast Test Assessment Invitations within 3 weeks of Screening Date (Target 70%)														
% - Diabetic Eye Screening Letters within 3 wks of screen date (target 50%)														
% - Waiting Time within 4 Weeks for a Colposcopy Appointment (CSW direct ref with abnormal cytology) (Target 95%)														
% - Waiting Time within 4 Weeks from Sample to Cervical Screening Test Result (Target 98%)														
% - Babies who complete New-born Hearing Screening programme within 4 weeks (Target 98%)														
% - Babies who complete New-born Hearing Assessment Procedure by 3 months (Target 85%)														

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Please fill in the lightly yellow shaded cells.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN	In Year Effect	FYE of Recurring
	£'000	
B/F ULD from Previous Year (Negative Value for Deficits):		
Primary Care	(306)	(306)
Mental Health	(1,734)	(1,734)
Continuing HealthCare	0	0
Commissioned Services	(784)	(784)
Scheduled Care	(2,416)	(2,416)
Unscheduled Care	(2,819)	(2,819)
Children & Women's	(1,349)	(1,349)
Community Services	(1,137)	(1,137)
Specialised Services	0	0
Executive / Corporate Areas	(17,994)	(17,994)
Support Services (inc. Estates & Facilities)	(5,361)	(5,361)
Total: B/F ULD from Previous Year	**(33,900)**	**(33,900)**
Revenue (Enter as positive values):		
Core Cost and Demand Uplift (Allocation Paper Table A3)	16,122	16,122
Pharmacy Additional Contract Funding (Allocation Paper Table E)	472	472
Mental Health Pay Core Cost and Demand Uplift (Allocation Paper Table 2)	2,017	2,017
Other Confirmed Funding in allocation paper, offsetting cost pressures above (list below)		
Primary Care Premises Funding - Mountain Ash Development	250	250
Anticipated Transformation	7,000	
Anticipated Targeted Intervention	2,572	
Anticipated I2S	2,056	
Anticipated Primary Care Urgent Centre Bid	2,500	
Anticipated Think 111 Bid	2,200	
Anticipated Same Day Emergency Care (SDEC) Bid	2,300	
WG Revenue/Funding - Anticipated on Income Assumptions	**37,489**	**18,861**
Trust Income		
LTA/SLA Inflation	1,958	1,958

New Services / Changes to Existing Services	2,400	2,400
Total: Provider Income	**4,358**	**4,358**
COVID-19 Additionality Funding	82,186	
COVID-19 Recovery Funding	16,800	
Total: Revenue	**140,833**	**23,219**

In Year Net Cost Base (Non-COVID-19): (Populated from sheet 3.) In Year Cost Base		
Pay	(18,800)	(14,570)
Non Pay	(8,298)	(4,080)
Primary Care Drugs	(1,800)	(1,800)
Secondary Care Drugs	(1,410)	(1,300)
CHC/FNC	950	(2,700)
Primary Care Contractor	(1,664)	(750)
Commissioned Services	(11,934)	(11,634)
Total: In-Year Net Cost Base (Non-COVID-19)	**(42,956)**	**(36,834)**

Opening Cost Pressures	**63,977**	**(47,515)**

Identified Savings Plans: (Populated from sheet 5.) Savings Tracker (please complete)		
Pay	6,471	2,937
Non Pay	3,709	1,599
Primary Care Drugs	1,360	1,310
Secondary Care Drugs	136	136
CHC/FNC	1,108	1,193
Primary Care Contractor	100	0
Commissioned Services	0	0
Total: Identified Savings Plans	**12,885**	**7,175**

Red Rated Pipeline Schemes (Populated from sheet 5.) Savings Tracker (please complete)	**0**	**0**

Planning Assumptions still to be finalised (positive value)	890	8,200

Net Income Generation (Profit Element Only) (Populated from sheet 5.) Savings Tracker (please complete)	**725**	**725**

Additionality - COVID-19 Impact: (Populated from sheet 6.) COVID-19 Additionality (please complete)		
Additional Expenditure Increases	(61,671)	
Recovery	(16,800)	

Total: COVID-19 Impact	(78,471)
Net Financial Challenge after COVID-19	6

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Please fill in the lightly yellow shaded cells

The anticipated items should only be allocations that have been confirmed by WG. Details should be provided and substantiated within the narrative plan where organisations are anticipating income.

The items should be analysed between the two columns depending on whether the cost pressures they are offsetting are included in Revenue Plan (Gross).

REVENUE RESOURCE LIMIT ASSUMPTIONS (HB/SHA)/INCOME (TRUST) ASSUMPTIONS	Cost Pressures Gross in Rev Plan	Cost Pressures Net in Rev Plan
METRIC	**£'000**	**£'000**
AGREED REVENUE RESOURCE LIMIT /INCOME REPORTED as per allocation paper / letter	1,051,092	
FUTURE FUNDING ASSUMPTION		
RECURRING		
PLEASE ENTER BELOW		
Substance Misuse (table 1)	3,708	
Clinical Excellence Awards	12	
Calman SpR	285	
WG Funded Trainees	532	
ICF Dementia Plans	1,242	
AHW Disability - Improving Lives	57	
AHW - Prevention and Early Years	984	
AHW - SLC Resources	18	
Mental Health Investment	2,400	
SUB TOTAL	9,238	0
NON RECURRING		
PLEASE ENTER BELOW		
AHW-Healthy Weight Obesity Pathway	396	
COVID Sustainability Funding	30,600	

COVID - Passthrough - TTP	12,203	
COVID - Passthrough - Mass Vacs	10,525	
COVID - Passthrough - Adult Social Care (CHC/FNC)	3,600	
COVID - Passthrough - PPE	1,661	
COVID - Passthrough - Cleaning Standards	2,127	
COVID - Passthrough - Long COVID	500	
COVID - Planned Care Recovery	16,800	
COVID - Deficit Support	20,500	
COVID Extended Flu	470	
Transformation	7,000	
I2S - Digital Records	1,581	
I2S - Overseas Recruitment	475	
TI Funding	2,500	
Think 111 First Bid	2,500	
Primary Care Urgent Centre Bid	2,200	
Same Day Emergency Care Bid	2,300	
Whole School approach to Emotional & Mental Wellbeing funding	666	
NWSSP Risk Pool Contribution Risk Share	(1,957)	
Single Cancer Pathway 21/22	178	
SUB TOTAL	116,825	0

AME		
Donated Depreciation	102	
Impairments		
PLEASE ENTER BELOW		
SUB TOTAL	102	0
Total RRL/INCOME used in SCNE/I profiled analysis	1,177,257	0

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Please fill in the lightly yellow shaded cells

Please enter values as negative

NET COST BASE/PRESSURES & INVESTMENTS	Pay		Non Pay		Primary Care Drugs		Secondary Care Drugs		CHC/FNC		Primary Care Contractor		Commissioned Services		Total		2021/22 PLAN PROFILE											
	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	In Year Effect	FYE of Recurring	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
General Cost Pressures & Investments	£'000																£'000											
Pay Award	(7,500)	(7,500)													(7,500)	(7,500)	(625)	(625)	(625)	(625)	(625)	(625)	(625)	(625)	(625)	(625)	(625)	(625)
Pensions															0	0												
KFT/Performance															0	0												
Safer Staffing Act	(900)	(900)													(900)	(900)							(150)	(150)	(150)	(150)	(150)	(150)
Increments	0	0													0	0	0	0	0	0	0	0	0	0	0	0	0	0
Utility Increases															0	0												
Product Inflation			(2,200)	(2,200)					(1,500)	(1,500)					(3,700)	(3,700)	(308)	(308)	(308)	(308)	(308)	(308)	(308)	(308)	(308)	(308)	(308)	(308)
NICE & New High Cost Drugs							(1,300)	(1,300)					(1,000)	(1,000)	(2,300)	(2,300)	(192)	(192)	(192)	(192)	(192)	(192)	(192)	(192)	(192)	(192)	(192)	(192)
Volume of CHC Packages									(1,200)	(1,200)					(1,200)	(1,200)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)
Acuity of CHC Packages															0	0												
Welsh Risk Pool			(400)	(400)											(400)	(400)												(400)
Commissioned Services - Direct															0	0												
Specialist Services - via WHSSC													(2,900)	(2,900)	(2,900)	(2,900)	(242)	(242)	(242)	(242)	(242)	(242)	(242)	(242)	(242)	(242)	(242)	(242)
English Contracts														0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EASC													(1,100)	(1,100)	(1,100)	(1,100)	(92)	(92)	(92)	(92)	(92)	(92)	(92)	(92)	(92)	(92)	(92)	(92)
Prescribing					(1,800)	(1,800)									(1,800)	(1,800)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
IMS															0	0												
Other [please specify]:																												
Community Pharmacy Growth											(500)	(500)			(500)	(500)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)
LTA Inflation													(4,604)	(4,604)	(4,604)	(4,604)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)
Topslice 111													(1,030)	(1,030)	(1,030)	(1,030)	(86)	(86)	(86)	(86)	(86)	(86)	(86)	(86)	(86)	(86)	(86)	(86)
															0	0												
Total General Investments/Cost Pressures	(8,400)	(8,400)	(2,600)	(2,600)	(1,800)	(1,800)	(1,300)	(1,300)	(2,700)	(2,700)	(500)	(500)	(10,634)	(10,634)	(27,934)	(27,934)	(2,220)	(2,220)	(2,220)	(2,220)	(2,220)	(2,220)	(2,370)	(2,370)	(2,370)	(2,370)	(2,370)	(2,770)
Local Cost Pressures/Investments (please specify):																												
Additional Bed Pressures	(1,500)	(1,500)	0	0	0	0	0	0	0	0	0	0	0	0	(1,500)	(1,500)												(1,500)
Local Service & Dmand Pressures	(2,000)	(2,000)	(1,000)	(1,000)	0	0	0	0	0	0	0	0	0	0	(3,000)	(3,000)	(250)	(250)	(250)	(250)	(250)	(250)	(250)	(250)	(250)	(250)	(250)	(250)
Local Service Improvements	0	0	0	0	0	0	0	0	0	0	0	0	(1,000)	(1,000)	(1,000)	(1,000)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)
Primary Care	0	0	0	0	0	0	0	0	0	0	(250)	(250)	0	0	(250)	(250)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)
Enablers	(750)	(750)	0	0	0	0	0	0	0	0	0	0	0	0	(750)	(750)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(63)	(63)
Out of Hospital Transformation	(2,438)		(3,648)		0		0		0		(914)		0		(7,000)	0	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)
Health Board Transformation	0		0		0		0		0		0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Targeted Intervention	(1,707)		(865)		0		0		0		0		0		(2,572)	0	(214)	(214)	(214)	(214)	(214)	(214)	(214)	(214)	(214)	(214)	(214)	(214)
Retrospective CHC (AME)	0		0		0		0		(500)		0		0		(500)	0	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)
Other	(600)		0		0		0		0		0		0		(600)	0	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)
Urgent Care Bids	(6,485)		(405)		0		(110)		0		0		0		(7,000)	0	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)	(583)
Mental Helath Investment	(1,920)	(1,920)	(480)	(480)	0	0	0	0	0	0	0	0	0	0	(2,400)	(2,400)	(200)	(200)	(200)	(200)	(200)	(200)	(200)	(200)	(200)	(200)	(200)	(200)
RISP	0		0		0		0		0		0		(100)		(100)	0	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
LINC	0		0		0		0		0		0		(200)		(200)	0	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)
LINC Double Running	0		0		0		0		0		0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
125 overseas nursing	0		0		0		0		0		0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
125 Digital Records	(200)		(800)		0		0		0		0		0		(1,000)	0	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)
Investment Slippage	2,000		0		0		0		0		0		0		2,000	0												
Accountancy Gains	500		1,500		0		0		4,150		0		0		6,150	0							6,150					
Release Bed Reserve	4,700		0		0		0		0		0		0		4,700	0												4,700
Total Local Cost Pressures/Investments	(10,400)	(6,170)	(5,698)	(1,480)	0	0	(110)	0	3,650	0	(1,164)	(250)	(1,300)	(1,000)	(15,022)	(8,900)	(2,198)	(2,198)	(2,198)	(2,198)	(2,198)	(2,198)	3,952	(2,198)	(2,198)	(2,198)	(2,198)	1,002
Total Net Cost Base/Pressures & Investments	(18,800)	(14,570)	(8,298)	(4,080)	(1,800)	(1,800)	(1,410)	(1,300)	950	(2,700)	(1,664)	(750)	(11,934)	(11,634)	(42,956)	(36,834)	(4,417)	(4,417)	(4,417)	(4,417)	(4,417)	(4,417)	1,583	(4,567)	(4,567)	(4,567)	(4,567)	(1,767)

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Please fill in the lightly yellow shaded cells

NET EXPENDITURE PROFILE ANALYSIS	£ ACTUAL 2019/20	£ ACTUAL 2020/21	FORECAST PROFILE												
METRIC			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
			£'000												
MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME															
Revenue Resource Limit	1,067,075	1,193,031	94,919	98,138	99,629	98,136	98,195	98,247	98,986	99,498	98,144	97,918	97,423	98,024	1,177,257
Miscellaneous Income - Capital Donation\Government Grant Income	1,911	300	0	0	4	4	4	4	4	4	4	4	4	13	51
Miscellaneous Income - Other (including non resource limited income)	139,856	30,839	2,496	2,915	3,157	3,157	3,157	3,157	3,157	3,157	3,157	3,157	3,157	4,062	37,890
Welsh NHS Local Health Boards & Trusts Income		79,684	6,739	6,985	6,486	6,486	6,486	6,486	6,486	6,486	6,486	6,486	6,486	5,733	77,829
WHSSC Income		10,669	896	896	537	537	537	537	537	537	537	537	537	(183)	6,438
Welsh Government Income		848	44	(174)	8	8	8	8	8	8	8	8	8	155	101
SUB TOTAL INCOME	1,208,842	1,315,371	105,094	108,760	109,822	108,328	108,387	108,439	109,179	109,691	108,336	108,110	107,615	107,804	1,299,566
Primary Care Contractor (excluding drugs, including non resource limited expenditure) (populated from below)	144,966	147,041	11,798	12,632	12,189	11,885	11,885	12,040	12,065	12,105	12,154	12,124	11,965	12,569	145,414
Primary Care - Drugs & Appliances (populated from below)	87,166	90,776	7,932	7,617	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	6,737	89,144
Provided Services - Pay (populated from below)	537,216	572,496	47,688	48,148	49,065	48,857	48,830	48,700	49,311	49,251	48,891	48,699	48,584	48,583	584,606
Provider Services - Non Pay (excluding drugs & depreciation) (populated from below)	102,302	117,757	8,675	8,321	9,559	8,971	8,950	8,978	9,071	9,040	8,932	8,929	8,928	9,868	108,223
Secondary Care - Drugs (populated from below)	36,700	32,710	2,733	3,803	3,042	3,042	3,042	3,042	3,052	3,052	3,052	3,052	3,052	2,600	36,565
Healthcare Services Provided by Other NHS Bodies	212,493	249,557	18,575	20,020	19,985	19,985	20,106	20,106	20,106	20,453	19,523	19,523	19,402	18,987	236,769
Non Healthcare Services Provided by Other NHS Bodies	1,283	193	13	13	41	41	41	41	41	41	41	41	41	98	497
Continuing Care and Funded Nursing Care (populated from below)	50,753	55,911	4,570	5,469	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,593	58,530
Other Private & Voluntary Sector	10,480	4,502	398	352	455	455	455	455	455	455	455	455	455	614	5,455
Joint Financing and Other	1,549	2,394	686	628	1,161	753	753	753	753	953	953	953	853	937	10,136
DEL Depreciation\Accelerated Depreciation\Impairments	24,066	25,033	2,008	2,008	2,008	2,008	2,008	2,008	2,008	2,008	2,008	2,008	2,008	2,008	24,100
AME Donated Depreciation\Impairments	(933)	18,463	10	10	10	10	10	10	10	10	10	10	10	10	122
Non Allocated Contingency															0
Profit\Loss Disposal of Assets	(82)	(129)	(1)	0	0	0	0	0	0	0	0	0	0	0	(1)
SUB TOTAL EXPENDITURE	1,207,959	1,316,704	105,085	109,022	109,822	108,313	108,387	108,439	109,179	109,676	108,326	108,100	107,605	107,604	1,299,560
TOTAL DEFICIT/SURPLUS	883	(1,333)	9	(263)	0	15	0	0	0	15	10	10	10	200	6

EXPENDITURE CATEGORY	£ ACTUAL 2019/20	£ ACTUAL 2020/21	FORECAST PROFILE												
METRIC			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
			£'000												
PROVIDER PAY EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	537,216	520,431	44,983	45,067	45,800	45,916	45,758	45,758	45,895	45,870	45,870	45,868	45,862	46,027	548,674
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(691)	(807)	(648)	(648)	(637)	(612)	(612)	(611)	(605)	(601)	(6,471)
Planning Assumptions still to be finalised (negative value)									(148)	(148)	(148)	(148)	(148)	(148)	(890)
OPERATIONAL COST BASE	537,216	520,431	44,983	45,067	45,109	45,109	45,109	45,109	45,109	45,109	45,109	45,109	45,109	45,278	541,313
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Administrative, Clerical & Board Members		5,269	297	373	384	367	367	367	364	364	364	364	364	352	4,328
Medical & Dental		8,562	338	344	777	815	850	908	843	791	434	333	318	306	7,059
Nursing & Midwifery Registered		15,777	709	751	869	775	775	687	1,126	1,126	1,127	1,066	1,016	942	10,970
Prof Scientific & Technical		1,817	0	100	121	83	83	83	83	83	78	78	71	58	926
Additional Clinical Services		15,620	929	1,139	1,317	1,221	1,170	1,071	1,345	1,345	1,345	1,316	1,286	1,241	14,725
Allied Health Professionals		1,053	49	61	87	74	74	74	59	59	59	59	59	59	769
Healthcare Scientists		331	28	128	115	89	90	89	90	82	82	82	82	81	1,038
Estates & Ancillary		3,636	355	184	286	323	311	311	291	291	291	291	279	266	3,479
Students		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAY EXPENDITURE IMPACT DUE TO COVID-19		52,065	2,705	3,081	3,955	3,747	3,721	3,590	4,201	4,142	3,781	3,589	3,475	3,305	43,293
CURRENT NET PAY FORECAST	537,216	572,496	47,688	48,148	49,065	48,857	48,830	48,700	49,311	49,251	48,891	48,699	48,584	48,583	584,606

NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	102,302	94,434	8,378	6,921	8,769	8,549	8,434	8,436	8,448	8,449	8,449	8,459	8,459	9,403	101,155
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(649)	(428)	(313)	(316)	(328)	(328)	(328)	(339)	(339)	(342)	(3,709)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	102,302	94,434	8,378	6,921	8,120	8,120	8,120	8,120	8,120	8,120	8,120	8,120	8,120	9,062	97,446
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Clinical Service & Supplies		2,890	0	240	312	197	187	212	187	147	58	54	54	54	1,701
General Supplies & Services		2,828	125	333	464	242	241	242	262	261	252	252	251	250	3,175
Establishment Expenses		531	40	40	40	30	30	30	30	40	40	40	40	40	440
Premises & Fixed Plant		7,766	76	290	186	146	136	136	116	116	106	106	106	106	1,623
External Contract Staffing & Consultancy		0	23	23	23	23	23	23	23	23	23	23	23	23	280
PPE		4,594	150	261	200	150	150	150	100	100	100	100	100	100	1,661
Other (total)		4,714	(117)	213	214	63	63	64	233	233	233	233	233	233	1,898
NON PAY EXPENDITURE IMPACT DUE TO COVID-19		23,323	297	1,400	1,439	851	830	857	951	920	812	808	807	806	10,778

CURRENT NET NON PAY PLAN	102,302	117,757	8,675	8,321	9,559	8,971	8,950	8,978	9,071	9,040	8,932	8,929	8,928	9,868	108,223
PRIMARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	87,166	84,003	7,632	7,917	7,724	7,539	7,539	7,539	7,539	7,539	7,539	7,562	7,562	6,871	90,504
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(295)	(111)	(111)	(111)	(111)	(111)	(111)	(134)	(134)	(134)	(1,360)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	87,166	84,003	7,632	7,917	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	6,737	89,144
PRIMARY CARE DRUG SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		6,773	300	(300)	0	0	0	0	0	0	0	0	0	0	0
CURRENT NET PRIMARY CARE DRUGS PLAN	87,166	90,776	7,932	7,617	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	7,429	6,737	89,144
SECONDARY CARE DRUGS EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	36,700	32,674	2,733	3,803	3,076	3,053	3,053	3,053	3,053	3,053	3,053	3,053	3,053	2,602	36,642
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(34)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(136)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	36,700	32,674	2,733	3,803	3,042	3,042	3,042	3,042	3,042	3,042	3,042	3,042	3,042	2,590	36,505
SECONDARY CARE INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		36	0	0	0	0	0	0	10	10	10	10	10	10	60
CURRENT NET SECONDARY CARE DRUGS PLAN	36,700	32,710	2,733	3,803	3,042	3,042	3,042	3,042	3,052	3,052	3,052	3,052	3,052	2,600	36,565
PRIMARY CARE CONTRACTOR (EXCL DRUGS, INCL NON RESOURCE LIMITED) EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	144,966	139,354	11,037	11,900	11,805	11,789	11,789	11,789	11,789	11,789	11,789	11,789	11,789	12,412	141,464
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(25)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(100)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	144,966	139,354	11,037	11,900	11,780	11,780	11,780	11,780	11,780	11,780	11,780	11,780	11,780	12,404	141,364
SPEND INCREASES DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)															
Primary Care Contractor		7,687	175	170	111	105	105	260	285	325	374	344	185	165	2,604
COVID-19 Vaccination Programme		0	586	562	298	0	0	0	0	0	0	0	0	0	1,446
PRIMARY CARE CONTRACTOR EXPENDITURE IMPACT DUE TO COVID-19		7,687	761	732	409	105	105	260	285	325	374	344	185	165	4,050
CURRENT NET PRIMARY CARE CONTRACTOR PLAN	144,966	147,041	11,798	12,632	12,189	11,885	11,885	12,040	12,065	12,105	12,154	12,124	11,965	12,569	145,414
CONTINUING HEALTHCARE / FUNDED NURSING CARE EXPENDITURE ANALYSIS £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	50,753	52,511	4,270	5,169	4,830	4,663	4,663	4,663	4,673	4,676	4,676	4,677	4,677	4,397	56,037
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	(253)	(86)	(86)	(86)	(96)	(99)	(99)	(100)	(100)	(104)	(1,108)
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	50,753	52,511	4,270	5,169	4,577	4,577	4,577	4,577	4,577	4,577	4,577	4,577	4,577	4,293	54,930
CHC/FNC EXPENDITURE IMPACT DUE TO COVID-19 (populated from 6.) COVID-19 Additional Spend)		3,400	300	300	300	300	300	300	300	300	300	300	300	300	3,600
CURRENT NET CHC/FNC PLAN	50,753	55,911	4,570	5,469	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,877	4,593	58,530
COMMISSIONED SERVICES (HEALTH CARE & NON HEALTH CARE) EXPENDITURE ANALYSIS - (INCLUDES JOINT FINANCING, VOLUNTARY SECTOR & OTHER PRIVATE PROVIDERS) £'000															
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value's).															0
HealthCare Services Provided by Other NHS Bodies	212,493	243,843	18,575	20,020	19,055	19,055	19,055	19,055	19,055	19,055	19,055	19,055	19,055	18,570	228,658
Non HealthCare Services Provided by Other NHS Bodies	1,283	193	13	13	41	41	41	41	41	41	41	41	41	98	497
Other Private & Voluntary	10,480	4,502	398	352	455	455	455	455	455	455	455	455	455	614	5,455
Joint Financing & Other	1,549	2,394	80	(4)	130	130	130	130	130	130	130	130	130	313	1,557
New cost pressures/funded spend not related to COVID-19 (positive value)															0
Identified savings (negative value)			0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions still to be finalised (negative value)															0
OPERATIONAL COST BASE	225,805	250,932	19,066	20,382	19,681	19,681	19,681	19,681	19,681	19,681	19,681	19,681	19,681	19,594	236,167
SPEND INCREASES DUE TO COVID-19 positive value's)															
Purchase Of Health Care Services From Other non NHS bodies		190	0	0	930	945	1,051	1,051	1,051	1,413	478	478	357	357	8,111
Local Authority (Joint Financing and Other)		5,524	606	632	1,031	623	623	623	623	823	823	823	724	624	8,579
Services From Other Nhs Bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO COVID-19		5,714	606	632	1,961	1,568	1,674	1,674	1,674	2,236	1,301	1,301	1,081	981	16,690
CURRENT NET COMMISSIONED SERVICES PLAN	225,805	256,646	19,672	21,014	21,642	21,249	21,355	21,355	21,355	21,917	20,982	20,982	20,761	20,575	252,857
INCOME ANALYSIS £'000															
IMTP Annual total income including RRL (before COVID-19)	1,208,842	1,315,371	105,094	108,760	109,822	108,328	108,387	108,439	109,179	109,691	108,336	108,110	107,615	107,804	1,299,566
WG Allocations / Income Anticipated															0
Loss of Planned Income (excluding Dental Patient Charges as part of Primary Care net spend) due to COVID-19															0
Non Delivery of Finalised Income Generation due to COVID-19															0
TOTAL INCOME SUB TOTAL AFTER IMPACT OF COVID-19	1,208,842	1,315,371	105,094	108,760	109,822	108,328	108,387	108,439	109,179	109,691	108,336	108,110	107,615	107,804	1,299,566
Planned Income Generation															0
Additional In Year WG Allocations / Income Received NOT related to COVID-19															0
Additional WG Allocations / Income Anticipated NOT related to COVID-19															0
CURRENT INCOME PLAN	1,208,842	1,315,371	105,094	108,760	109,822	108,328	108,387	108,439	109,179	109,691	108,336	108,110	107,615	107,804	1,299,566

Cwm Taf Morgannwg ULHB

Please fill in the lightly yellow shaded cells.

This section is intended to include the additional costs of organisations, incurred as a result of the COVID-19 response.

PROJECT	£	FORECAST PROFILE												
	2020/21 ACTUAL	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC	£'000													
TESTING														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	1,035	80	115	108	107	107	107	107	107	107	107	107	107	1,267
Medical & Dental	170													0
Nursing & Midwifery Registered	378	43	20	48	48	48	48	48	48	48	48	48	48	545
Prof Scientific & Technical	12													0
Additional Clinical Services	638	48	97	71	71	71	71	71	71	71	71	71	71	857
Allied Health Professionals	12													0
Healthcare Scientists	0	25	101	65	64	65	64	65	57	57	57	57	56	733
Estates & Ancillary	1													0
Students														0
SUB TOTAL PAY EXPENDITURE	2,246	196	333	292	291	292	291	292	284	284	284	284	283	3,402
NON PAY (positive values)	£'000													
Primary Care drugs	0													0
Secondary Care Drugs	0													0
Primary Care Costs	0													0
CHC/FNC	0													0
Clinical Service & Supplies	1,223													0
General Supplies & Services	14	23	154	69	69	69	69	69	69	69	69	69	69	867
Establishment Expenses	5													0
Premises & Fixed Plant	444													0
Purchase Of Health Care Services From Other non NHS bodies	0													0
External Contract Staffing & Consultancy	0													0
Local Authority (Joint Financing and Other)	5,299	47	52	350	50	50	50	50	50	50	50	50	50	895
Services From Other Nhs Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non Pay Expenditure outside the above categories:														
	0													0
	0													0
	0													0
SUB TOTAL NON PAY EXPENDITURE	6,985	70	206	419	119	119	119	119	119	119	119	119	119	1,762
TOTAL TESTING EXPENDITURE	9,231	266	539	711	409	410	409	410	402	402	402	403	402	5,164
TRACING														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	122	15	18	33	24	24	24	24	24	24	24	24	24	282
Medical & Dental	0	12	16	20	16	16	16	16	16	16	16	16	16	192
Nursing & Midwifery Registered	315													0
Prof Scientific & Technical	0			34	21	21	21	21	21	21	21	21	21	223
Additional Clinical Services	199													0
Allied Health Professionals	73													0
Healthcare Scientists	0													0
Estates & Ancillary	38													0
Students														0
SUB TOTAL PAY EXPENDITURE	747	27	34	87	61	61	61	61	61	61	61	61	61	697
NON PAY (positive values)	£'000													
Primary Care drugs	0													0
Secondary Care Drugs	0													0
Primary Care Costs	1,474													0
CHC/FNC	0													0
Clinical Service & Supplies	84													0
General Supplies & Services	151													0
Establishment Expenses	0													0
Premises & Fixed Plant	77													0
Purchase Of Health Care Services From Other non NHS bodies	0				15				15	10	10	10	10	70
External Contract Staffing & Consultancy	0													0
Local Authority (Joint Financing and Other)	225	480	446	465	465	465	465	465	665	665	665	565	465	6,273
Services From Other Nhs Bodies	0													0
Other Non Pay Expenditure outside the above categories:														
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SUB TOTAL NON PAY EXPENDITURE	2,011	480	446	465	480	465	465	465	680	675	675	575	475	6,343
TOTAL TRACING EXPENDITURE	2,758	507	480	552	541	526	526	526	741	736	736	636	536	7,040

COVID-19 VACCINATION PROGRAMME														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	60	52	65	53	61	61	61	61	61	61	61	61	61	719
Medical & Dental	718	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered	1,256	39	47	54	54	54	45	45	45	45	45	45	45	563
Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services	182	186	279	335	334	334	334	333	333	333	333	333	333	3,800
Allied Health Professionals	56	6	4	11	23	23	23	23	23	23	23	23	23	228
Healthcare Scientists	27	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary	304	16	21	29	29	29	29	29	29	29	29	29	29	327
Students														0
SUB TOTAL PAY EXPENDITURE	2,603	299	416	482	501	501	492	491	491	491	491	491	491	5,637
NON PAY (positive values)	£'000													
Primary Care drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary Care Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Costs	0	586	562	298	0	0	0	0	0	0	0	0	0	1,446
CHC/FNC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Service & Supplies	510	0	0	0	0	0	0	0	0	0	0	0	0	0
General Supplies & Services	539	87	162	378	156	156	156	156	156	156	156	156	156	2,031
Establishment Expenses	264	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises & Fixed Plant	6,674	0	0	0	0	0	0	0	0	0	0	0	0	0
Purchase Of Health Care Services From Other non NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)	0	79	134	217	109	109	109	109	109	109	109	109	109	1,411
Services From Other Nhs Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non Pay Expenditure outside the above categories:														0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB TOTAL NON PAY EXPENDITURE	7,987	752	858	893	265	265	265	265	265	265	265	265	265	4,888
TOTAL MASS VACCINATIONS EXPENDITURE	10,590	1,051	1,274	1,375	766	766	757	756	756	756	756	756	756	10,525

SURGE CAPACITY/FIELD HOSPITALS														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	0	15	15	5	5	5	5	2	2	2	2	2	2	63
Medical & Dental	0	169	59	34	34	34	34	0	0	0	0	0	0	365
Nursing & Midwifery Registered	0	128	81	60	60	60	60	60	60	60	0	0	0	631
Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services	0	64	7	29	29	29	29	29	29	29	0	0	0	276
Allied Health Professionals	0	32	21	15	15	15	15	0	0	0	0	0	0	114
Healthcare Scientists	0	3	2	0	0	0	0	0	0	0	0	0	0	5
Estates & Ancillary	1,258	90	49	20	20	20	20	0	0	0	0	0	0	217
Students														0
SUB TOTAL PAY EXPENDITURE	1,258	501	234	163	163	163	163	92	92	92	2	2	2	1,670
NON PAY (positive values)	£'000													
Primary Care drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary Care Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC/FNC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Service & Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Supplies & Services	0	15	17	17	17	16	17	17	16	17	17	16	15	197
Establishment Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises & Fixed Plant	75	70	70	70	70	70	70	70	70	70	70	70	70	834
Purchase Of Health Care Services From Other non NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy	0	23	23	23	23	23	23	23	23	23	23	23	23	280
Local Authority (Joint Financing and Other)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other Nhs Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non Pay Expenditure outside the above categories:														
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB TOTAL NON PAY EXPENDITURE	75	108	110	110	110	109	110	110	109	110	110	109	108	1,311
TOTAL SURGE CAPACITY EXPENDITURE	1,333	609	344	273	273	272	273	202	201	202	112	111	110	2,981

CLEANING STANDARDS														
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary	1,258	187	0	187	187	187	187	187	187	187	187	187	187	2,058
Students														0
SUB TOTAL PAY EXPENDITURE	1,258	187	0	187	187	187	187	187	187	187	187	187	187	2,058

NON PAY (positive values)	£'000													
Primary Care drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary Care Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHC/FNC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Service & Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General Supplies & Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Establishment Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premises & Fixed Plant	75	6	0	6	6	6	6	6	6	6	6	6	6	69
Purchase Of Health Care Services From Other non NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other Nhs Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non Pay Expenditure outside the above categories:														
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB TOTAL NON PAY EXPENDITURE	75	6	0	6	6	6	6	6	6	6	6	6	6	69
TOTAL CLEANING STANDARDS EXPENDITURE	1,333	193	0	193	193	193	193	193	193	193	193	193	193	2,127

	OTHER COVID-19 RELATED SPEND													
PAY (positive values)	£'000													
Administrative, Clerical & Board Members	4,052	135	160	185	160	160	160	160	160	160	160	160	147	1,907
Medical & Dental	7,674	62	124	187	124	124	124	174	174	174	174	174	162	1,781
Nursing & Midwifery Registered	13,828	499	603	706	603	603	524	963	963	964	963	913	839	9,142
Prof Scientific & Technical	1,805	0	100	87	62	62	62	62	62	57	57	50	37	703
Additional Clinical Services	14,601	631	756	881	756	706	606	881	881	881	881	852	807	9,522
Allied Health Professionals	912	11	36	61	36	36	36	36	36	36	36	36	36	428
Healthcare Scientists	304	0	25	50	25	25	25	25	25	25	25	25	25	300
Estates & Ancillary	777	62	114	50	87	75	75	75	75	75	75	62	50	876
Students														0
SUB TOTAL PAY EXPENDITURE	43,953	1,400	1,919	2,208	1,854	1,791	1,613	2,377	2,377	2,373	2,372	2,272	2,103	24,658

NON PAY (positive values)	£'000													
Primary Care drugs	6,773	300	(300)	0	0	0	0	0	0	0	0	0	0	0
Secondary Care Drugs	36	0	0	0	0	0	0	10	10	10	10	10	10	60
Primary Care Costs	6,213	175	170	111	105	105	260	285	325	374	344	185	165	2,604
CHC/FNC	3,400	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Clinical Service & Supplies	1,073	0	240	120	80	70	70	70	60	50	50	50	50	910
General Supplies & Services	2,124	0	0	0	0	0	0	20	20	10	10	10	10	80
Establishment Expenses	262	40	40	40	30	30	30	30	40	40	40	40	40	440
Premises & Fixed Plant	421	0	220	110	70	60	60	40	40	30	30	30	30	720
Purchase Of Health Care Services From Other non NHS bodies	190	0	0	0	0	0	0	0	0	0	0	0	0	0
External Contract Staffing & Consultancy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other Nhs Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPE	4,594	150	261	200	150	150	150	100	100	100	100	100	100	1,661
Other Non Pay Expenditure outside the above categories:														
Private Patient Income	3,193													0
Catering Income Loss	1,121	150	150	150	0	0	0	0	0	0	0	0	0	450
Other Income losses	400	(500)	(170)	(169)	(170)	(170)	(169)	0	0	0	0	0	0	(1,348)
SUB TOTAL NON PAY EXPENDITURE	29,800	615	911	862	565	545	701	855	895	914	884	725	705	9,177
TOTAL OTHER COVID-19 RELATED EXPENDITURE	73,753	2,015	2,830	3,070	2,419	2,336	2,314	3,232	3,272	3,287	3,256	2,997	2,808	33,835

TOTAL COVID-19 RELATED PAY SPEND	52,065	2,610	2,936	3,419	3,057	2,995	2,807	3,499	3,491	3,487	3,397	3,297	3,127	38,122
TOTAL COVID-19 RELATED NON PAY SPEND	46,933	2,031	2,531	2,754	1,544	1,508	1,665	1,819	2,073	2,088	2,058	1,799	1,678	23,549
TOTAL COVID-19 ADDITIONAL SPEND	98,998	4,640	5,467	6,173	4,601	4,503	4,472	5,318	5,564	5,576	5,455	5,096	4,805	61,671

	RECOVERY													
PAY (positive values)	£'000													
Administrative, Clerical & Board Members					10	10	10	10	10	10	10	10	10	90
Medical & Dental		95	145	536	641	676	734	652	601	244	143	128	128	4,722
Nursing & Midwifery Registered					10	10	10	10	10	10	10	10	10	90
Prof Scientific & Technical														0
Additional Clinical Services					30	30	30	30	30	30	30	30	30	270
Allied Health Professionals														0

Healthcare Scientists														0
Estates & Ancillary														0
Students														0
SUB TOTAL PAY RECOVERY	0	95	145	536	691	726	784	702	651	294	193	178	178	5,172

NON PAY (positive values)	£'000													
Primary Care drugs														0
Secondary Care Drugs														0
Primary Care Costs														0
CHC/FNC														0
Clinical Service & Supplies		0	0	192	117	117	142	117	87	8	4	4	4	791
General Supplies & Services														0
Establishment Expenses														0
Premises & Fixed Plant														0
Purchase Of Health Care Services From Other non NHS bodies		0	0	930	930	1,051	1,051	1,051	1,398	468	468	347	347	8,041
External Contract Staffing & Consultancy														0
Local Authority (Joint Financing and Other)														0
Services From Other Nhs Bodies														0
Other Non Pay Expenditure outside the above categories:														
Loss of Private Patient Income		233	233	233	233	233	233	233	233	233	233	233	233	2,796
														0
														0
SUB TOTAL NON PAY RECOVERY	0	233	233	1,355	1,279	1,401	1,426	1,401	1,718	709	705	584	584	11,628
TOTAL RECOVERY	0	328	378	1,891	1,970	2,127	2,210	2,103	2,369	1,003	898	762	762	16,800

TOTAL COVID-19 FINANCIAL POSITION	98,998	4,968	5,845	8,064	6,571	6,630	6,682	7,421	7,933	6,578	6,353	5,858	5,567	78,471

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Please fill in the lightly yellow shaded cells. Please detail the organisations financial risk and opportunities for 2021/22.

Please enter Risks as (-) negative values.
Please enter Opportunitites as (+) positive values.

OVERVIEW OF RISK AND OPPORTUNITIES

RISKS	
Risks (negative values): ENTER BELOW	
Shortfall against savings plan	(2,000)
Underlying deficit cannot be brought back in line with plan assumption	(3,000)
Unavoidable recurring service/cost pressures exceeding plan	(1,000)
Unavoidable transformation costs exceeding WG Funding	(2,100)
TOTAL RISKS	(8,100)

OPPORTUNITIES	
Opportunities (positive values): ENTER BELOW	
Delay / Stop new investments	250
Further balance sheet review	1,250
Potential for annual leave reduction being greater than costs incurred	1,000
TOTAL OPPORTUNITIES	2,500

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Please fill in the lightly yellow shaded cells

PROPERTY & ASSET INVESTMENT	2021-22
METRIC	£m

EXPENDITURE (Negative Values)	£m
Gross Capital Expenditure	(85)
less: Receipts	0
Disposals (ENTER BELOW):	
Llyn Yr Eos	0
NET CAPITAL EXPENDITURE	(85.157)

FUNDING (Positive Values)	£m
Welsh Government Funding	
Discretionary (Group 1 - CRL / CEL)	11
Approved Schemes (Group 2 - CRL / CEL)	74
WG Funding Required (approved) (Negative Values)	
Funding for identified schemes not approved by Welsh Government (ENTER BELOW)	
POWH Fire Decant Scheme -	(4)
COVID Planned Care Investment to Support Recovery	(5)
POWH Centralised Decontamination	(1)
HB Wide Acute Sites Isolation Rooms - Possible 1 rm (ca£0.8M) plus fees	(1)
RGH Infrastructure Programme - Cooloing and Ventilation, Phase 3 fees for BJC	(1)
NET CAPITAL FUNDING	73.397

KEY PERFORMANCE INDICATORS	2018-19 as per EFPMS	2021-22 Forecast
	£m	£m
High Risk Backlog Maintenance	1	
	%	%
Physical Condition: % in Category B or above	87	
Statutory, Safety & Compliance: % in Category B or above	93	
Fire Safety Compliance : % in Category B or above	89	
Functional Suitability: % in Category B or above	98	
Space Utilisation: % in Category F or above	97	
Energy Performance: % with Energy B or better	3	

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Please fill in the lightly yellow shaded cells

PROPERTY & ASSET INVESTMENT - APPROVED	2021-22
METRIC	£m

CAPITAL EXPENDITURE	
DISCRETIONARY	£m
IT	2
Equipment	2
Statutory Compliance	1
Estates	6
Other	0.036
SUB TOTAL DISCRETIONARY	10.945
DISCRETIONARY NON CASH	£m
Discretionary Other Revenue Costs	
Discretionary Revenue Savings	
SUB TOTAL NON CASH	0.000

APPROVED SCHEMES	NON CASH - DEL	NON CASH - AME	OTHER REVENUE COSTS	REVENUE SAVINGS	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW	£m				
PCH Ground and First Floor Phase 1B	0	13			
PCH Ground and First Floor Phase 2	0	35			
Bridgend Health and Wellbeing Centre	0	0			
Dewi Sant Phase 2 & Decarbonisation	0	1			
RGH Electrical Infrastructure	0	1			
I2S Digital Patient Record	0	0			
ICF Funding - Kier Hardie Health Park	0	1			
Bridgend Properties anti ligature	0	0			
National Imaging Programme - Flouroscopy at POWH		0			
National Imaging Programme - MRI at POWH		0			
Estates Infrastructure - Mental Health Schemes					
Estates Infrastructure Decarbonisation Schemes					
Estates infrastructure General Infrastructure					
Estates infrastructure Fire Schemes					
SUB TOTAL APPROVED SCHEMES	0.501	52.117	0.000	0.000	0.000

UNAPPROVED SCHEMES	NON CASH - DEL	NON CASH - AME	OTHER REVENUE COSTS	REVENUE SAVINGS	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW	£m				
COVID - resetting schemes					
POWH Fire Enforcement Decant Scheme					
POWH Centralised decontamination					
HB Wide Acute Sites Isolation Rooms					
POWH Infrastructure					
RGH Infrastructure Programme - Cooloing and Ventilation, Phase 3					
SUB TOTAL UNAPPROVED SCHEMES	0.000	0.000	0.000	0.000	0.000

Appendix 1 – Planned Care Recovery Documents

1. **Elective Care Recovery Portfolio Board: Terms of Reference**

1.0 Introduction

The purpose of this document is to define the terms of reference for the Elective Care Recovery Portfolio Board.

As the impact of the Covid pandemic becomes clearer, the Health Board have commenced detailed planning and (where appropriate and according to changing Infection and Prevention Control guidance) restarting of elective activity.

To oversee the development, implementation and delivery of plans for the restart of elective activity the Elective Care Recovery Portfolio Board (the Portfolio Board) has been convened.

2.0 Remit and Responsibilities

This multi-disciplinary Portfolio Board is responsible for the leadership, influence and support to drive the elective care recovery programmes of work forward and will deliver in line with the Health Board's operational objectives to:

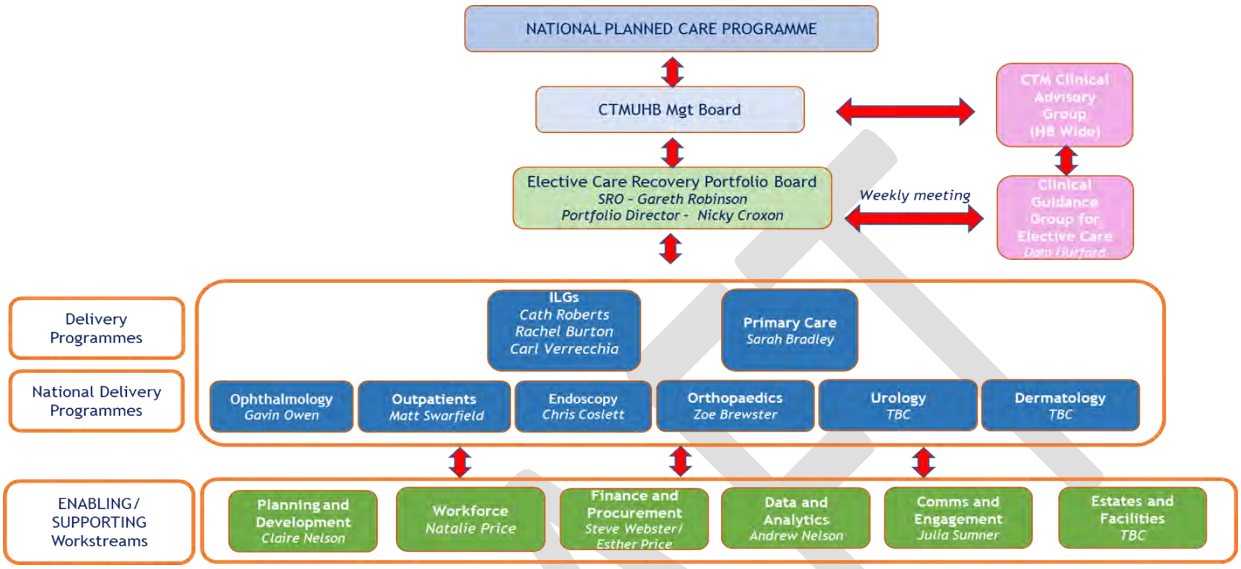
- Improve quality, safety and patient experience.
- Protect and improve population health.
- Ensure that the services provided are accessible and sustainable into the future.
- Provide strong governance and assurance.
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.
- Develop a motivated and sustainable workforce.
- Carry out a thorough evaluation throughout this portfolio.

The Portfolio Board will meet weekly initially to agree detailed activities and to support the development and implementation of the associated Recovery Plan (the plan). The Portfolio Board will also monitor delivery via a combination of highlight reports and associated trackers. Once per month, when closed down financial and activity is available a dedicated session will be held to review the signed off positions (ie tracking of activity benefits and drawn down financial position). Furthermore, a written report will be provided to the CTM Health Board Management Board each month.

Each ILG will be represented by a member of the Senior ILG Team (Director of Operations or equivalent). In addition, the Portfolio Board will include key representatives from all parts of CTM UHB required to help deliver the final plan. Co-ordinated by the Portfolio Director, this team will support the development of the ILG and overall CTM UHB recovery plan.

3.0 Work stream & Governance Structure

The programme work stream and reporting structure is illustrated below. As the portfolio develops and matures the work streams and delivery programmes may be subject to change. Any substantial changes will be detailed in a future iteration of the terms of reference.



4.0 Procedural Arrangements

Quorum – The meeting will be regarded as quorate when attended as a **minimum** by

- Senior Responsible Office or Chair
- 2 delivery programme leads,
- 1 finance representative,
- 1 National Delivery Programme lead.
- 1 Enabling/Supporting work stream lead.

Chair – Portfolio Director (or nominated deputy).

Attendance – Most meetings will be conducted virtually.
Appropriate deputies may be sent when members are unable to attend. These deputies must be briefed and provided with the documentation relevant to the meeting by the group member.

Secretariat – Provided by Programme Management Office

Frequency of meetings – Initially Weekly. This will be adjusted in line with portfolio requirements

Reporting

The Chair shall:

- Report formally to the Senior Responsible Office on the Portfolio Boards activities. This includes updates on activity, written reports as well as the presentation of detailed plans ; and

- Bring to the Executive Board's attention via the SRO any significant matters under consideration by the Portfolio Board.

6.0 Review

These Terms of Reference will be reviewed as significant issues arise.

Date	29/06/2021
Author	Nicky Croxon
Version	0.2
Status	Second Draft

2. Planned Care Recovery Portfolio Board agenda/ documents-

The following is an example agenda which has been used in the Planned Care Recovery Portfolio Board-

Agenda

- Apologies received from: Rachel Burton, Nicola Milligan, Esther Price, Chris Coslett
- Showcase trackers
  - Workforce
  - Finance
  - Activity
- Discussion re paediatrics
- Programme Highlight Reports
  - Escalations for action only
- Outstanding actions
- AOB

The following is an example of a highlight report which has been presented to Board, each work stream presents a highlight report weekly at the Planned Care Recovery Portfolio Board-

Primary Care Schemes: Shared CareGlaucoma//Dental Urgent Access

KEY CELL OBJECTIVES:

- Development/implementation of primary care pathways to provide assessment/treatment to 'low risk' patients identified by hospital services as appropriate to receive care in a primary care setting, pathways will support reduction of hospital waiting times/provide care closer to home\utilising skills of primary care practitioners
- Provision of Urgent Dental Care within required timescales

GOOD STORIES:

MOS scheme stood down as backlog addressed. Funding transferred to support additional in hours for dental sessions. This has commenced, this enables timely access to dental care for patients that do not have access to a regular dentist.

OVERALL RAG

AMBER

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
1. Glaucoma	• 3 x further practices in process of having FSBA links set up, anticipated 2nd practice to go Live end July/Aug • Support documentation to be developed to provide opportunities on scheme with guide to support • Zeiss to be granted 'code of connection' to CTM Systems – (IT leading) • Viewing PC required for specsavers discussions with IT required on how this can be supported	GREEN
2. Dental Urgent Access	• 14 x practices to provide additional in hours access sessions / Rota confirmed- new sessions commenced 15.06.21 • Additional OOH triage/treatment sessions yet TBC and included into existing rotas • Engagement required with 111/OOHs service to devise new rotas when additional OOH sessions agreed	AMBER

KEY METRICS:

Measure	RAG				
Target no. of patients identified to be assessed in primary care 15 May/June	No of assessments Undertaken: (Specsavers Merthyr)	No of assessments: (Mountain Ash)	No of assessments: (Davies and Jones Porth)	No of assessments: Davies and Jones (Talbot Green)	No of assessment (Bridgend practice TBC)
5,500	80 x assessed 56 booked in 51 x awaiting VF in HES	Go Live due Aug	Go Live date TBC	Go live date TBC	Go live date TBC

RISKS/ISSUES:

Risk 1 – IT/Zeiss support	Glaucoma: Draft documentation being written to support practices during / after going live with scheme	GREEN
Risk 2- Patient experience	Confusion for patients in change of pathway. Communication to patients agreed.	Amber

ESCALATIONS/DECISIONS TO BOARD:

3. Recruitment tracker-

The following provides an example of the recruitment tracker that is being implemented to track and monitor recruitment against the Planned Care recovery schemes-

UIN	Status	Specialty	Group	Description	Recruitment : FTE and banding	Additional Hours & Overtime: FTE	Assurance Level	Target date in post	Estimated date in post	Comments	Mitigating Actions	Assumed months	FYE	PYE
RTE 3		Urology	Additional sessions	Virtual FUNB Clinics (12 sessions)								6	£ 8,604.00	£ 4,302.00
RTE 4		Urology	Additional sessions	Theatre Backfill 50 sessions								6	£ 35,850.00	£ 17,925.00
RTE 5		Gastroenterology	Additional sessions	JH & DK WLI new urgent sessions 13th, 20 & 27th March & assumed 1 Saturday session each per month thereafter for 5 months								6	£ 10,754.56	£ 5,377.28
RTE 6		Pharmacy	Recruitment: Other Health Professionals	Dedicated Pharmacist to Green ward area Band 7								6	£ 49,068.00	£ 24,534.00
RTE 7		General Surgery	Recruitment: Medical Staff	Medical clean ward cover								6	£ 32,000.00	£ 16,000.00
RTE 8		General Surgery	Recruitment: Medical Staff	New Anaesthetist for additional theatre activity including new including backfills etc. (Locum as interim)								6	£ 168,000.00	£ 84,000.00
RTE13		Diabetes	Recruitment: Medical Staff	Extension of current locum contract (April - Oct 21)								6	£ 136,578.00	£ 68,289.00
RTE14		COTE	Additional sessions	Parkinson's newFUP WLI's 6 sessions (March 21)								3	£ 6,300.00	£ 3,150.00
				Locum consultant appointed for 6 months (01.03 - 31.08.21) to release										

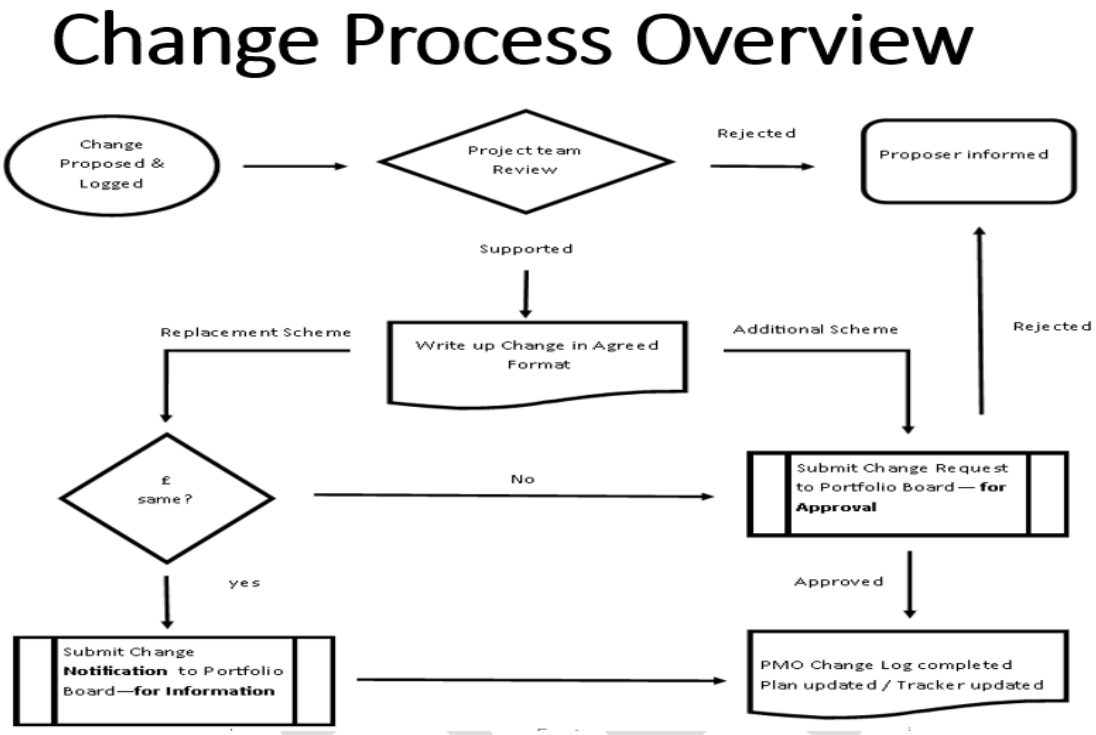
4. Finance tracker-

The following provides an example of the finance tracker that is being implemented to track and monitor expenditure against the Planned Care recovery schemes-

	Phasing of Plan			Annual Plan	1.0		2.0		3.0		4.0	
ID	Scheme	CSG	Specialty		Plan	Forecast or Actual	Plan	Actual	Plan	Forecast or Actual	Plan	Forecast or Actual
				£k	£k	£k	£k	£k	£k	£k	£k	£k
1	3 Super Weeks x2		Flexi	45.00								
2	New cancer backlog	General Surgery	Breast	22.00					3.67	3.67	3.67	3.67
3	Virtual FUNB Clinics (12 sessions)	General Surgery	Urology	4.30			0.72		0.72	1.43	0.72	0.72
4	Theatre Backfill 50 sessions	General Surgery	Urology	17.93	2.99		2.99		2.99	2.99	2.99	2.99
5	JH & DK WLI new urgent sessions 13th, 20 & 27th March & assumed 1 Saturday session each per month thereafter for 5 months	General Surgery	Gastroenterology	5.38	1.08		1.08		1.08	1.08	1.08	1.08
6	Dedicated Pharmacist to Green ward area Band 7	Pharmacy	Pharmacy	24.53					4.09	4.09	4.09	4.09
7	Medical clean ward cover	General Surgery	General Surgery	16.00	2.67		2.67		2.67	2.67	2.67	2.67
8	New Anaesthetist for additional theatre activity including new including backfills etc. (Locum as	General Surgery	General Surgery	84.00				2.12	14.00	0.00	14.00	14.00
10	Potential for Saturday OPD clinics	General Surgery	General Surgery	16.50	2.75		2.75		2.75	2.75	2.75	2.75
11	General Surgery weekend day case lists - fortnightly (9mths) 35 sessions	General Surgery	General Surgery	45.00							7.50	7.50
13	Extension of current locum contract (April - Oct 21)	Acute Medicine	Diabetes	68.29	11.38		11.38	11.38	11.38	0.00	11.38	11.38
14	Parkinson's new/FUP WLI's 20 sessions (March 21)	Acute Medicine	COTE	3.15	1.05		1.05		1.05	1.50	0.00	1.50

5. Service change process-

The following diagram describes the process for any proposed changes to the agreed Planned Care Recovery schemes-



6. Planned Care Recovery Portfolio– DRAFT Equality Impact Assessment

Introduction
The aim of this document is to provide a high level impact equality impact assessment enable project leads to ensure that the re-set of services complies with Equality legislation by meeting the needs of each of the protected groups under the Equality Act 2010.

Full consideration should be given to the negative experience of different groups during the Covid crisis and every effort should be made to improve their access and experience in the future provision of services.

The multi-disciplinary Planned Care Recovery Portfolio is responsible for the leadership, influence and support to drive the associated programmes of work forward and will deliver in line with the Health Board's operational objectives to:

- Improve quality, safety and patient experience.
- Protect and improve population health.
- Ensure that the services provided are accessible and sustainable into the future.
- Provide strong governance and assurance.
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.
- Develop a motivated and sustainable workforce.
- Carry out a thorough evaluation throughout this portfolio.

The Portfolio Board oversees the detailed activities to support the development and implementation of the Elective Care Recovery Plan. The Portfolio Board will also monitor delivery.

Equality Impact Assessment –

Section 1 – Preparation		
1.	**Title of Policy/service**	Planned Care Recovery Portfolio
	Is this a new service or an existing one? This is a service review.	Choose an item.
2.	**Service Aims and Brief Description**	Review of current services to enable re-start following Covid pandemic. Short, medium and long term plan
3.	**Who Owns/Defines the Service?** -	The Planned Care Recovery Portfolio Board
4.	**Who is Involved in undertaking this EqIA?**	Michael Dickie, Head of PMO Paul Williams, Programme Manager Liz Jenkins, EDI Manager

Section 1 – Preparation		
5.	**Other Policies and Services** -	This programme is relevant to the Integrated Medium Term Plan. It covers all services delivered by the health board.
7.	**What might help/hinder the success of the policy/service?**	Managers' commitment (due to time constraints etc.) and understanding of the process.
8.	**Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"**	The re-started services will identify and take account of potential barriers for protected groups under the Equality Act 2010 and aim to address them. This will be particularly relevant in relation to the outsourcing of services, the move to remote consultations and access arrangements (telephone and Attend Anywhere), digitisation generally and relocation of services. It will be essential to avoid indirect discrimination where some protected groups are unable to access new systems and locations.
9.	**Is the policy/service relevant to "promoting equality of opportunity?"**	We will ensure that our services are accessible to different groups. The needs and issues in relation to each protected group are considered later in this document. We will endeavour to address existing barriers wherever possible.

Section 1 – Preparation		
10.	**Is the policy/service relevant to "promoting good relationships and positive attitudes?"**	By taking account of the needs of each group and setting standards, this will encourage good relationships. Training will be provided in order to increase staff understanding.

Section 2. Impact
All service EIAs must take account of national and local population data and other information in relation to relevant organisations (e.g. partners, Third Sector organisations etc), staff groups, individuals etc. **The following general considerations should be addressed as part of the overall approach but also by individual services:** Digital systems and risk of exclusion. Attend Anywhere – consider traditional alternatives for those who may be digitally excluded but promote use of interpreters on calls and other benefits. A specific EIA should be undertaken for this – possibly an overall one for remote consultation. Phone consultation – positive to avoid travel etc. for many groups but not suitable for Deaf, speech impaired etc. Promote 3 way interpretation and face to face appointments with interpretation support. Text and remind has proved problematic for some groups and a specific EIA should be undertaken for this. Accessible appointments – being able to receive appointment letters in large print or electronically, not having to phone as part of partial booking etc. are all of fundamental importance going forward. Accessible buildings – we need to ensure that all of our Primary and Secondary Care premises are accessible to people with physical, sensory and/or learning disabilities including autism and dementia. Accessible information – communications, websites and promotional material must be bilingual, available in different formats and languages. Easy Read should be offered wherever possible. *Please check out the guidance on our EIA SharePoint Page.*
Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60) Old age often intersects with disability e.g. sensory loss (particularly hearing), mobility problems. Digital exclusion is a greater risk so it is important in particular to ensure there are alternatives where required for older people who may not use modern technology e.g. for on-line appointments, virtual visiting etc.

Telephone appointments – consider alternatives for those who cannot communicate effectively by phone.

Accessible buildings and signage – can patients access buildings, rooms, facilities, is signage clear and understandable, are there hand rails and resting points (seating etc) in each of our buildings.

Accessible appointments, communication and information – availability of different formats and fonts for all of our written correspondence. Are comms undertaken in different formats without over reliance on one type of media e.g. posters in waiting rooms should be supplemented by recorded messages or staff communication.

Increased or more challenging travel – provision of help with transport for groups less likely to own or drive cars.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

All services must consider how people with a range of disabilities will be potentially affected. This could include mobility in terms of access to different sites, people with sight loss or learning disabilities being able to negotiate new surroundings, people with hearing or communication difficulties being able to access telephone based services or intercom systems. The booking of appointments particularly in Primary Care is particularly challenging. The provision of interpreters is essential for British Sign Language Users and appointments should not be made for Deaf people 'out of hours' i.e. on evenings or weekends when interpreters would be unlikely to be available. Add language line info here

Digital exclusion – identify alternatives to on-line interpretation and telephone contact as above where necessary. Text and remind can prove particularly challenging for people with sensory loss

Accessible buildings account must be taken of accessible signage which takes account of RNIB requirements, areas must be well lit, trip hazards avoided etc. Quiet areas should be available for people with autism and their individual needs considered when attending appointments.

Accessible appointments, communication and information – appointment letters must be available in accessible formats e.g. e-mail, large print, audio, Braille, Easy Read etc. Alternatives must be offered in communications e.g. reliance on one type of media risks excluding some groups. The use of hearing equipment must be encouraged and interpretation resources fully utilised and use of family members for interpretation actively avoided (link to leaflet)

Increased or more challenging travel – some groups have particular challenges with public transport e.g. if they rely on guide dogs who will have learned specific routes.

Promotion of Easy Read and dementia friendly and autism friendly resources.
Does the policy impact on people because of their caring responsibilities? Do you think that the policy/service impacts on people because of their caring responsibilities? I.e. would it affect their ability to care for somebody who is primarily dependant on them? This could include family members but not necessarily. E.g. if a children's service is relocated, how would that impact on the parents' ability to care for other family members. The relocation of services can particularly impact on carers if there is increased distance and difficulty of journey and increased travel time if the service is no longer local.
Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.) All services should ensure gender neutral literature, language, images, files, forms etc This includes gender neutral job titles and asking patients how they want to be addressed. Reflection of same sex relationships in also relevant. Greater sensitivity in some services e.g. maternity or paediatrics if trans* people are pregnant or parent, and Sexual Health. Lots of information on working with Trans* patients is available in the Trans* Toolkit. Consideration must be given to gender neutral facilities particularly in new builds or refurbishments. Care must be taken to use names and pronouns correctly and to avoid 'dead naming' particularly if previous records are used. Consideration must be given to when a service treats men and women differently or separately (e.g. single sex bays on a ward) how will Trans*individuals are included? Each service must ensure that Trans* individuals maintain privacy and the right to gender expression. Is language gender neutral and are specific provisions made for their needs.
Do you think that the policy/service impacts on people because of their being married or in a civil partnership? Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated. This is an issue of 'due regard'.
Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated. This is an issue of 'due regard'. As above, impacts in this area are rare, but again can intersect with gender discrimination. However it may be difficult to attend appointments and in many cases digital and remote services could be helpful. It is important to also consider staff who are on maternity leave when changes are made.
Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.) It is essential to consider that people might be affected as they are marginalised within communities or because of language barriers All services should make use of interpretation services – all staff must be aware Account must be taken of cultural sensitivity – see toolkit and consider specifics – see below where there is an inter-section with religion. Language and imagery – is it appropriate, sensitive and understandable (Plain English), are images multi-cultural. Do services take account of colour e.g. 'flesh coloured' items, prosthetics in different colours, recording patients reactions e.g. monitoring skin responses such as rashes or turning blue. Attention must be paid to ensuring service reach – are different communities marginalised? Does information reach them? Are there particular barriers and is a targeted approach appropriate.
Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups) Cultural sensitivity – see toolkit and consider specifics here in relation to care – could individuals be impacted because of their cultural beliefs and observations e.g. sensitivities regarding being treated by staff of a particular gender, prayer and dietary issues etc. Language and imagery - is it appropriate, sensitive and understandable

Ensuring service reach – are different communities marginalised? Does information reach them? Are there particular barriers and is a targeted approach appropriate. Is Comms multi-faceted, could links be utilised with Third Sector organisations.
Do you think that the policy/service impacts on men and women in different ways? Services should consider whether there is a greater risk for either men or women. Women were particularly adversely affected by Covid. There could be cultural implications for some women – see section on religion.
Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people) Language and imagery should encompass same sex relationships. This also applies to work-life balance policies, visitors and relationship status etc.
Do you think that the policy/service impacts on people because they speak Welsh? The Welsh Language Standards place duties on organisations in Wales to deliver services through the medium of Welsh and the following points must be considered in all services: Patient leaflets and public facing posters must be bilingual. If not please send them to ctt_welsh_translation@wales.nhs.uk The 'active offer' means that patients must be offered services in their preferred language and this must be noted in their records / digital ward screens so that they have the opportunity to communicate in Welsh. Language Line may be used for this. Welsh speaking staff should be employed in each department/ service? If not the health board's list of Welsh speakers willing to help can be found on sharepoint) – http://ctuhb-intranet/dir/WLU/Pages/Find%20a%20Welsh%20Speaker.aspx The need to increase the number of Welsh speaking staff in your department/service? Please refer to the Bilingual Skills Strategy and guidance documents.

 New CTUHB Bilingual Skills Strat  Clickthrough Guide v3.pptx Language Line may also be used to access Welsh interpretation: Add language line info here
The Welsh government has introduced a new Socio-economic duty effective from April 2021. This places a legal responsibility during strategic decision making to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Digital exclusion is a greater risk so it is important in particular to ensure there are alternatives where required for older people who may not use modern technology e.g. for on-line appointments, virtual visiting etc. There could also be increased reliance on public transport which could be problematic in reaching alternative destinations e.g. if services are out-sourced. There is also a risk of social marginalisation, less access of uptake of services balanced against greater need (inverse care law) and this must be considered in promotion and accessibility of services. There could also be issues with regard to access to info, literacy levels etc so correspondence and patient information should take account of this. There is also a higher risk of disability or life limiting illnesses – see section above.

Section 3 Outcome	
Summary of Assessment: **Please summarise Equality, diversity and inclusion issues of concern and changes that will be made to the service development accordingly.**	In general the planned care recovery programme will be focused on returning the health board to pre Covid activity levels and waiting times. Many working practices will be unchanged from Pre Covid times and but it is recognised that in order to achieve this that there a number of new ways of working such as video consultations and increased utilisation of the private sector. In preparing this EIA it was recognised that there are large number of small and large scale interventions and schemes which will contribute to the service developments to deliver CTMUHB's planned care recovery plans. All projects and workstreams within the programme will receive this document with the intention it is used as a signpost to best practice. The programme approach adopted does not preclude the need for individual service developments to consider equality, diversity and inclusion issues and the expectation of the programme is that there is an appropriate reflection in the formation of the detailed plans. • Digital exclusion is recognised as an issue and therefore the use of technology to support remote consultations will have a separate EIA. • The validation of waiting lists (initially 52 weeks waiters) will be accompanied by a detailed report highlighting issues and potential mitigations. This report will be considered as part of the go/no go discussions. It is CTMUHB's understanding that although waiting list validation is a key Welsh Government strategic policy driver with that there are no existing EIA's across Wales to benchmark against. Therefore on basis of a go decision for the activity a full

	EIA will be undertaken as a joint endeavour with primary and secondary care clinical colleagues. • Where there is a physical relocation of services a full EIA conducted as part of the service design planning. • The communications plan for the programme will include how hard to reach groups will be communicated with. • The communication strategy for the programme will aim to deliver key messages across a number of delivery channels to ensure message reach.
Please indicate whether these changes have been made.	The changes detailed above are in development and an update on implementation will be included in a later iteration of this report.
Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.	Additional travel time will be limited as far as possible for there will be occasions where our resident will be asked to travel outside of the CTMUHB boundaries to receive care, for example surgery conducted at a private provider. However to mitigate every effort will be made to ensure pre –assessment and after care activity is provided as close to home as possible. CTMUHB have from an early stage in the programme worked with WAST to assess the impact on all schemes within the programme service related to the recovery of planned services. Weekend working – provision of BSL translation services are of limited supply and only available Monday – Friday in normal office hours. Deaf patients will therefore offered appointments within core business hours.

	In recognition that at the time of writing many of the plans for elective care recovery are in the development stages the programme will undertake engagement events with a wide range of stakeholders including CHC's Third Sector as the detailed planning progresses.
Who will monitor this EIA and ensure mitigation is undertaken	The EIA will be monitored by the Planned Care Recovery Programme Director and mitigation actions will be undertaken following consideration by the Planned Care Recovery Programme Board.
Approved by Equality Team **To be held on Re-set document site**	**Yes/No** **Signed ……..** **(Equality Manager / Officer)** **Date……** **Actioned Yes/No**

1. APPENDIX 3 - FINANCE - 2021/22 TO 2023/24

The financial plan for 2021/22 to 2023/24 builds on the current Cwm Taf Morgannwg UHB plan and is based on the funding confirmed in the 2021/22 allocation letter.

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg UHB has a statutory duty to achieve break even over a period of 3 financial years. This applies to revenue and capital expenditure. Performance against the 3-year rolling duty for revenue is summarised below:

Revenue:	Actual 2015/16	Actual 2016/17	Actual 2017/18	Actual 2018/19	Actual 2019/20	Actual 2020/21
	£k	£k	£k	£k	£k	£k
Surplus /(deficit)	22	18	23	25	883	88
Rolling 3 years		70	63	66	931	987

1.2 UPDATE ON FINANCIAL PERFORMANCE IN 2020/21

The Health Board has recently submitted its M12 Monitoring Returns to Welsh Government. This showed a forecast breakeven position for 2020/21 and a forecast recurrent deficit of £33.9m. This is the starting point for our medium term financial plan for the three year period 2021/22 to 2023/24:

	£m
Planned recurrent deficit	13.4
Shortfall in savings delivery in 2020/21 due to Covid-19	16.2
Other forecast recurrent overspends due to Covid-19	4.3
Total	**33.9**

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year, and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven within the period of the 3 year plan.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from the Welsh Government, and our actual use of resources, and so improve equity of resource use.

However, current circumstances necessitate some particular areas of focus during 2021/22, as follows:-

- The requirement for planned care recovery makes investment in population health management and in value based healthcare more important than ever in order to focus the resources we have on the interventions which will make the most difference to patient outcomes. Productivity and efficiency in planned care remain very important, but with a focus

of maximising the impact of both our current planned care resources and additional resource we may be able to agree with the Welsh Government.

- We need to respond to continuing Covid related requirements and pressures in a way that is safe and effective, but also increasingly factors in value for money and sustainability considerations as immediate pressures reduce and decision-making can be made in a more considered way.

The key actions within the finance function, to support and deliver the strategy, remain as before, with a particular focus on developing an analysis of potential opportunities for improvement in efficiency and value aligned to ILGs.

1.4 OVERALL FINANCIAL PLAN FOR 2021/22

The financial plan for 2021/22 can be broken down into three separate elements:

- Covid response – Section 1.5
- Planned care recovery- Section 1.6
- The core plan- Section 1.7

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22.

The plan includes a number of risks and uncertainties which span the core plan and also the estimated costs for Covid and Planned care recovery (**see Section 1.13**). These risks and cost estimates will continue to be refined and updated during 2021/22.

A key issue beyond 2021/22 is the recurrent impact of the plan in 2022/23, when it is likely that the non-recurring funding for Covid will end as well as transformation funding. This will require a focus on the various improvement actions identified to reduce the recurrent deficit below the £31.4m reflected in the current draft plan.

1.5 COVID RESPONSE COSTS

The table below shows the assessment of our Covid response costs and income assumptions for 2021/22.

Covid costs and funding 2021/22	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Programme costs:					
TTP	3.0	2.8	3.2	3.1	12.1
Mass Vaccination	3.7	2.3	2.3	2.2	10.5
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
Extended Flu	0.0	0.0	0.3	0.2	0.5
Long COVID	0.1	0.1	0.1	0.1	0.5
Sub total	**8.7**	**7.1**	**7.7**	**7.4**	**30.9**
Assumed funding- programme element	-8.7	-7.1	-7.7	-7.4	-30.9
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
Increase in Covid response costs to reflect revised assessment of bed demand	0.0	0.0	2.8	2.8	5.5
Sub total	**7.5**	**6.5**	**8.9**	**8.1**	**31.1**
Confirmed funding- formula element	-7.5	-6.5	-6.1	-5.9	-26.1
Requested additional funding	0.0	0.0	-2.8	-2.3	-5.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
Total	**-5.1**	**-5.1**	**-5.1**	**-5.1**	**-20.5**

The key assumptions driving the forecast costs are as follows:

- Provides capacity for testing and contact tracing through 21/22.
- The vaccination team is assumed to be retained after July but not primary care vaccination.
- Long COVID-19 service and cleaning standard costs are included. Cleaning standard plans/costs are as planned internally but will be subject to the national review process.
- Care home support assumed to continue at the 2020/21 projected level of cost.
- Dental contract payments assumed to continue at 90% for Q1 and Q2 and dental income shortfalls assumed to taper down as the year progresses.
- Ysbyty'r Seren is closed as a Field Hospital in Q1, with work to move other functions in Q2/3.
- The provision made for the Covid response in ILGs and in other areas is based on an assessment of additional costs being incurred, partly in relation to service changes linked to COVID-19 and partly linked to increased staff absence.
- Residual underspends on planned care/cancer consumables and drugs for Q1 and Q2, based on actual underspends to Month 2.
- A most likely scenario of COVID-19 admissions remaining very low. However, review of the WG modelling has flagged a significant risk of the current increase in overall length of stay (which is 12% for CTM) remaining through 21/22. Provision for a response to this has been made in Q3/4 at an estimated net cost of £5.5m. There is an offset to this from Long Covid costs now being funded on a programme basis, giving a net cost increase of £5.0m. COVID-19

funding is requested to meet these costs. This includes additional out of hospital capacity, keeping Ysbyty'r Seren open in Q3 and Q4 plus additional bed capacity and Paediactrics RSV surge plans. This estimate assumes that the costs of continuing with the existing Same Day Emergency Care schemes are funded. It is assumed that Long Covid costs will be reviewed further in light of the Welsh Government statement and may need to increase above the £0.5m now treated as a programme cost.

1.6 PLANNED CARE RECOVERY

The detailed summary of the financial implications of the Planned Care Recovery Plan are set out in Section 6.5, demonstrating what is planned to be delivered with the £16.8m allocated by the Welsh Government, and what could be delivered over and above that if additional resources can be made available.

1.7 CORE PLAN

The core financial plan for 2021/22 builds on the current Health Board plan and is based on the funding confirmed in the 2021/22 allocation letter. The key assumptions driving the financial plan for the next three years are summarised below:

- A 2020/21 recurrent deficit of £33.9m, which is the starting point for the 2021/22 plan. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from Covid and £4.3m of additional cost pressures, in addition to the originally planned 2020/21 recurrent deficit of £13.4m. Additional cost pressures identified by ILGs and Clinical Service Groups are greater, but it has been agreed that these will need to be managed back to this level.
- Additional recurring allocations from Welsh Government of £20.2m for 2021/22 followed by £18.5m and £18.9m per annum for each of the next two years. The 2021/22 increase includes a 2% general allocation uplift, and we have assumed similar uplifts in the two following years.
- Agreed additional non-recurring allocations from Welsh Government of £11.7m in 2021/22. This includes allocations for the Health Board's Transformation programmes (£7.0m), Targeted Intervention response costs (£2.6m), plus existing Invest to save scheme grants (£2.1m).
- Anticipated additional non-recurring allocations from Welsh Government of £7.0m in 2021/22 for investment in Think 111 first, Urgent primary care and SDEC.
- Provision for recurring inflation, cost and service pressures of £29.4m in 2021/22, £29.3m in 2022/23 and £28.1m in 2023/24. The 2021/22 increase includes £14.3m for pay rises, incremental drift and inflation plus £15.1m for other service and demand pressures.
- The 2021/22 plan includes £1.0m for new recurring investment in service improvement plus £0.75m for enabling investments. The service improvement investment is largely committed to the reconfiguration of vascular surgery, which is a broader South East Wales programme and its exact financial impact is still being assessed. The enabling investments relate largely to improvement capability (including population health, VBHC and ICT) and are critical to the delivery of the medium term financial plan.
- The plan also includes non-recurring costs equivalent to the non-recurring allocations for the Transformation programmes (£7.0m),Targeted Intervention (£2.6m), investments in primary care and emergency care (£7.0m) plus a number of other non-recurring costs and benefits with a net benefit of £(10.5)m in 2021/22.
- Recurring savings of £16.1m are planned in 2021/21. This is circa 2% of an estimated controllable budget for CTM of circa £800m. It would still leave a recurrent deficit at the end of 2021/22 of £31.4m. Unless Welsh Government allocations were to increase at a greater rate in years 2 and 3, savings would need to be greater in these years. The total recurring savings requirement required over the three years would be £73.6m (9.2%). In addition, a cost release of £6.2m is required in

order for the recurrent costs of the planned transformation of out of hospital services to be financially sustainable from 2022/23 after transformation funding stops in March 2022.

- The overall plan is showing a £20.5m deficit for 2021/22 and a £18.3m deficit for year 2 before returning to a breakeven position/surplus in year 3. The underlying deficit planned for the end of 2021/22 is £31.4m and this reduces to £16.6m in year 2 before achieving breakeven within the period of the 3 year plan.

The 3 year financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

	2021/22 - 2023/24 SUMMARY FINANCIAL PLAN									
	2021/22			**2022/23**			**2023/24**			**Total**
R = recurring NR = non recurring	R	NR	Total	R	NR	Total	R	NR	Total	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Brought forward recurring deficit/-surplus	**33.9**		**33.9**	**31.4**		**31.4**	**16.6**		**16.6**	
Income changes										
Share of core un-earmarked growth monies	-18.6	0.0	-18.6	-19.0	0.0	-19.0	-19.4	0.0	-19.4	-56.9
Additional funding:										
Mental Health services	-2.4	0.0	-2.4	0.0	0.0	0.0	0.0	0.0	0.0	-2.4
Primary Care and Emergency care	-0.3	-7.0	-7.3	0.0	0.0	0.0	0.0	0.0	0.0	-0.3
Transformation programmes	0.0	-7.0	-7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Invest to Save funding	0.0	-2.1	-2.1	0.0	0.0	0.0	0.0	0.0		0.0
Invest to Save repayments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.0
Targeted Intervention funding	0.0	-2.6	-2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
All Wales top slices	1.1	0.0	1.1	0.5	0.0	0.5	0.5	0.0	0.5	2.1
Estimated repayment of AME funding for retrospective CHC claims received in prior years which crystallise in 19/20	0.0	0.5	0.5	0.0	0.5	0.5	0.0	0.5	0.5	0.0
Estimated new AME funding for new retrospective CHC claims provided for in 19/20	0.0	-0.5	-0.5	0.0	-0.5	-0.5	0.0	-0.5	-0.5	0.0
WG funded developments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total income changes	**-20.2**	**-18.7**	**-38.8**	**-18.5**	**0.0**	**-18.5**	**-18.9**	**0.5**	**-18.4**	**-59.6**
Cost pressures and investments										
Pay rises, incremental drift and inflation	14.3	0.0	14.3	14.3	0.0	14.3	14.3	0.0	14.3	42.9
Service and demand pressures	15.1	0.0	15.1	15.0	0.0	15.0	13.8	0.0	13.8	43.9
Service improvement - locally determined	1.0	0.0	1.0	1.5	0.0	1.5	2.0	0.0	2.0	4.5
Service improvement - nationally funded	2.7	7.0	9.7	0.0	0.0	0.0	0.0	0.0	0.0	2.7
Out of Hospital Partnership Transformation Fund	0.0	7.0	7.0	6.2	0.0	6.2	0.0	0.0	0.0	6.2
Health Board Transformation Fund		0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0
Other Non-recurring costs	0.0	2.4	2.4	0.0	4.2	4.2	0.0	3.7	3.7	0.0
Other Non-recurring benefits	0.0	-12.9	-12.9	0.0	-3.5	-3.5	0.0	-3.5	-3.5	0.0
Enablers (Digital, Value, Business partnering)	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Targeted Intervention response costs	0.0	2.6	2.6	1.0	0.0	1.0	0.0	0.0	0.0	1.0
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sub total cost pressures and investments	**33.8**	**6.1**	**39.9**	**38.0**	**1.7**	**39.7**	**30.1**	**0.2**	**30.3**	**101.9**
Efficiency & re-design savings - 20/21 shortfall	-13.1		-13.1			0.0			0.0	-13.1
Efficiency and re-design savings as originally planned	-23.1	0.0	-23.1		0.0	0.0		0.0	0.0	-23.1
Reduction to a deliverable level of savings	20.1	1.6	21.7			0.0			0.0	20.1
Planned savings			0.0	-28.2		-28.2	-28.8		-28.8	-57.0
Cost release from transformation programmes				-6.2		-6.2				-6.2
Sub total	**-16.1**	**1.6**	**-14.5**	**-34.4**	**0.0**	**-34.4**	**-28.8**	**0.0**	**-28.8**	**-79.3**
Total change on previous year	**-2.5**	**-11.0**	**-13.4**	**-14.8**	**1.7**	**-13.1**	**-17.6**	**0.7**	**-16.9**	**-37.0**
Revised surplus/deficit	**31.4**	**-11.0**	**20.5**	**16.6**	**1.7**	**18.3**	**-1.0**	**0.7**	**-0.3**	**38.4**

The key elements of the Core Plan are explained in the following sections:

1.8 INCOME CHANGES – 2021/22 TO 2023/24

A summary of the assumed new allocations from the Welsh Government for 2020/21 to 2022/23 is shown in the table below:

	21/22 £m	22/23 £m	23/24 £m
Recurrent:			
Core un--earmarked growth monies	(18.6)	(19.0)	(19.4)
Investment in Primary care	(0.3)	0	0
Additional resources for Mental health 2021-22	(2.4)	0	0
All Wales top slices	1.1	0.5	0.5
Total Recurrent	**(20.2)**	**(18.5)**	**(18.9)**
Non recurrent:			
Transformation programmes	(7.0)	0	0
Invest to Save funding	(2.1)	0	0
Invest to save repayments	0	0	0.5
Targeted Intervention (TI) funding	(2.5)	0	0
Investment in primary care and emergency care	(7.0)	0	0
Estimated repayment of prior year AME funding for retrospective CHC claims which crystallise in 2021/22	0.5	0.5	0.5
Estimated new AME funding for new retrospective CHC claims provided for in 2020/21	(0.5)	(0.5)	(0.5)
Total non-recurrent	**(18.6)**	**0**	**0.5**
Grand Total	**(38.8)**	**(18.5)**	**(18.4)**

The key points to highlight are as follows:

1.8.1 Core Un-Earmarked Growth Monies

The individual items making up the assumed recurrent funding are summarised below:

	21/22 £m	22/23 £m	23/24 £m
2% cost growth uplift	(18.6)	(19.0)	(19.4)
A4C pay awards	tbc	tbc	tbc
DDRB pay awards	tbc	tbc	tbc
Total	**(18.6)**	**(19.0)**	**(19.4)**

1.8.2 All Wales top slices

The Health Board has supported a number of All Wales initiatives in previous years in areas such as paramedic banding, non-medical education, postgraduate medical education, 111 roll out etc. The following additional top slices have been included in the 2021/22 Allocation Letter:

	21/22 £m	22/23 £m	23/24 £m
111	1.1	0	0
Provisional estimate	0	0.5	0.5
Total	**1.1**	**0.5**	**0.5**

1.8.3 Regional Partnership Transformation Programme

A summary of the income and spend for the two Transformation programmes: Stay Well in Your Community (SWYC) in partnership with RCT and MTCBC, and Accelerating the Pace of Change of Integrated Services (APCIS) in partnership with BCBC are provided below:

	21/22		22/23	
	Recurrent £m	Non Recurrent £m	Recurrent £m	Non Recurrent £m
WG funding	0	(7.0)	0	0
Expenditure plans	0	7.0	6.2	0
Increased demand for beds- **Section 1.9.8**	1.5	0	0	0
Cost release from Transformation programmes – **Section 1.10**	0	(4.7)	(6.2)	0
Total	**1.5**	**(4.7)**	**0**	**0**

The combined requirement from the two programmes is a cost release from existing models of care of £6.2m in 2022/23.

The 2019/20 financial plan included a £1.7m provision for increased demand from unscheduled care admissions and associated growth in bed days. A further provision of £1.5m was built into the financial plan for 2020/21 and also into the 2021/22 plan. Provided the Health Board can manage within its existing bed base**,** through admissions avoidance enabled through the new out of hospital services and through improved length of stay, the planning assumption is that the recurring reserve by 2022/23 will provide a £4.7m recurring contribution to the £6.2m required for the transformation sustainability plan. The balance of £1.5m will need to be delivered through bed reductions enabled by the impact of the out of hospital investment in reducing emergency admissions, or (as a fall back) by scaling back the level of out of hospital investment.

1.8.4 Targeted Intervention

The Welsh Government has provided non recurrent financial support in 2019/20 and 2020/21 for actions to address the Health Board's Targeted Intervention Status. Financial support of £2.6m has also been confirmed by the Welsh Government for 2021/22 to continue the enabling activities and service improvements which were started in 2019/20:

- This supplements over £2m of Health Board funded recurrent investment in clinical leadership capacity and quality governance and improvement which was committed to from 2019/20.
- TI funding from 22/23 is expected to be minimal, and the Health Board plan to fund within its plan the elements of the 2021/22 activities which it considers need to continue on a recurrent basis. These are estimated at present to have an annual cost of £1.0m.
- This recurrent investment includes investment in CTM improvement and in developing an improved capability to support Value Based Healthcare and Population Health Management, which are critical for the Health Board to plan and deliver the quality based financial

improvement which is highlighted through the IMTP and is a major component of the medium term savings plan.

1.8.5 Anticipated allocations for investment in primary care and emergency care

The financial plan includes the following anticipated allocations for investment in primary care and emergency care:

	21/22 £m	22/23 £m	23/24 £m
Think 111 first	2.5	0	0
Urgent primary care centres	2.2	0	0
SDEC	2.3	0	0
Total	**7.0**	**0**	**0**

1.8.6 Potential Additional Allocations

Likely additional Welsh Government allocations for specific purposes, over and above the core 2% uplift and the specific 2021/22 allocation increases for primary care, have generally yet to be confirmed and so have been excluded from the plan.

1.9 INFLATIONARY, SERVICE DEMAND AND COST PRESSURES

The table below shows the projected inflationary, demand and other cost pressures for the next three years, which are anticipated to be fairly stable over this period.

Inflation and other cost pressures	**21/22 £m**	**22/23 £m**	**23/24 £m**
Inflation			
Pay rises and incremental drift	7.5	7.5	7.5
Community pharmacy	0.5	0.5	0.5
CHC inflation	1.2	1.2	1.2
NHSFNC inflation	0.3	0.3	0.3
Non-pay inflation	2.2	2.2	2.2
LTA inflation – core 2%	2.6	2.6	2.6
Subtotal	**14.3**	**14.3**	**14.3**
Service and demand pressures			
CHC growth	1.2	1.4	1.4
Primary care prescribing	1.8	2.3	2.3
Community pharmacy	0	0	0
NICE	2.3	3.5	3.5
Nurse Staffing Act	0.9	1.2	0
Internal cost/demand/service pressures	4.5	3.0	3.0
Claims WRP	0.4	0.1	0.1
WHSCC demand and cost pressures	2.9	3.0	3.0
EASC demand and cost pressures	1.1	0.5	0.5
Subtotal	**15.1**	**15.0**	**13.8**
Total	**29.4**	**29.3**	**28.1**

The basis for the above estimates is outlined below:

1.9.1 Pay cost inflation

Pay rises and incremental drift	21/22 £m	22/23 £m	23/24 £m
Wage awards – A4C staff 1%	4.3	4.3	4.3
A4C incremental drift	0.7	0.7	0.7
Medical and dental pay- 1%	1.4	1.4	1.4
Medical and dental incremental drift	0.3	0.3	0.3
Consultant commitment awards	0.3	0.3	0.3
Estimated inflation on external agency costs @1.5-2%	0.5	0.5	0.5
Total	**7.5**	**7.5**	**7.5**

Pay cost pressures have been assessed to remain broadly stable over the three years of the plan.

1.9.2 Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC)

The Health Board currently spends circa £48m per annum on external CHC placements. The anticipated cost increases for each year of the plan have been based on average price inflation of circa 2.5% per annum (£1.2m) and volume growth of circa 2.5% per annum (£1.2m). The plan also includes £0.3m per annum for NHSFNC price inflation.

1.9.3 Non Pay Inflation

The plan includes a non-pay inflation estimate of £2.2m (circa 2.0%) per annum for each of the 3 years.

1.9.4 LTA Inflation

Provision has been made for a 2% per annum tariff increase on all income and expenditure LTAs over the three years of the plan at a net cost of £2.6m per annum.

1.9.5 Primary Care Prescribing

The financial plan assumes growth in primary care prescribing costs of £1.8m for 2021/22 which is based on the estimated growth provided by the Medicines Management directorate. The financial plan assumes annual growth of £2.3m per annum for year 2 and year 3 of the Plan, matched by a corresponding savings target for the same value.

1.9.6 Community Pharmacy

The financial plan includes £0.5m per annum for growth in community pharmacy expenditure costs over the next three years. The £0.5m for 2021/22 was confirmed in the WG Allocation Letter.

1.9.7 NICE and New High Cost Drugs

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. The latest planning assumption is an annual increase of £2.3m for 2021/22 followed by £3.5m per annum for each of the next 2 years. This takes account of a small slowing down of both new NICE assessments and also reduced demand growth linked to Covid, and includes:

- Internal NICE growth within CTM (£1.3m)
- Anticipated financial impact of growth in NICE and other high cost drugs for CTM residents at Velindre Trust and other Health Boards (£1.0m).

1.9.8 Local Cost, Demand and Service Pressures

A £4.5m provision has been made in the financial plan for 2021/22 to cover local cost, demand and service pressures. The key areas are summarised below:

	2021/22 £m	2022/23 £m	2023/24 £m
Demand and activity growth across Integrated locality Groups	2.1	2.1	2.1
Other non-activity related cost pressures	0.9	0.9	0.9
Increased demand for beds **(See Section 1.8.3)**	1.5	0	0
Total	**4.5**	**3.0**	**3.0**

1.9.9 Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by Health Boards since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget.

The new risk sharing arrangement resulted in an additional cost pressures for Health Boards in 2020/21 and the CTM share was circa £1.7m. The latest information from NWSSP is indicating a charge to CTM in 2021/22 of £2.1m. The plan includes provision for an additional £0.4m in 2021/22 plus a further £0.1m per annum for each of the following 2 years.

1.9.10 WHSSC Demand and Cost Pressures

The financial plan includes a sum of £2.9m for WHSSC demand and cost pressures in 2021/22 followed by £3.0m per annum for each of the following two years. The latest plans from WHSSC, agreed at the Joint Committee, require additional investment of £2.9m in 2021/22 which is in line with the Health Board's financial planning assumption. This is in addition to the 2% funding for inflation of £2.0m.

1.9.11 EASC Demand and Cost Pressures

The financial plan includes a sum of £1.1m for EASC demand and cost pressures in 2021/22 followed by £0.5m per annum for each of the following two years. The latest agreed estimates from EASC are that they require an additional £1.1m in 2021/22 which is in line with the CTM financial planning assumption. This is in addition to the 2% funding for inflation of £0.5m.

1.10 INVESTMENT IN SERVICE IMPROVEMENT

The following table sets out the planned investments over the three year period:

Service improvement	**21/22**	**22/23**	**23/24**
Non Recurring investment:	**£m**	**£m**	**£m**
Health Board Transformation Fund	0	1.0	2.0
Transformation programmes **(See Section 1.8.3)**	7.0	0	0
Actions to address TI status required recurrently after Welsh Government TI support funding has ended **(See Section 1.8.4)**	2.6	0	0
Investment in primary care and emergency care **(See Section 1.8.5)**	7.0	0	0
Total Non- Recurring investment	**16.5**	**1.0**	**2.0**
Recurring investment:	**£m**	**£m**	**£m**
Locally determined developments	1.0	1.5	2.0

Transformation programmes **(See Section 1.8.3)**	0	6.2	
Actions to address TI status required recurrently after Welsh Government TI support funding has ended **(See Section 1.8.4)**	0	1.2	0
Investment in Mental Health services – nationally funded **(See Section 1.8)**	2.4	0	0
Investment in Primary care - nationally funded **(See Section 1.8)**	0.3	0	0
Enablers (Digital, Value, Business partnering)	0.8	0	0
Total Recurring investment	**4.5**	**8.9**	**2.0**

1.10.1 Service Improvement – Locally Determined

The financial plan for 2021/22 includes £1.0m for locally determined investment decisions. The planned allocation of this £1.0m is set out below.

Service improvement	**21/22 £m**
Recurring investment:	
Vascular reconfiguration (net additional cost - initial estimate being refined)	0.65
Early cancer diagnosis and cancer management development (already approved by Management Board)	0.35
Total Recurring investment	**1.0**

1.10.2 Enabling investment

The plan includes £0.8m for further investment in enablers for improvement. The exact use of this budget will be decided shortly but the key areas of priority are as follows:-

- CTM improvement (including Value Based Healthcare)
- Population health
- ICT and informatics
- Business partnering support to ILGs in some areas

1.11 OTHER NON RECURRING COSTS AND BENEFITS

Non Recurring costs	**2021/22 £m**	**2022/23 £m**	**2023/24 £m**
Retrospective CHC claims (matched with assume WG income)	0.5	0.5	0.5
Laboratory Information Network Cymru Programme (LINC) costs	0.2	0.7	0.7
Radiology Information system procurement (RISP)	0.1	0.1	0.1
Equipment replacement	0	0.5	0.5
Invest to Save – Records digitisation	1.0	1.4	0.8
Other non-recurring costs, including change management	0.6	0.9	1.1
Total	**2.4**	**4.1**	**3.7**

Non Recurring benefits	2021/22 £m	2022/23 £m	2023/24 £m
Release of recurrent reserve for increased demand for beds **(See Section 1.8.3)**	(4.7)	0	0
Slippage on investments	(2.0)	(1.0)	(1.0)
Accountancy gains	(6.2)	(2.5)	(2.5)
Total	**(12.9)**	**(3.5)**	**(3.5)**

1.12 MEDIUM TERM SAVINGS PLAN 2020/21 TO 2022/23

The following table sets out the planned savings over the three year period:

	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Recurring efficiency and redesign savings	(16.1)	(28.2)	(29.3)	(73.6)
Non recurring abatement of savings targets in 2021/22	1.6	0	0	1.6
Recurrent cost release resulting from transformation investment	0	(6.2)	0	(6.2)
Grand Total	**(14.5)**	**(34.4)**	**(29.3)**	**(78.2)**

Recurring savings of £16.1m are planned in 2021/21. This is circa 2% of an estimated controllable budget for CTM of circa £800m. It would still leave a recurrent deficit at the end of 2021/22 of £31.4m. Unless Welsh Government allocations were to increase at a greater rate in years 2 and 3, savings would need to be greater in these years. The total recurring savings requirement required over the three years would be £73.6m (9.2%).

The plan also includes £6.2m of cost reductions resulting from transformation investment. Of this £4.7m is assumed to be cost avoidance (£1.7m in 2019/20, £1.5m in 2020/21 and £1.5m in 2021/22), and £1.5m from absolute cost reduction in 2021/22 **(see section 1.8.3).**

1.12.1 Savings Plans for 2021/22

Further information on the latest savings plans for 2021/22 has been provided in a separate Annex and is summarised below:

	20/21	Recurrent
	£m	£m
Savings targets	14.5	16.1
Forecast Savings – Green & Amber schemes only	(13.6	(7.9)
Total	0.9	8.2

In addition to the Green and Amber schemes noted above, we have also identified a further £1.6m of other potential savings schemes which are currently shown as Red schemes, which should contribute to closing the remaining £0.9m gap for 21/22.

1.13 KEY RISKS TO THE 2021/22 FINANCIAL PLAN

The key risks to the 2021/22 financial plan are summarised in the following table. The table shows the worst case position (as per the WG financial templates) and also a more realistic probability adjusted risk which applies probability assessments to the worse case position:

Table 1 Risk Assessment of 2021/22 financial plan	Plan Assumption £m	Worse Case Risk £m	Probability %	Probability Adjusted Risk £m
Savings delivery risks:				
Shortfall against planned savings delivery.	14.5	4.0	50	2.0
Cost pressure risks:				
Recurring deficit brought forward cannot be brought back in line with the level assumed in the plan	33.9	6.0	50	3.0
Unavoidable recurring service and demand pressures are greater than plan estimate(key risk area are CHC rising back and Primary care prescribing)	15.1	2.0	50	1.0
Unavoidable costs of the Transformation programmes exceeding the confirmed WG funding for 2021/22	7.0	3.0	70	2.1
Surplus / Deficit before contingencies		**16.0**		**8.1**
Delay/stop new investments where possible		-1.0	25	-0.25
Further balance sheet review within 21/22		-2.5	50	-1.25
Potential for annual leave accrual reduction greater than costs of annual leave taken		-2.0	50	-1.0
Surplus / Deficit after Contingencies		**11.5**		**5.6**

The plan also assumes that there will be no adverse financial impact from the introduction of the new IFRS16- Accounting for finance leases.

1.13.1 Financial Risk Management Plans for 2021/22

The key elements of this are as follows:-

- Development of a more detailed risk management plan as part of Q1 detailed planning and budget setting.
- Key enablers include:
    - Increased focus on control and governance, aligned with a programme of prioritised zero based budget setting.
    - Development of CTM improvement, and value based healthcare.

1.14 KEY RISKS TO THE FINANCIAL PLAN IN YEARS 2 AND 3

The key risk for the later years is the 21/22 recurrent deficit currently planned of £31.4m. Unless there is increased recurrent funding from the Welsh Government (i.e. beyond the 2% uplift), then this will be require greater efficiency savings and re-alignment of the use of resources of around 3.5% per annum as set out in the plan.

A further risk is around the sustainability of out of hospital transformation investment from 2022/23 once Welsh Government transformation funding ends. The Health Board is fully aware of this and further work is being done with partners to externally review and improve sustainability plans.

Changes in the June submission of the 2021/22 Cwm Taf Morgannwg UHB Annual Plan

1. **Updates to the main document-**

- Plan on a page added (see page 3)
- A table of 'key deliverables' has been added at the end of each chapter
- Section 1.2 – the COVID charts have been updated
- Section 1.3 – the final 2 paragraphs have been added – these provide information regarding the Targeted Intervention and Special Measures working group/ roadmap that has been established and provides an update on the HIW/ AW follow up report received in May
- Section 1.4 – the final paragraph describes the approach to developing our Clinical Strategy
- Section 3.2.1 – update to the final paragraph to reflect that the neonatal deep dive commenced in May and proposed timeframe for this
- Section 4.4.1 – updated to note that the quarterly TTP review took place on 22nd June, following which it was confirmed that the service will be continued throughout Q2 (with ongoing review to be undertaken quarterly)
- Section 4.2 – section updated to reflect the current position/ future plans re: vaccination
- Section 4.3 – section updated to incorporate the Health Board's analysis and plans in relation to the recent COVID bed modelling
- Section 5.2 – updated as follows-
    - additional paragraphs added providing information in relation to the population health management programme and the segmentation work that is being progressed across the Health Board and Executive leads for specific work streams
    - The final paragraph has been updated in relation to the work on the Family Health Visiting pilot
- Section 5.3 – section updated to provide additional information in relation to the approach to Value Based Healthcare within the Health Board
- Section 6.1 – the charts in relation to performance have been updated to reflect the latest position
- Section 6.2.3 – this is a new section and describes the proposals that have been put forward against the new Mental Health funding for 2021/22
- Section 6.5 – this section has been updated to reflect the current position in relation to Planned Care Recovery and identifying further priority schemes should additional funding become available. An appendix has also now been submitted in relation to this, providing some of the key documents in relation to the Planned Care Recovery Programme.
- Chapter 7 – the whole workforce chapter has been significantly updated, to provide a greater level of detail in relation to workforce plans
- Chapter 8 – the whole finance chapter has been updated to reflect the latest position and plan. The finance appendix, with the full financial plan, has also been updated to reflect this.
- Section 9.3 – the Co2 emissions vs target chart has been updated to include the confirmed 2020/21 data
- Section 9.4 – the final paragraph has been updated to reflect the new Clinical Research Facility that is now in use on the Royal Glamorgan Hospital site
- Section 9.6 – the Estates and Capital section has been updated to reflect the latest position in terms of funded schemes etc

Appendices-

- The MDS has been updated
- The finance plan has been updated
- An additional appendix has been added, providing some of the key documentation in relation to the Planned Care Recovery Programme

AGENDA ITEM
7.3

CTM BOARD

ELECTIVE CARE RECOVERY PORTFOLIO

Date of meeting	29/07/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Nicky Croxon, Interim Director Elective Care Recovery
Presented by	Gareth Robinson, COO
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
OPD	Out Patients Department
2WW	Two Week Wait cancer referral pathway
GP	General Practitioner (Primary Care)
CQC	Care Quality Commission
ECRP	Elective Care Recovery Portfolio
OMFS	Oral and Maxillofacial Surgery
FIT	Faecal Immunochemistry Test

SOS	See On Symptoms
PIFU	Patient Initiated Follow Up

1. SITUATION/BACKGROUND

1.1 In March 2020 a Covid 19 outbreak began across the World, although at this stage the full impact and devastation which would follow was not yet known or predicted. The resultant exponential rise in hospital admissions, in particular the demand for Critical Care beds placed unprecedented pressure on the NHS and led inevitably to a significant scaling back of elective services in all NHS Acute Hospitals across the UK.

1.2 Over a year later some elective services have restarted, however the scale of backlogs created are the worst that the NHS have ever seen.

1.3 In April 2021 an allocation of funding to CTM was made available following a submission of schemes / bids for interventions in order to address the growing elective care recovery.

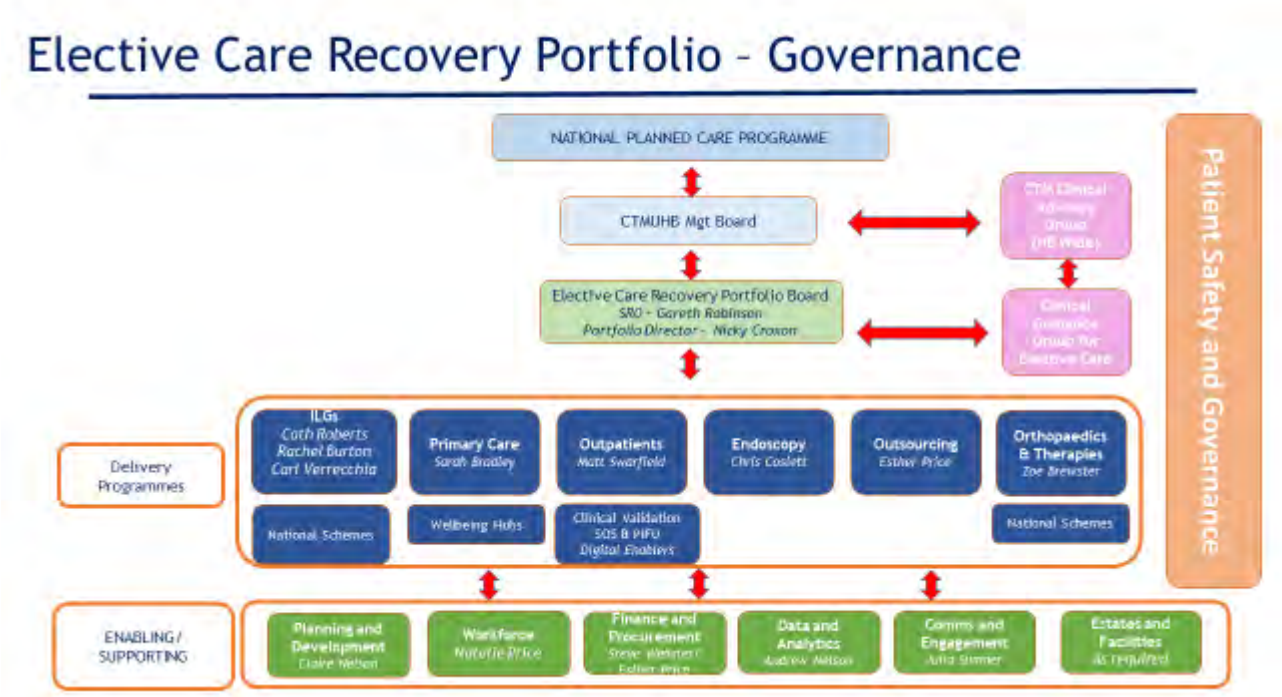
1.4 This paper seeks to provide an update on the overall progress that has been made following the agreement of funding from Welsh Government.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

Governance

2.1 The overall portfolio of programmes and projects has been split into the following workstreams for ease of management:

- X 3 ILGs
- Primary Care, including Wellbeing Hubs
- Orthopaedics and Therapies
- Outpatients, including digital enabler projects
- Endoscopy, including Regional Mobile Unit
- Outsourcing

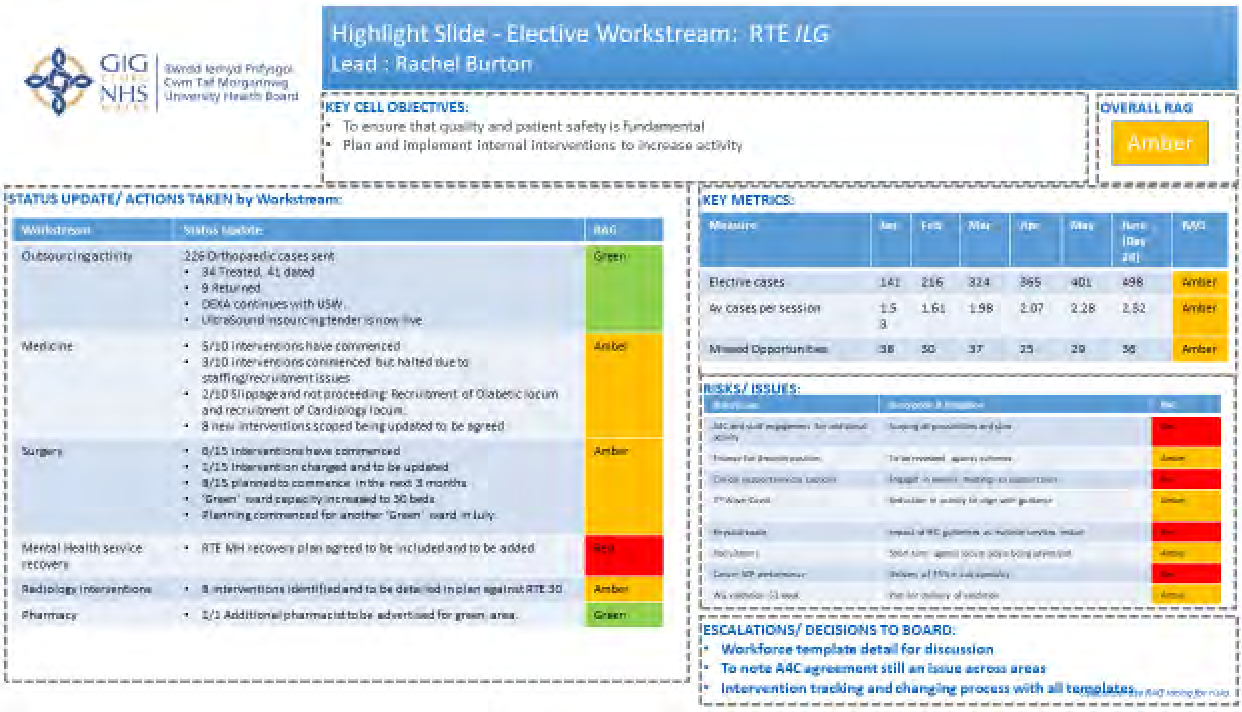


2.2 There is an established rhythm of weekly oversight meetings, which will transition into a monthly board session in the near future. The current draft Terms of Reference for this group can be found in Appendix 1. These have been agreed at the weekly oversight meeting (board) and will be confirmed following ratification at Management Board.

2.3 Each of the workstreams (which all have a number of schemes, projects or programmes within them) have an identified Management lead and are supported by a Workforce and Finance lead who provide subject matter expertise. There are financial and workforce (recruitment) trackers in place across all of the workstreams.

2.4 The monitoring of activity benefits (ie reduction in FUNB, 100% overdue follow ups and overall waiting lists) will take place via Qliksense dashboards; these are being developed specifically for tracking of the Elective Care Recovery Portfolio. Trajectories have been developed across most schemes, there are a total of 71 schemes on version 11 (approved funding), with replacement schemes and new schemes being developed – these are subject to our change control process (Appendix 2).

2.5 On a weekly basis, the management lead produces a highlight report which is presented to the weekly oversight group. A sample of this is embedded below:



2.6 The highlight report is in the process of being adapted to align with the specific activity reporting being developed via Qliksense. In addition, the centralised RAID log will be updated via the weekly highlight reports – which will annotate if there is a new risk or issue, if a risk or issue has been closed or indeed if the grading of the risk has been amended. The standard risk management scoring matrix will be used to determine the risks. Corporate risks will be held within the usual business model for risk management.

2.7 In addition to the above, an overall portfolio scorecard has been drafted for use which covers four key components of the portfolio; Activity and Benefits, Quality, Safety and Governance, Finance and finally Workforce. Specific KPIs are in the process of being agreed, including the associated target levels. A drafted section of the Activity KPIs can be seen in Appendix 3.

Workstream Updates

2.8 Outpatients

- Three pilot specialties identified for clinical validation (WG initiative), Stamped Addressed Envelopes on order to progress, patients have been risk assessed prior to contact and an EQIA has been undertaken
- Use of DrDoctor is being worked up for a pre validation stage – OMFS have expressed an interest (patients <18 years will be removed)
- A bid for specific support in delivery of SOS and PIFU has been drafted which will include a team of validation clerks and project managers, the posts have gone out to advert at risk given the turnaround times for delivery versus recruitment.
- A dedicated patient line has been set up and is ready to accept calls from patients who have questions regarding the validation letter they receive and an audit will follow in respect of impact on GP practices (LMC have been consulted)

2.9 Endoscopy

- FIT pathway now underway with first tests due in July
- Insourcing lists are underway and being tracked (manually) however issues with staffing has impacted delivery
- Validation of Endoscopy waiting lists is underway at both sites
- Regional Mobile Unit – work underway, funding decision from WG awaited

2.10 Primary Care (including Wellbeing Hubs)

- Initial pathways agreed for Wellbeing Hubs; IBS, Pain Management and Cardiology
- Training providers in place to deliver Health Trainers training
- Additional OOH triage/treatment sessions required have been identified/costed for Urgent Dental Access
- An issue with IT connectivity has delayed the Glaucoma project progressing beyond 1 practice

2.11 Outsourcing

- Monthly sessions with the independent sector(IS) have commenced with representation from operations, procurement and the providers
- Development of agreed (revised) capacity trajectories is underway and this will support forecasting financials (by specialty, by provider, by month)
- Expressions of interest for gynaecology capacity has closed with one supplier located in Reading offering support
- A specification for Insourcing of Echocardiograms is being developed

2.12 Orthopaedics and Therapies

- Specific orthopaedic and therapy schemes (7 in total) have been worked up and put forward within the final IMTP submission, these schemes are progressing well with great engagement from clinical teams (such as Urogynaecology combined clinic with physio)

2.13 RTE ILG

- All schemes with agreed funding (V11) have agreed activity benefits trajectories which have been shared with informatics for onward reporting
- 12 out of a total of 28 (V11 agreed) schemes have commenced, 3 have been halted due to rates of pay, 9 schemes scheduled to commence by September, 4 have been identified as undeliverable and replacement schemes are being developed
- Increased throughput of elective cases can be seen in the numbers reported locally

2.14 Bridgend ILG

- Trajectories of activity benefits have been produced for each scheme (V11 agreed) and shared with Informatics
- Pay rates is an issue within Bridgend affecting a number of their schemes
- Additional Orthopaedic, Gynaecology and Medicine clinics commenced during June
- Weekend operating for Orthopaedics commenced in June and is scheduled into July but this will cease after August if pay rate announcement doesn't conclude, case mix change during July to Carpal Tunnel
- Reconfiguration of theatres on POW site took place 18th June.

2.15 MC ILG

- Commencement of some of MC schemes has proved difficult due to competing priorities – however recruitment plans have gone ahead as per initial milestone

- Medefer (outsourcing) has been identified to support MC specifically (initially) and a discovery session has been set up for the 7th July. Medefer's outpatients service has been designed with practising Clinicians to enable patients to be reviewed, investigated, and managed without the need for a physical hospital outpatient attendance. This has been achieved through developing a virtual outpatient pathway supported by a remote access platform, the beauty of this service is that the team follow CTM clinical pathways.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Support from Informatics and Performance *at pace* is required now to triangulate the work that has been started from within the portfolio.

3.2 Inherent risk within the backlog waiting lists may lead to increase mortality in some services, and almost certainly reductions to quality of life live across all specialities.

4. IMPACT ASSESSMENT

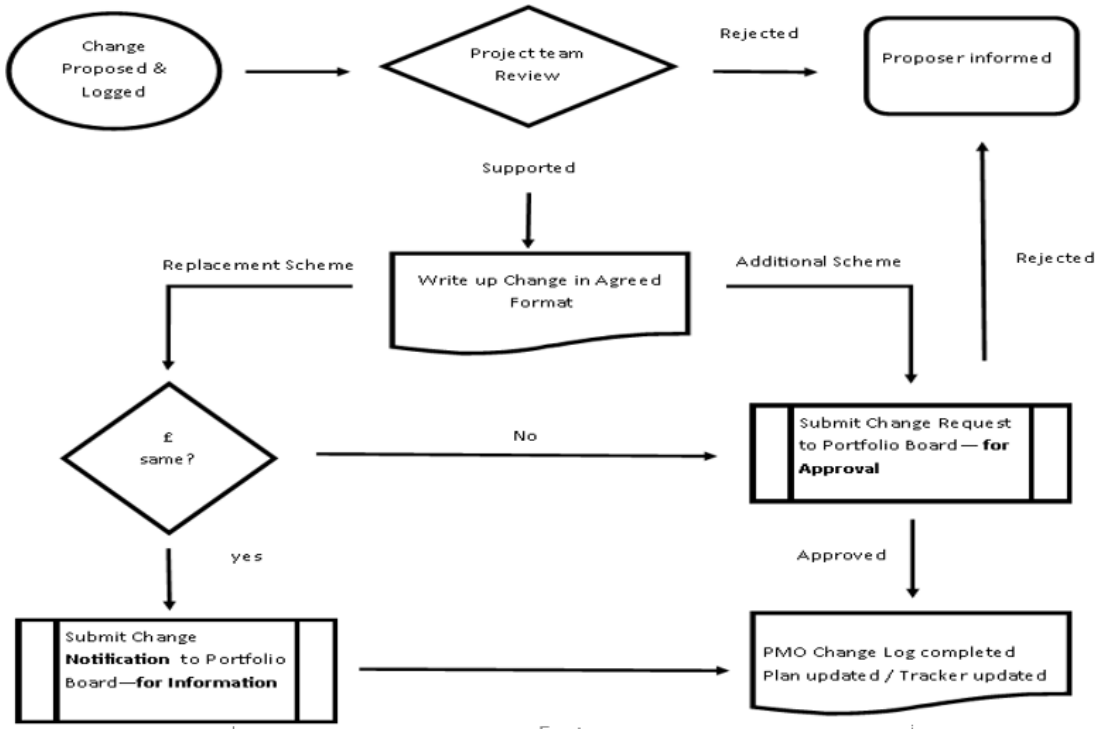
Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Details of workforce implications are available from within the detail of the schemes (there are multiple).
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Board is being asked to NOTE the contents of this update report.

Appendix 2

Change Process Overview



Appendix 3

ECRP Overview

June 21

Nicky Croxon

	Ref.	KPI	End of Year Target	Monthly Target	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Sparkline
Activity (Benefits and leading indicators)	A01	Overall Count of patients >52 weeks (all stages)	0		30,155	31,538	33,778	36,725	40,809	45,663	49,758	53,706	59,652	66,548	70,214	68,538	67,303	
	A02	Count of patients waiting >36 weeks (all stages)	TBC		43,281	48,741	55,089	61,534	66,080	74,956	82,573	81,881	81,404	81,209	80,839	81,609	82,689	
	A03	Count of patients in stage 1	TBC		70,064	72,546	75,974	79,466	80,974	81,776	82,999	84,791	86,346	87,882	90,261	93,268	95,749	
	A04	Count of patients 100% overdue FUNB	TBC		21535	21270	21151	22255	23911	24212	24929	26231	27469	28158	28300	28196	28680	
	A05	Count of patients treated outside of core activity (against trajectory)	trajectory															
	A06	Count of patients treated via the Independent Sector	trajectory															
	A07	Count of patients on a PIFU pathway	trajectory															
	A08	Count of patients on an SOS pathway	trajectory		0.8%	0.5%	0.8%	0.9%	0.8%	0.7%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	
	A09	Total number of schemes (xx) delivering	100.0%															
	A10	Endoscopy Waiting List	TBC	trajectory													7486	
	A11	% of patients from XX referred to Wellbeing Hub services																
	A12	Count of Referrals received	TBC		22837	29850	26783	31922	30408	30428	26739	26185	28272	38215	36055	36455	39613	
	A13	Outpatient CAN / DNA rate			4.60%	5.43%	6.11%	7.53%	7.63%	7.88%	8.14%	7.14%	6.80%	7.15%	7.46%	7.83%	8.37%	
	A14	Emergency admissions (overall) as a % of all admissions			67.81%	65.80%	66.68%	62.86%	60.00%	56.29%	62.25%	63.78%	60.06%	58.46%	58.63%	58.93%	57.00%	

Commentary

**NB notes on the dataset above **

- A01-03 are all waiting lists and all stages - not just RTT
- A06 – Currently on manually submitted spreadsheets – WIP to automate
- A07 - We don't have historic figures for PIFU at the moment
- A08 - SOS pathway data is only old Cwm Taf and not Bridgend at present as the Bridgend
- A11 – no data on this currently.

Elective Care Recovery Portfolio Board

Terms of Reference

1.0 Introduction

The purpose of this document is to define the terms of reference for the Elective Care Recovery Portfolio Board.

As the impact of the Covid pandemic becomes clearer, the Health Board have commenced detailed planning and (where appropriate and according to changing Infection and Prevention Control guidance) restarting of elective activity.

To oversee the development, implementation and delivery of plans for the restart of elective activity the Elective Care Recovery Portfolio Board (the Portfolio Board) has been convened.

2.0 Remit and Responsibilities

This multi-disciplinary Portfolio Board is responsible for the leadership, influence and support to drive the elective care recovery programmes of work forward and will deliver in line with the Health Board's operational objectives to:

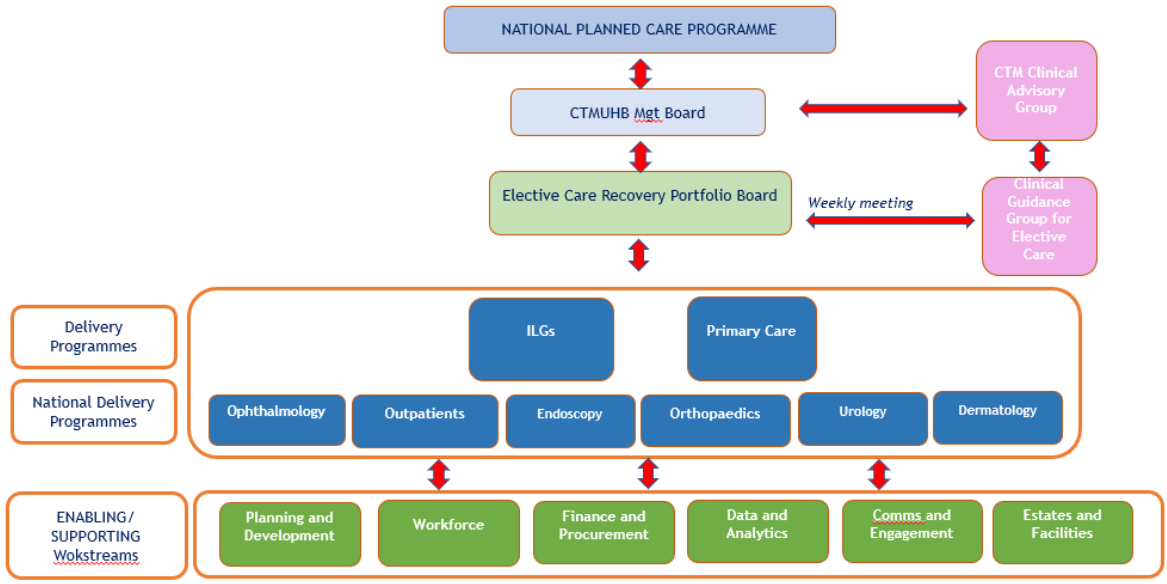
- Improve quality, safety and patient experience.
- Protect and improve population health.
- Ensure that the services provided are accessible and sustainable into the future.
- Provide strong governance and assurance.
- Ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.
- Develop a motivated and sustainable workforce.
- Carry out a thorough evaluation throughout this portfolio.

The Portfolio Board will meet weekly initially to agree detailed activities and to support the development and implementation of the associated Recovery Plan (the plan). The Portfolio Board will also monitor delivery via a combination of highlight reports and associated trackers. Once per month, when closed down financial and activity is available a dedicated session will be held to review the signed off positions (ie tracking of activity benefits and drawn down financial position). Furthermore, a written report will be provided to the CTM Health Board Management Board each month.

Each ILG will be represented by a member of the Senior ILG Team (Director of Operations or equivalent). In addition, the Portfolio Board will include key representatives from all parts of CTM UHB required to help deliver the final plan. Co-ordinated by the Portfolio Director, this team will support the development of the ILG and overall CTM UHB recovery plan.

3.0 Workstream & Governance Structure

The programme work stream and reporting structure is illustrated below. As the portfolio develops and matures the work streams and delivery programmes may be subject to change. Any substantial changes will be detailed in a future iteration of the terms of reference.



4.0 Membership

Role
Senior Responsible Officer, Chief Operating Officer
Portfolio Director, (Chair)
Director of Operations (MCILG)
Director of Operations (RTEILG)
Director of Operations (BILG)
Operational delivery lead (MCILG)
Operational delivery lead (RTEILG)
Operational delivery lead (BILG)/Ophthalmology delivery lead
Primary Care lead

Operational delivery lead (Primary Care)
Orthopaedic Transformation lead
Outpatients Transformation lead
Endoscopy Programme lead
Urology Programme lead
Dermatology Programme lead
Planning lead
Workforce lead
Procurement lead
Data & Analytics lead
Communications & Engagement lead
Estates & Facilities lead
Clinical Guidance Lead
Director of Finance
Finance Lead
Finance Business Partner
Programme Manager (PMO)
Programme Support Office (PMO)

Where appropriate; additional members will be co-opted onto the Portfolio Board for specified purposes throughout the duration of the programme.

5.0 Procedural Arrangements

Quorum – The meeting will be regarded as quorate when attended as a minimum by

- Senior Responsible Office or Chair
- 2 delivery programme leads,
- 1 finance representative,
- 1 National Delivery Programme lead.
- 1 Enabling/Supporting work stream lead.

Chair – Portfolio Director (or nominated deputy).

Attendance – Most meetings will be conducted virtually.
Appropriate deputies may be sent when members are unable to attend. These deputies must be briefed and provided with the documentation relevant to the meeting by the group member.

Secretariat – Provided by Programme Management Office

Frequency of meetings – Initially Weekly. This will be adjusted in line with portfolio requirements

Reporting

The Chair shall:

- Report formally to the Senior Responsible Office on the Portfolio Boards activities. This includes updates on activity, written reports as well as the presentation of detailed plans ; and
- Bring to the Executive Board's attention via the SRO any significant matters under consideration by the Portfolio Board.

6.0 Review

These Terms of Reference will be reviewed as significant issues arise.

Date	29/06/2021
Author	Nicky Croxon
Version	0.2
Status	Second Draft

AGENDA ITEM
7.4

CTM BOARD

OPERATIONAL RESILIENCE AND WINTER PLANNING

Date of meeting	29 July 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Clare Williams, Deputy Director of Strategy and Transformation
Presented by	Linda Prosser, Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Executive Team	19/07/2021	SUPPORTED
Management Board	21/07/2021	APPROVED

ACRONYMS	
RSV	Respiratory Syncytial Virus
CTM	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

1.1 Good practice emergency planning indicates that planning pre-response is as important as the actions taken during the response. For the remaineder of 2021 and into 2022, Cwm Taf Morgannwg

communities and the services the health board provides, will be impacted by the continuing COVID-19 pandemic. This risk presents not just from COVID-19 itself, but also in the form of large, delayed outbreaks of endemic diseases which, as a result of lockdowns and social distancing, were not seen during 2020/21. This is all within the context of waiting lists which have inevitably grown during the course of the pandemic.

1.2 Current COVID-19 modelling from Welsh Government https://gov.wales/sites/default/files/publications/2021-07/technical-advisory-group-policy-modelling-update-12-july-2021.pdf suggests that a further wave of COVID-19 is underway, with a likely peak of COVID-19 hospitalisations in August 2021.

1.3 Respiratory Syncytial Virus (RSV) infection is a common cause of bronchiolitis and acute respiratory illness in children under 5 years. Based on observed patterns in the Southern Hemisphere where significantly higher-than-expected numbers of cases have been reported, it is considered likely that this is replicated across the UK from August 2021 into 2022, with the peak estimated in November 2021. The stated Welsh Government 'most likely scenario' is an earlier outbreak than typically observed, with 20-50% increase in total number of RSV cases / admissions.

1.4 Surveillance of all Acute Respiratory Infection (ARI), continues through weekly Public Health Wales reporting. Included in this are Rhinovirus, Parainfluenza and Influenza.

1.5 The Public Health Wales report for week 27 (ending 11/07/2021) states, "the numbers of confirmed cases of RSV in children aged under 5 years continued to increase, mainly in north Wales, whilst cases of Parainfluenza are elevated but stable and there are no reports of Influenza".

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Whilst wintering planning has commenced across the Health Board, and will be undertaken in conjunction with Local Authority teams, it is now necessary to ensure an agile governance structure is in place which will ensure appropriate resilience across the Health Board for a 'winter pressures' period which is likely to start in August 2021.

2.2 This work is running alongside the Planned Care recovery programme which seeks to address increased waiting lists across the Health Board and is at risk if significant service capacity issues are experienced.

2.3 Learning for the previous Health Board COVID-19 responses indicates that having clear aims and objectives for a response programme is

key for clarity of purpose and responsibilities. The strategic aims of the CTM Resilience Programme are:

- Protect the health of people in our communities;
- Prevent deaths from surging respiratory disease and from the impact of a surge on core services; and
- Protect the health and well-being of staff.

2.4 To enable a proportionate governance structure during pre-response and response phases, it is helpful to have an agreed set of triggers which will allow the organisation to have a clear understanding of the operation situation. The following surveillance metrics and triggers have been developed in draft:

Community indicators	Community triggers	Hospital capacity indicators	Hospital capacity triggers
Rolling 7-day cumulative COVID incidence per 100,000	>100 per 100,000 pop	Community acquired COVID inpatients	>10 across all sites or >3 in any DGH site
Rolling 7-day cumulative COVID incidence per 100,000 in >60s	>80 per 100,000 pop	Staff absence due to need to isolate	>10% above baseline as of 13/07/21
COVID test positivity rate in community over seven days	>10%	COVID positivity rate amongst staff over seven days	>10%
Sentinel GP consultation rate for influenza-like illness	MEM threshold (11 per 100,000)	ICU admissions for COVID	>3 across all sites or >1 in any DGH site
RSV	Season underway	TBC	TBC

2.5 The Cwm Taf Morgannwg University Health Board (CTM) COVID-19 position as at 15 July 2021, indicates that cases and admissions are tracking on the Welsh Government modelling scenario of low delta transmissibility and low adherence.

2.6 This scenario indicates a peak in bed occupancy at the end of August. In order to ensure that the Health Board is fully prepared for this and the wider challenges of the coming winter, Gold, Silver and Bronze structures will be stood up week commencing 26 July 2021, initially in a pre-response phase. The strategic aims set out above, mean that through this governance, the impact of any surge on our ability to deliver our planned care recovery programme can be monitored and minimised.

2.7 To ensure an appropriate system wide response to the predicated RSV scenario, Welsh Government have requested response plans from Health Board's. These have been submitted within the requested timeframe and further work will continue through the Gold, Silver and Bronze structures.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Without a governance structure to bring together all aspects of planning to respond to the likely challenges of the coming months, there is a risk that plans will be developed, and actioned, in silos. Establishing a Gold, Silver and Bronze will reduce this risk.

3.2 Initially it is not proposed that wider Health Board governance structures are stood down, however this will form a regular review through Gold.

3.3 GOLD will be chaired by the Director of Strategy and Transformation and membership will comprise of the Executive Team and the Directors of Social services from each of the local authorities, with support from the Deputy Director of Strategy and Transformation.

3.4 SILVER will be chaired by the Chief Operating Officer, with membership from each Integrated Locality Group Bronze, the Primary Care Bronze, local authority head of service and the functional planning cells, eg digital, workforce, finance and procurement etc. Support will be provided by the Director of Winter and the Assistant Director of Planning. The Planned Care Programme Director and the Unscheduled Care Programme Director will attend to ensure aligned decision making.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	EIA will need to be developed as
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 NOTE the CTM Resilience Programme strategic aims:

- Protect the health of people in our communities;
- Prevent deaths from surging respiratory disease and from the impact of a surge on core services; and
- Protect the health and well-being of staff.

5.2 NOTE standing up Gold, Silver and Bronze in pre-response phase, noting that at this point wider governance structures are not being stood down.

5.3 NOTE the draft surveillance metrics and triggers.

AGENDA ITEM
7.5

CTM BOARD

ORGANISATIONAL RISK REGISTER

Date of meeting	29/07/2021

FOI Status	Public

If closed please indicate reason	Not applicable - Public Meeting

Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance

Report purpose	FOR REVIEW & APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	June 2021	RISKS REVIEWED
Management Board	16/06/2021	RISKS REVIEWED AND MANAGEMENT BOARD SIGN OFF RECEIVED
Planning, Peformance & Finance Committee	22/06/2021	ASSIGNED RISKS REVIEWED AND APPROVED
Executive Team	28/06/2021	REVIEW OF AN ADDITIONAL RISK FOR ESCALATION – RISK ID 4706
Digital and Data Committee	8/07/2021	ASSIGNED RISKS REVIEWED AND APPROVED
People and Culture Committee	14/07/2021	ASSIGNED RISKS REVIEWED AND APPROVED

ACRONYMS	
CSGs	Clinical Service Groups
ILG's	Integrated Locality Groups

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Board to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register have been appropriately assessed.

1.2 The report should be considered in the context that risks within the organisation are still undergoing a robust review and therefore the organisational risk register remains a work in progress and activity continues to ensure a consistency of approach to the quantification of risk across the Health Board.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.2 The following progress has been made since the last report:

- The ILGs are continuing to work to both rationalise and standardise the Clinical Service Group risk registers, the pace of this activity has been impacted by the operational pressures in response to Covid-19, however, activity has resumed with the target of October 2021 for all risks held on the Datix system to have been reviewed.
- The monthly risk management awareness sessions held virtually via Teams are being well received, 34 colleagues joined the session on the 13th May 2021 and a large number already booked on the forthcoming sessions in June and July 2021.
- Risks on the organisational risk register have been updated as indicated in red.
- A schedule outlining the risk review dates has been shared with Business Managers and ILG Heads of Quality & Safety to aid the timely review of risks reviewed monthly by the Management Board for escalation/de-escalation for the Organisational Risk Register. This has been mapped to align with the request to report to Committee meetings prior to Board.
- Risk Management Milestones updated to align with the Targeted Intervention programme – Appendix 2.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Rhondda Taf Ely Locality Group (RTE ILG)

1. Datix ID 4632 – Demand and Capacity across the Stroke Pathway. Risk rated as a 20.
2. Datix ID 3742 – Care of 16-18 Year Olds. Risk Rated as a 16.
3. Datix ID 4567 – Lack of Endocrine Surgical Service in RTE. Risk rated as a 16.
4. Datix ID 4706 – Failure of appropriate security measures in mental health services. Risk rated as a 16.
5. Datix ID 4512 – Care of patients with mental health needs on acute wards. Risk rated as a 15.

Bridgend Integrated Locality Group

6. Datix ID 3993 – Fire Enforcement Notice – POW Theatres. Risk rated as a 15.

Merthyr & Cynon Locality Group

7. Datix ID 4688 - Emergency Department (ED), inability to appropriately triage patients in the Minors area of ED, compounded by two current access points that are not co-located with neither incorporating triage. Risk rated as a 20.
8. Datix ID 4684 – Emergency Department Environment at Prince Charles Hospital. Risk rated as a 16.
9. Datix ID 4685 – Patient Flow within the Theatres Department at Prince Charles Hospital.
10. Datix ID 4686 – Management of Controlled Drugs within the Theatres Department at Prince Charles Hospital.

Information Communication Technology / Digital Risks

11. Datix ID 4664 – Ransomware Attack resulting in loss of critical services and possible extortion. Risk rated as a 20.
12. Datix ID 4671 - NHS Computer Network Infrastructure unable to meet demand. Risk rated as a 15.
13. Datix ID 4672 - Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards. Risk rated as a 15.

3.2 CHANGES TO RISK RATING

a) Risks where the risk rating INCREASED during the period

Chief Operating Officer / All Localities Risks

1. Datix ID 4491 – Failure to meet the demand for patient care at all points of the patient journey. Risk rating increased from a 16 to a 20 this period.

Merthyr & Cynon Locality Group Risks

2. Datix ID 3562 – Emergency Department Overcrowding at Prince Charles Hospital. Risk rating increased from a 16 to a 20 this period.

   The rationale for the increase in score is captured in the Organisational Risk Register – Appendix 1.

b) Risks where the risk rating DECREASED during the period

Information Communication Technology / Digital Risks

1. Datix ID 4565 – Security at the Health Board's main Medical Records and Information hub. Risk rating decreased from a 20 to a 12 and will now be removed from the Organisational Risk Register and monitored via the local ICT/Digital risk register.

2. Datix ID 632 – Shortage of IT Storage Space. Risk rating decreased from a 15 to a 9 and will now be removed from the Organisational Risk Register and monitored via the local ICT/Digital risk register.

3. Datix ID 4286 – Telecommunications upgrade required with operational components for cardiac arrest and emergency fire numbers. Risk rating decreased from a 15 to a 12 and will now be removed from the Organisational Risk Register and monitored via the local Facilities risk register.

4. Datix ID 4306 – Potential Cyber Security risk relating to a brand of medical device monitoring system. Risk rating decreased from a 15 to a 12 and will now be removed from the Organisational Risk Register and monitored via the local Facilities risk register.

Chief Operating Officer / Medical Director Risks

5. Datix ID 4115 – Implementing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint. Risk rating decreased from a 16 to a 12 and will now be removed from the Organisational Risk Register and monitored via the Integrated Locality Group risk registers.

Health, Safety & Fire Risks

6. Datix ID 4392 – Site Specific Fire Documents require updating on some sites. Risk rating decreased from a 16 to a 12 and will now be removed from the Organisational Risk Register and monitored via the local Health, Safety & Fire Risk Register.

Rhondda Taf Ely Locality Group Risks

7. Datix ID 4401 – Risk of absconding from Ward 23 in RTE. Risk rating decreased from a 16 to a 6 and will now be removed from

the Organisational Risk Register and monitored via the CSG Risk Register.

Therapies & Health Sciences Risks

8. Datix ID 4577 – Impact on Speech and Language Therapy (SLT) and Dietetics staffing capacity with the relocation of tissue transfer surgical procedures to RGH. Risk rating decreased from a 15 to a 12 and will now be removed from the Organisational Risk Register and monitored via the Therapies Risk Register.

The rationale for de-escalation is captured in the Organisational Risk Register – Appendix 1.

3.3 CLOSED RISKS

Chief Operating Officer / All Localities Risks

1. Datix ID 4070 – Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets has been closed. The reason for closure is that the risk has been amalgamated into a reframed risk – Datix ID 4458 – Failure to deliver Emergency Department Metrics (including 15 minute handover and 4 and 12 hour breaches) which is retained on the Organisational Risk Register.

2. Datix ID 4417 – Management of Security Doors in all hospital settings. The reason for closure is the risk has been amalgamated within Risk ID 4253 – Ligature Points – Inpatient Services.

3. Datix ID 4186 – Covid-19 Gold Risk 002 – Critical Care Beds and Equipment. This risk has been closed as the target score has been met.

Information Communication Technology / Digital Risks & Rhondda Taf Ely Locality Group

4. Datix ID 4109 – Increase requirement to store the paper patient record for longer due to delay in the DPN Project and the increased retention period due to the Infected Blood Inquiry. This risk has been closed as the target score has been met.

Bridgent Locality Group

5. Datix ID 3584 - Neonatal Capacity/Stabilisation cot at Princess of Wales. This risk has been closed this period.

Rationale for closure is captured in Appendix 1.

3.4 HIGHLIGHTED RISKS

Children and Adolescent Mental Health Services (CAMHS)

1. Datix ID 4149 – Ty Llidiard Escalation

Ty Llidiard provides child and adolescent mental health in-patient services in the Bridgend area for South Wales. Ty Llidiard sits under the Child and Adolescent Mental Health Service (CAMHS) Directorate within CTM and the service delivered is commissioned by the Welsh health Specialised Services Committee (WHSSC).

Following consideration by WHSSC officers in discussion with the Bridgend Integrated Locality Group and CAMHS Management Team, the Ty Llidiard CAMHS Unit was moved to stage 4 of the WHSSC escalation process in June. This level of escalation is the highest level outlined by WHSSC and given the level of the concerns it was agreed that it is critical that the necessary improvements to the unit are prioritised and delivered at pace.

The Health Board, led by the Chief Executive, met with WHSSC on the 12th July to discuss the concerns in detail. The meeting was productive and agreed an outline action plan with timelines to ensure key areas of concern are addressed. It was agreed that future milestones are supported by qualitative and process metrics. The risk and mitigating actions reported on the organisational risk register are being reviewed in light of these developments to correspond with the actions agreed with WHSSC.

The Health Board will continue to work closely with WHSSC to ensure specific areas of concern are address without delay and future updates will be provided to provide assurance to wider Board members through the committee scrutiny process.

3.5 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence						
	5			4105 4253	4080 3826 1793 4664 3993	
	4				4149 3742 4106 4157 4156 4458 4567 4148 3584	4103 4152 4478 2018 4217 4476 4482 4116 3585	4491 4060 4629 4477 4632 3562 4071 4688

					4337 4684 2987 4686 4294 4685 3958 4235 3682 3011 3008 3654 4356 3133 4500 4360 816 3656 4292 4281 4706	
	3					3899 4606 3638 4218 3072 4672 4110 4671 3698 4512 3685
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Health Board are asked to:

- REVIEW the detailed Organisational Risk Register at Appendix 1.
- APPROVE the recommendations in relation to New Risks, Updated Risks and Closed risks in section 3.1.
- NOTE – the progress made against the risk journey milestones at Appendix 2.

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	**IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey. **Then:** the Health Board's ability to provide high quality care will be reduced. **Resulting in:** Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing undertaken when needed. • The UHB will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established.	The Health Board has established a Planned Care Board, with a full programme of work to address FUNB, demand and capacity and a recovery programme which will include cancer patients; The plans have timescales – which are being monitored, however it is likely that it will take time to reduce waiting times to acceptable levels in the post-covid-19 environment.	Quality & Safety Committee	20	C4xL5	12 C4 x L3	↑ 16 (June 2021)	11.01.2021	07.06.2021	31.07.2021	4491
Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to remain in financial balance in 2021/22.	**IF:** The Health Board is not able to plan changes which enable current run rates of expenditure to align with the available funding for 2021/22 (including Covid funding and Planned Care recovery funding) **Then:** The Health Board will not be able to develop a break-even financial plan for 2021/22 and deliver it . The context is that the draft plan for 21/22 currently shows a deficit of £19.8m which entirely relates to Q3 and Q4, since the Health Board has only received Covid funding for non programme costs for Q1 and Q2 only. **Resulting in:** Potential deficit in 2021/22 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. The context is that very significant non-recurring funding was allocated to the Health Board in 2020/21 which may not be at the same level in 2021/22, and 21/22 funding within initial allocations is predicated on a return to levels of efficiency savings close to pre-Covid levels.	Arrangements are being put in place to further develop the 2021/22 IMTP and financial plan, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.	Review bottom up savings plans and budget setting proposals received May/June. Develop the further savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 21/22.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	27.01.2021	10.05.2021	30.06.2021	4060
Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22.	**IF**: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2022/23. **Then**: The Health Board will not be able to develop a break-even financial plan for 2022/23 and deliver it . The context is that a key issue beyond 21/22 is the recurrent impact of the plan in 22/23 when it is likely that the non recurring funding for Covid in 21/22 will end or significantly reduce as well as non recurring Transformation funding ending. **Resulting in:** Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.	Arrangements are being put in place to develop the 2021/22 IMTP, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting of the forecast recurring position to Management Board and Planning, Performance & Finance Committee and Board.	Review bottom up savings plans and budget setting proposals received May/June. Develop the further savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 22/23.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	10.5.2021	10.5.2021	30.06.2021	4629
Executive Medical Director	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	**If:** the CTMUHB fails to recruit sufficient medical and dental staff. **Then:** the CTMUHB's ability to provide high quality care may be reduced. **Resulting in:** a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Explore substantive appointments of staff undertaking locum work in CTMUHB • Feedback poor performance and concerns to agencies • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs	The response to Covid-19 has impacted the original timeframes for these actions due to the requirement to focus on clinical operational service delivery during the pandemic. Revised dates have been included below: 1. AMD and workforce to develop recruitment strategy - 31.3.2021 –Revised Date September 2021. 2. AMD and DMD to develop retention and engagement strategy - 31.3.2021 – Revised Date September 2021. 3. Reduce agency spend throughout CTMUHB – ongoing - The agency spend reduction is dependent on recruitment aligned with the bank launch and switch to ADHs. The bank launch has been delayed due to problems with the rate card and recruitment through the pandemic has been challenging impacting our ability to appoint to positions. 4. Launch of 'medical bank' to Bridgend ILG locality Autumn/ Winter 2020 –Revised Date September 2021. Update June 2021: At present no immediate change to control measures and mitigating actions. The Workforce Strategy Group will be meeting soon and these issues will be raised and addressed following which the risk will be updated as appropriate.	Quality & Safety Committee People & Culture Committee	20	C5 x L4	15 (C5xL3)	↔	01.08.2013	5.5.2021	31.07.2021	4080
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department (ED) Overcrowding	**If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases.	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. -Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. -Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Continue to implement actions identified in the control measures. Action plans are in the process of being reviewed so a timescale will follow once the review has been undertaken by the lead. Update June 2021 - Unscheduled Care Improvement Programme has now launched - Bridgend ILG is being provided with a Programme Manager to drive forward key projects, the key projects are yet to be launched. These projects will initially focus on the Emergency Department (ED) and Site Flow and measures will be identified that will allow us to track improvements in ED overcrowding. **Timescale: Projects due to commence July 2021.** Target Score Rationale - the rationale for the consequence score reducing at the target level is that increased resources and staffing will support improved patient experience and care reducing the consequence rating.	Quality & Safety Committee	20	C5 x L4	9 (C3xL3)	↔	24.09.2019	4.6.2021	31.7.2021	3826

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer / Executive Director of Nursing & Quality (Executive Lead IPC)	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Provision of negative pressure rooms in CTMUHB in line with WHC (2018) 033	**If:** there are no negative pressure rooms available in CTMUHB. **Then:** the service will be unable to isolate patients in an appropriate environment. **Resulting In:** Non compliance with national guidance/ WG expectation	Patients isolated in single rooms. Apply IPC precautions. Isolation policy in place. Alert organisms are dealt with by the IPCT. IPCN's liaise with wards/ departments giving IPC advice/ instruction. All alerts are discussed at weekly meetings. Patients with highly transmissible respiratory infections will be transferred to a regional centre with appropriate isolation facilities	Work with Executive Team, Capital, Estates and Shared Services colleagues to consider recommendations outlined in the WHC(2018)033 Risk currently being reviewed by the Chair of the Infection Prevention and Control Group. Lead Infection Control Nurse is engaging with the Estates / Capital Team on progress to date in relation to the provision of negative air pressure rooms. The risk therefore remains currently unchanged.	Quality & Safety Committee	20	C5 x L4	10 (C5xL2)	↔	16/12/2014	04.05.2021	30.06.2021	1793
Executive Director of Nursing & Midwifery IPC - Decontamination	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	There is no dedicated operational lead for decontamination in CTMUHB	**If** there is no dedicated operational lead for decontamination in the Health Board. **Then:** compliance with best practice guidance/legislation will not be monitored. **Resulting in:**near misses/increased risk of infection/litigation risks.	The operational lead for decontamination role is undertaken by the Deputy Lead IPCN. The role is part time decontamination lead(0.5 WTE) and 0.5 WTE Deputy Lead IPC Nurse. The Health Board Decontamination Committee group meet quarterly. ILG decontamination meetings take place monthly. Annual audits are undertaken by Shared Services. AP(D) meetings have been set up by the assistant head of operational estates. Liaise with AE(D) and service group leads as required. The operational lead for decontamination/deputy lead IPCN participates in the all Wales decontamination meetings. Centralised decontamination facilities in RGH and PCH. A business case has been submitted to progress this forward in POW. External review of the decontamination infrastructure, governance systems and processes requested by Executive Nurse Director March 2021.	Working group to be set up to perform review. AE(D) Shared Services to form part of team. First meeting being set up to agree terms of reference/plan. Due Date: 30.06.2021	Quality & Safety Committee	20	C4xL5	8 (C4xL2)	↔	30/12/2020	11/05/2021	30/06/2021	4477
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Demand and capacity across the stroke pathway	**IF** there is continued high demand for stroke beds (currently located in PCH) **THEN** patients will have to be admitted to RGH or non stroke specialist beds **RESULTING in** a delay or inability in specialist stroke management, treatment and rehabilitation	Stroke patients in RGH are managed by the medicine teams and referral to MDT as required but not specific to stroke rehabilitation. Stroke admission pathways have been reconfirmed with WAST to ensure patients are admitted to PCH to access specific stroke care.	Review of the CTM Stroke Pathway. Centrally led task and finish group, leadership from Executive Lead for Stroke.	Quality & Safety Committee	20	C4 x L5	12 (C4 x L3)	New risk escalated by RTE in June 2021	11.05.2021	07.06.2021	20.08.2021	4632
Chief Operating Officer Bridgend Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Ligature Points - Inpatient Services	**IF:** the Health Board fails to minimise ligature points as far as possible across identified sites. **Then:** the risk of patients using their surroundings as ligature points is increased. **Resulting In:** Potential harm to patients which could result in severe disability or death.	Increased Staff observations in areas where risks have been identified. Any areas of the unit not being occupied by patients are to be kept locked to minimise risks. Use of therapeutic activities to keep patients occupied Patients not left alone / unattended in high risk areas Patients placed on observation levels according to their risk In Bridgend Locality there is a Ligature Action Plan in place and remedial work is underway, in addition to the above additional control measures include closing bathrooms and adding additional staff by night irrespective of patient observation levels, placing patients with a functional illness in bedrooms nearer to the nursing office. Remaining area for anti-ligature work is at Cefn Yr Afon site at Bridgend. Funding is approved and there is a programme of work which is due to commence June 21st 2021 after completion of higher risk areas at POW Similarly within the RTE Locality, the ligature risk within the MH inpatient setting is minimised through environmental measures. Environmental security Broadly the anti-ligature work that effects the estate i.e. taking away high and low level structures that might be used as ligatures. Relational security Use of supportive observations on a sliding scale from. Informal and planned 1:1 where the person can use time to work through urges, address low mood anxiety up to a more intensive 1:1 observation when someone is considered high risk. Processes to manage security These will be mitigating processes, such as search polices or maintenance of a safe bedroom space by restricting the type of personal items allowed, or managing a necessary high risk area through maintaining locked doors. Capital work currently underway, estimated completion date July 2021.	**RTE Locality:** RTE Locality Update: Some environmental work has already been Undertaken Anti-ligature doors to be installed to further reduce risk. Current score: 10. This risk therefore now only relates to Bridgend ILG. **Bridgend Locality:** Ligature Action Plan in place. Ligature remedial works underway - Completion of works anticipated July 21 .	Quality & Safety Committee Health, Safety & Fire Committee	20	C5xL4	10 C5xL2	↔	17/08/2020	07.06.2021	31.07.2021	4253
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department (ED), inability to appropriately triage patients in the Minors area of ED, compounded by two current access points that are not co-located with neither incorporating triage.	**IF:** The minors department is over capacity **Then:** there is no ability to appropriately triage and treat patients in a timely manner, neither is there visibility to observe patient acuity from a triage room as this is not co-located within the waiting area. **Resulting in:** Poor patient experience and unknown risk along with high levels of stress for staff.	Production of a flow chart for the management of patients to minors. Escalation cards. Re-direct the workforce to support the triage function. Additional doctor rostered to support the service	Emergency Department Improvement Programme established which includes the key enablers to improve the environment, template and patient flow through the Emergency Department. The programme is anticipated to take 12 months to complete. Emergency Department Improvement Plan being established to address risks in the short term as far as is reasonably practicable.	Quality & Safety Committee	20	C4xL5	12 C4 x L3	New Risk Escalated from Merthyr & Cynon Locality June 2021	11.06.2021	11.06.2021	31.07.2021	4688
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	~~Health & Safety risk of patients and staff in A&E Corridor at the Prince Charles Hospital~~ Emergency Department Overcrowding - within Majors, Minors, Clinical Assessment Unit and the GP Assessment Area at Prince Charles Hospital	**IF:** There is overcrowding as a result of capacity constraints within the emergency Department and Patients are waiting within corridors. **Then:** there is restricted ability to be responsive in emergency situations. There is an increased risk of an unsafe evacuation due to corridor space, personal accidents, breach in confidentiality and poor patient experience. **Resulting In:** Potential harm to patients, staff and visitors, poor patient experience, increase in incidents and complaints. Failure to comply with legislation if confidentiality is breached due to overcrowding in corridors. Impact on evacuation time and potential personal accidents. At times of high escalation it is challenging to clear the corridor of patients on trolleys	Escalation Plans / Cards established. Flow Manager in place Patient Safety Checklists undertaken. SOP for the Management of Patients in Corridors in place. Fire safety checks are to be carried out daily by the NIC to ensure all fire exits are accessible. When patients are nursed in the corridor due to lack of capacity, the emergency pressures escalation procedure is to be followed to de-escalate as quickly as possible.	Action to develop an escalation policy - Completed. Update October 2020: HB policy SoP approved by Management Board with regards to the care of patients in corridors. Completed. Emergency Department Improvement Programme established which includes the key enablers to improve the environment, template and patient flow through the Emergency Department. The programme is anticipated to take 12 months to complete. Emergency Department Improvement Plan being established to address risks in the short term as far as is reasonably practicable.	Quality & Safety Committee and the Health, Safety & Fire Sub Committee	20	C4xL5	12 C4 x L3	↑ 16 (June 2021)	22.05.2019	10/06/2021	31.07.2021	3562

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer All Locality Groups	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	• Tight management processes to manage individual cases on the cancer Pathway. • Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. • Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk • Harm review process to identify patients with waits of over 104 days and potential pathway improvements. • Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. • All three ILGs are working to maximising access to ASA level 3+4 surgery on the acute sites. • HB working to ensure haematological SACT delivery capacity is maintained. • Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. • Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. • Alternative arrangements for MDT and clinics, utilising Virtual options - Cancer performance is monitored through the more rigours monthly performance review process. each ILG now reports actions against an agreed improvement trajectory.	Continue close monitoring of each patient on the pathway to ensure rapid flow of patients through the pathway. Active management of the diagnostic backlog (including endoscopy) and exploration of all options to reduce this. Comprehensive planning for repatriation of theatre and haematology services for when private provision is lost. This also needs to consider options for continuation during a potential second surge. These actions are ongoing and assigned to the EDO, DPC&MH and Medical Director. The Cancer Business Unit remain fully involved in the processes to improve care and that at present they are awaiting feedback from ILGs on their plans for restarting elective and other activity and their demand and capacity assumptions. Update April 2021 Each ILG are preparing a Cancer Recovery Plan for submission to Management Board in April 2021 that sets out clear performance targets by June 2021 and/or longer term plans for specific specialities that cannot be delivered to the June timescale. Update June 2021 - New Cancer Operating Framework being launched with tightening of Performance Management infrastructure by COO to review weekly performance status - **Review August 2021.**	Quality & Safety Committee	20	C4 x L5	12 (C4 x L3)	↔	01/04/2014	4.6.2021	31.7.2021	4071
Executive Director of Public Health - Interim Executive Lead responsible for ICT.	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	**IF**: The Health Board suffers a major ransomware attack. **Then**: there could be potential data loss and subsequent loss of critical services. **Resulting in**: Catastrophic service loss to all clinical and business services impacting on population health management, patient care, business continuity, organisational relationships & substantial financial risk - culminating in a culture of mistrust of the UHB and all things digital	**Key Controls**: 1. Email filters from both Microsoft and the National email relay which scan for malicious and suspicious email types and their attachments. 2. National Checkpoint firewalls that monitor for and block suspicious network traffic, including those from known malicious geographical areas. 3. National SIEM that monitors and logs suspicious external incoming traffic. As well as monitoring local network traffic for each NHS Wales organisations. 4. Local Firewalls at each of the Health Board's geographical areas that only allows inbound trusted network traffic. 5. Anti-malware software installed on all Health Board computing devices which includes ransomware behavioural intelligence. 6. Blocking and monitoring of Internet traffic. 7. Locally systems that monitor the local network for suspicious traffic. 8. A monthly patching regime to ensure that all operating systems are up to date. 9. Regular backups of critical information and device configuration which is stored off site as part of DR/BC planning. **Gaps in Controls**: 1. Current National SIEM has presented many issues in terms of access to the Health Board for identifying issues and addressing false positives. 2. The Health Board is currently not addressing the need for the national Cyber Security training to become part of mandatory training to all staff. 3. A regular co-ordinated approach to providing Phishing campaigns as part of staff awareness to indicators of compromise. 4. A process where the Health Board can monitor where staff have read important information/cyber security policies. 5. The current network Intrusion Detection/Intrusion Protection system (IDS/IPS) is no longer licensed under the new generation firewall infrastructure.	The Health Board has purchased a Phishing tool which the ICT Department in co-operation with Information Governance and Counter Fraud are using to simulate Phishing attacks. This is to help educate staff and will be used to push the organisation to add the NHS Wales national cyber security awareness training as a mandatory core competency to all staff via ESR. The ICT Department are investigating ways to improve the security of backups to ensure that these are protected from potential ransomware attacks. The ICT Department are investigating ways to segregate the current configuration of the network infrastructure to ensure that critical clinical systems are better protected from cross infection. The ICT Department will be re-introduce Cisco FirePower which is an IDS/IPS networking software. The ICT Department will be reviewing the current local Cyber Incident Response Plan which will be escalated up to senior and board level management. The SIRO/cyber leads will be undertaking a programme of introducing the NCSC Board Level toolkit to provide knowledge of cyber to Board members. The organisation is recruiting a Director of Digital Services who will be a member of the Board. This position will enhance the complexities and needs of both service delivery and information/cyber risks.	Digital & Data Committee	20	C5 x L4	15 (C5xL3)	New Risk escalated by ICT Digital June 2021	26/05/2021	05/06/2021	25/06/2021	4664
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain Child and Adolescent Mental Health Services	**IF:** The Health Board continues to face challenges in the CAMHS Service **Then:** there could be an impact in maintaining a quality service **Resulting in:** recruitment challenges, long waiting times and impact to the implementation of the new model of care. Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging. Rationale for target score: Increasing demands being placed on the Core CAHMS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff	• Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network. • Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed. • Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care. • New investment impact being routinely monitored A number of service reviews in relation to Ty Llidiard undertaken and monitored via Q,S&R Committee	Commissioning discussions taking place across the Network in relation to service pressures and funding. Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored. Internal Enhanced Monitoring Action Plan being progressed and monitored on a fortnightly basis by Bridgend ILG. Single Point of Access being developed. Full demand and capacity plans being developed with some assumptions about additional CAMHS demand as a consequence of the pandemic. Update June 2021 - CSG and ILG continue to develop and progress business case proposals to improve service provision and access and recruitment / retention initiatives.	Planning, Performance & Finance Committee	16	C4 x L4	9 (C3xL3)	↔	01/01/2015	08.06.2021	31.07.2021	4149
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based and accessible Care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Care of 16-18 Year Olds	If: Children aged 16-18 years are cared for in an adult acute setting. Then: there is a concern that the care provided will not meet the required paediatric standards. Resulting in: Inappropriate care and an inappropriate setting.	Cases are managed on an individual basis dependent upon the needs of the child. Ongoing discuss with the paediatric teams about the most appropriate setting for each individual.	Discussion with CSG's to understand the support required is underway and the action will be updated accordingly, identifying any corporate level support as required.	Quality & Safety Committee	16	C4 x L4	12 (C4xL3)	New risk escalated by RTE in June 2021	19.07.2019	07.06.2021	07.09.2021	3742
Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	**IF:** The Health Board increasingly depends on agency staff cover **Then:** the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted. **Resulting in**: disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	Recurring advertisements of posts in and nursing continue with targeted proactive recruitment employed in areas of high agency/locum use. Provision of induction packs for agency staff Agency nursing staff are paid via an All wales contract agreement, any off framework agency requests must be authorised by an Executive Director prior to booking (system of audit trail in place). Fixed Term Contracts being offered to all existing HCSW and RN currently on the Nurse Bank. Redesign services wherever possible to embrace a healthier Wales and therefore impact upon the workforce required to deliver services. Overtime incentives offered to workforce in response to Covid-19 pandemic. The Health Board is continuing with the overseas recruitment campaign.	Deputy Exec DON is currently reviewing the nurse rostering policy in conjunction with the workforce team in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's . Established a new nursing workforce taskforce. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021. Bi-Annual Nursing Staffing Levels Wales Act - Acuity Audit to be undertaken in June 2021 to report to Board in October 2021. All Wales "Safer Care Module" on e-roster system due to be received in due course. WG led so await WG timescales. No Change as at 4.5.2021. Nursing & Midwifery Strategic Workforce Group, Chaired by the Deputy Director of Nursing to recommence in April 2021. The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021.	Quality & Safety Committee People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/06/2015	04.05.2021	30.06.2021	4106

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	There is a risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives	**IF:** the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage **Then:** the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff. **Resulting in**: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	• Proactive engagement with HEIW continues. • Scheduled, continuous recruitment activity overseen by WOD. Overseas RN project continues. • Targeted approach to areas of specific concern reported via finance, workforce and performance committee • Close work with university partners to maximise routes into nursing • Block booking of bank and agency staff to pre-empt and address shortfalls • dependency and acuity audits completed at least once in 24 hrs on all ward areas covered by Section 25B of the Nurse Staffing Act. • Deputy Exec DON is currently reviewing the nurse rostering policy in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's • Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board • Regular review by Birth Rate Plus compliant, overseen by maternity Improvement Board • Implementation of the Quality & Patient Safety Governance Framework including triangulating and reporting related to themes and trends. successful overseas RN recruitment. - There is an operational Nursing Act Group that reconvened from April 2021.	Established recruitment campaign - which is monitored at the Nursing Workforce Strategic Group - group due to meet/recommence in April 2021.The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021. Revised nurse rostering policy currently being taken through the relevant approval process - Timescale 31.3.2021.Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021. The operational Nursing Act Group to reconvene. Completed as reconvened in April 2021 - included as a control measure. Await review of Birth Rate Plus Compliant Tool by WG - Timescale - WG led so await WG timescales - No further update at this time.	Quality & Safety Committee People & Culture Committee	16	C4 x L4	~~9~~ 12 (C4xL3)	↔	01/01/2016	04.05.2021	30.06.2021	4157
Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Patients and/or relatives/carers do not receive timely responses to matters raised under Putting Things Right resulting in learning and improvement being delayed	**IF:** The Health Board fails to provide timely responses to matters raised by patients, relatives and/or carers under Putting Things Right. **Then:** there will be a delay in identifying potential learning opportunities. **Resulting in:** variable quality in responses, not learning lessons, not meeting regulatory response times therefore increasing the number of concerns being escalated to the Ombudsman and not providing complainants with a resolution in a prompt and timely manner.	-Implementation of the Quality & Patient Safety Governance Framework - Values and behaviours work will support outcome focused care - supportive intervention from the Delivery Unit supporting redesign of complaints management - relocation of the concerns team into Integrated Locality Groups (ILGs) - Governance teams embedded within each ILG - Governance processes in place in relation to PTR guidelines and this provides assurance via their ILG Q&S committees and these report into the CTMUHB Q&S committee and Patient Experience Committee. - Corporate/Executive assurance and review undertaken weekly via Executive Director led Patient Safety review meetings and quarterly Concerns scrutiny panel meetings. -Ensure access to education, training and learning. - Review of systems in place to aid assurance and compliance with PTR guidelines in progress by Corporate Governance Team. Level 1 PTR training added to ESR training module and training ongoing for staff in the DLG's. Member of corporate team continues to provide training surrounding PTR guidelines and governance. - Shared Listening and Learning forum established with its inaugural meeting in February 2021. - ILG Concerns Management Performance is monitored via the regular Executive Led Performance Management Meetings. - Once for Wales Concerns Management System - Claims, Complaints, Incidents and others that were due to go live from 1st April delayed due to All Wales Technical issues, planned to implement 7th May 2021, which will provide greater integration across complaints, claims and incidents, it will also support All Wales learning and benchmarking.	Corporate Governance team reviewing current Datix system to reflect new DLG structures and working with WRP to ensure alignment with new Once for Wales System which is in progress. COMPLETED. Review of the Concerns Process within ILG's underway - Completed. Improvement trajectories to be established with ILG's - Completed. The Health Board has requested an external review of claims, redress and inquest processes and procedures. This review will be undertaken by the Welsh Risk Pool. Timescale: End of September 2021. The Health Board has requested an Internal Audit on the Concerns Process. Timescales: End of August 2021.	Quality & Safety Committee	16	C4 x L4	12 (C4xL3)	↔	01/04/2014	04.05.2021	31.08.2021	4156
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	~~Ambulance Handover Times~~ Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)	**If:** the Health Board fails to deliver against the Emergency Department Metrics **Then:** The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department. **Resulting In:** A poor environment and experience to care for the patient. Delaying the release of an emergency ambulance to attend further emergency calls. Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Senior Decision makers available in the Emergency Department. Regular assessments including fundamentals of care in line with National Policy. Additional Capacity opened when safe staffing to do so. Senior presence at Health Board Capacity Meeting to identify risk sharing. Winter Protections Schemes Implemented within ILG's. Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Live Flow Information Dashboard being scoped - Target Date: 31.3.2021 Unscheduled Care Board focus on SDEC/AEC, D2RA - Contact ahead 111 - Target Date: Contact Ahead: March 2021, 111: January 2021. March 2021 - the 111 system commenced in RTE and M&C Locality in November 2020 - will commence in Bridgend Locality shortly. The Unscheduled Care Improvement Programme will be launched in April 2021. A focus of this forum will be on the improvement of the urgent care pathway through the Health Board with the primary benefits being the reduction/eradication of Ambulance Handover Delays. The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months. Review in August 2021	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	4.6.2021	31.7.2021	4458
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based and accessible Care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure of appropriate security measures in mental health services.	**IF** there is a failure in security measures. **THEN** there is an increased likelihood of patients leaving the ward without the knowledge of staff **RESULTING IN** absconding events and possible harm to the patient or members of the public	The following control measures are in place: - Signs are placed on doors to ensure staff check the doors lock behind them. - Patients are on appropriate levels of observations - Problems are escalated to estates as they arise	There has been a proposal that Estates undertake environmental checks accompanied by leads within the respective Mental Health Clinical Service Groups to work together to review onsite security systems in mental health services.	Quality & Safety Committee	16	C4 x L4	4 (C4xL1)	New risk escalated by RTE 22.06.2021	22.06.2021	22.06.2021	22.07.2021	4706
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of endocrine surgical service in RTE	IF there is no provision of a dedicated endocrine surgical consultant for the surgical management of endocrine patients THEN patients with primary hyperparathyroidism, thyroid and adrenal disorders will need to be referred to the UHW for their surgery RESULTING IN a risk of patients coming to preventable harm due to the lack of surgical management options within CTM and delays waiting to be seen.	Surgical colleagues are considering the options in relation to capacity and resource. Discussion with surgical colleagues at UHW for complex cases. Patients managed on a case by case basis.	Actions being reviewed	Quality & Safety Committee	16	C4 x L4	12 C4 x L3	New risk escalated by RTE in June 2021	03.03.2021	07.06.2021	30.06.2021	4567
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Sustainability of a safe and effective Ophthalmology service	**IF**: The Health Board fails to sustain a safe and effective ophthalmology service. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Sustainability of a safe and effective Ophthalmology service	Measure and ODTC DU reviews nationally. . Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, ODTC's, weekend clinics). . On going monitoring in place with regards RTT impact of Ophthalmology. . In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward. . Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms. . Additional services to be provided in Community settings through ODTC (January 2020 start date). . Intravitreal injection room x2 established with nurse injectors trained. Follow up appointments not booked being closely monitored and outsourcing enactioned. Regular updates re follow up appointments not booked being monitored by Management Board / Q&SR (patient safety issues) and Finance, Performance and Workforce Committee (performance issues). Reviewing UHB Action Plan in light of more recent WAO follow up review of progress. Primary and Secondary Care working Groups in place.	Action plan developed and on going monitoring - consolidated plan coming forward covering Eye Care. The service has transitioned to Bridgend ILG and Bridgend ILG has engaged in potential national solutions to address FUNB. Update June 2021 - Position paper submitted to Management Board and Quality & Safety Committee .The ILG is in the final stages of Quality Assuring the submission of data to the Royal College of Ophthalmologists in readiness for the external review that has been commissioned.	Quality & Safety Committee	16	C4 x L4	12 C4 x L3	↔	01/04/2014	08.06.2021	31.7.2021	4103

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Back log for Imaging in all modalities / areas and reduced capacity	**If:** there is a backlog of imaging and reduced capacity **Then:** waiting lists will continue to increase. **Resulting in** delay and diagnosis and treatment. Due to the Covid-19 outbreak, all routine imaging has stopped and there is reduced capacity for imaging of USC sand Urgent patients.	Currently looking at plans for capacity for the whole service - unlikely to see much change in the near future. Locums to support CT service CT vans on site RGH/PCH MRI running at higher capacity Ultrasound concerning 3.2.21 Whilst mobile scanner presence allowed us to reduce the backlog (CT/MRI) routine imaging has since been stopped and has not been reinstated, which will result in a build up of back log. 19.3.21 No change.	Increased capacity required for current referrals to address backlog, particularly in CT/MRI /Ultrasound. Require funding and procurement of mobile scanners in the longer term. Actions: Staffing Resource, Capacity and Demand Planning and business case.	Quality & Safety Committee	16	C4 x L4	4	↔	01/06/2020	07/06/2021	14/06/2021	4152
Executive Director of Nursing & Midwifery IPC - Decontamination	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Inappropriate decontamination process in place for laryngoscope handles in RTE & MC	**If:** the current decontamination process for laryngoscope handles continue **Then** staff are not following manufacturer instructions/Welsh Government guidance. **Resulting in:** possible infection transmission/poor patient care/litigation risks. A Welsh Health Circular was distributed in September 2020 outlining that laryngoscope handles must either be single use or decontaminated/sterilised in between use following manufacturer instructions via an accredited Sterile Service Department.	A wipe system is being used to decontaminate handles following use. Risk assessment completed to continue using the current process due to the additional funding required to comply with the WHC. Sheaths used to minimise contamination to the handle which is changed following use.	Assistant Medical Director for QSCE has been tasked to progress the requirements of WHC 2020 15 - Larynscope Handles - Due Date: 30.06.2021	Quality & Safety Committee	16	C4 x L4	4 (C4xL1)	↔	30/12/2020	11/05/2021	30/06/2021	4478
Executive Director of Nursing & Midwifery Infection Control	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Poor compliance with IPC training	**If** there is poor compliance with IPC training **Then** IPC practice will be compromised **Resulting in** transmission of infection/ poor patient care	Level 2 training is mandatory and delivered via e.learning Managers to monitor compliance with IPC training and report compliance to Directorate and at IPCC meetings	IPC training is available via e.learning and is a mandatory requirement for staff to complete. Reinstate face to face IPC training sessions once COVID situation improves. IPC team to arrange and discuss with Heads of Nursing/ ILG Nurse Directors. Update: 12.5.2021 -- face to face training being reinstated as COVID numbers fall. Review in June 2021.	Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	04/09/2015	11/05/2021	30/06/2021	2018
Executive Director of Nursing & Midwifery Infection Control	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	No IPC resource for primary care	**If** there is no dedicated IPC resource for primary care. **Then:** the IPC team is unable to provide an integrated whole system approach for infection prevention and control. **Resulting In:** non compliance with the reduction expectations set by WG. A significant proportion of gram negative bacteraemia, S.aureus bacteraemia and C.Difficile infections are classified as community acquired infections.	Liaise with specialist services in primary care eg. bowel and bladder service IPC team investigate all preventable community acquired S.aureus and gram negative bacteraemia and share any learning with the IPC huddles arranged in primary care to look at community acquired C.Difficile cases - back log of cases and unsustainable 03/03/2021 - there is a back log of IPC investigation relating to community cases due to the additional demands on the IPC service due to the COVID pandemic.	A business case for additional resources for an IPC team for primary care to be developed. Due Date: 31.08.2021	Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	44028	11/05/2021	30/06/2021	4217
Executive Director of Nursing & Midwifery IPC - Decontamination	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Manual decontamination of nasoendoscopes in RTE & MC	**If** the current decontamination process (Tristel 3 Step)continues to be used in RTE & MC. **Then:**inadequate decontamination of the scopes is possible resulting in transmission of infection/poor patient care. It is impossible to guarantee effective decontamination of the scopes every time due to the human factor. **Resulting In:** in variable techniques. The current manual process is not in line with WHTM guidance which recommends an automated system	A risk assessment to be completed for the use of Tristel 3 step by the ENT service group in RGH, YCR and PCH. SOPs in place for users Decontamination lead to complete assurance audits in the departments. Staff in the ENT department to undertake annual training by the representatives for Tristel 3 Step.	Naso-endoscopes should be processed using a validated and automated process in line with WHTM 01-06. Working group to be established to discuss options available to decontaminate naso-endoscopes. SBAR (options appraisal) to be developed and shared with Exec team Evidence of SOPS for manual process to be shared at local decontamination meetings Risk assessments to be shared/agreed at local decontamination meetings - Due Date: 30.06.2021	Quality & Safety Committee	16	C4 x L4	4 (C4xL1)	↔	30/12/2020	11/05/2021	30/06/2021	4476
Executive Director of Nursing & Midwifery IPC - Decontamination	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Decontamination of dental equipment in the community	**If** dental equipment continues to be decontaminated in community dental facilities. **Then:** the equipment may not be decontaminated effectively as a consequence of the equipment/facilities available to staff. **Resulting In:** transmission of infection/near misses/poor patient care. Some of the hand pieces cannot to processed in an automated washer/disinfector and are manually cleaned before being processed/sterilised in an autoclave. There are also difficulties maintaining clean to dirty workflows in the decontamination areas due to space restrictions. One of the main recommendations from the Welsh Government audit undertaken in November 2019 was to transport community dental equipment into an accredited Sterile Service Department in the Health Board for processing/sterilisation.	Agreed SOPs in use Maintenance programmes in place for decontamination equipment Hand pieces are serviced annually Water dip tests performed quarterly Quarterly water testing performed by estates in line with WHTM Cleaning schedules in place Nominated dental nurse lead for IPC/decontamination Dental Nurse attends Decontamination committee Plans to centralise decontamination of dental equipment in CSSD/HSDU	Dental Nurse Manager to provide SOPs and Equipment Maintenance - Due Date: 25th June 2021. Action Plan to be developed - Due Date: 30.06.2021 Centralise dental equipment decontamination from Pontypridd Health Park to RGH HSDU - Due Date 30.06.2021	Quality & Safety Committee	16	C4 x L4	4 (C4xL1)	↔	30/12/2020	11/05/2021	30/06/2021	4482
Executive Director of Nursing & Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Non-compliance with DoLS legislation and resulting authorisation breaches	**IF:** due to current capacity the Health Board fails to fully comply with the DoLS legislation. **Then:** the Health Board may have to operate outside the current legislative process. (a change in legislation is coming which will hopefully improve lawfulness) **Resulting in**: the rights, legal protection and best interests of patients who lack capacity potentially being compromised. Potential reputational damage and financial loss as a result of any challenge by the ombudsman or litigation.	• Training and DOLs Process impacted by Covid-19 pandemic due to not being able to undertake face to face capacity assessments. Staff recruited to manage demand e.g. independent best interest assessors, a full time secondment transition post and nurse bank hours. As a matter of routine the HB remain in the position that it is encouraging urgent authorisations by the managing authorities and undertaking virtual capacity assessments with standard authorisations and reviews. • Virtual DoLS processes established and in place within the HB during Covid19, this is subject to regular review and monitoring. Urgent authorisations are prioritised over standard authorisation Although this process is effective in terms of identifying patients deprived of their liberty, it is not a lawful process and does not comply with legislation. The HB is therefore at greater risk of breaching the legislation and the rights of those who lack capacity are potentially compromised. • Monthly Safeguarding People training for Covid 19 - there has been a pause in training as a result of the second wave of the pandemic as patient facing activity takes precedence. Training restrictions have also impacted upon the numbers of authorisations requested and alternative ways of delivering Level 3 DoLS & MCA awareness has been developed via TEAMS and will commence in April 2021. • DoLS legislation will subject to change following enactment of the new legislation and statutory guidance. Whilst requirements have increased, mitigation has also been revised to manage increased risk, the HB will need to be prepared for new legislation. Further conversations with our 3 local authorities have been undertaken to recommence a CTM regional understanding and preparation for the changes in legislation, supported by the Safeguarding Board. • Audits are undertaken on time to respond to requests. Virtual capacity and best interest assessments involve family, patient representatives and those who care for the patient. Streamlining and target setting implemented which has led to more authorisations taking place in a more timely manner. • Authorisation breaches are required to be reported on Datix. • The DoLS team maintain an accessible level of virtual support and advice to wards, have supported the development of a consent form for Covid testing for those who lack capacity and the nursing workforce are strong advocates for the rights of individuals who lack capacity. A member of the DoLS teams has been allocated as a link for each ILG. • Audit of the service continues and a business scorecard will be produced on for each ILG Q&S bi-monthly and on an organisational wide perspective on a quarterly basis for review by the CTMUHB Safeguarding Executive Group and the CTM Safeguarding Adult Quality Assurance Group. Quality Assurance Group.	The Health Board has transitioned back to face to face capacity assessments, following a return of staff from re-deployment. Funding has been received from Welsh Government to support the improvement of the Health Boards compliance with DoLS legislation. This funding will support the Health Board to improve capacity for authorisation and prepare for the new Liberty Protection Safeguards. A review will be undertaken in June 2021. June 2021 - Review with DoLS team with a plan to develop Court of Protection Training, Communications in preparation for LPS, Increasing Health Board Signatories, performance management to reduce breach, use of WG grant to develop eLearning for greater HB MCA/Best Interests awareness. There is a further risk in relation to the observance of the new Liberty Protection Safeguards Legislation (LPS). There will be no Supervisory Body to undertake the assessments themselves. The assessments will be undertaken at ward level as part of the ordinary care planning. Therefore if the ward level assessments are deficient the DOL will not be authorised and there is a risk of allowing the patient to leave and risk them coming to harm for which the Health Board could be liable in damages; or unlawfully depriving patients of their liberty until such time as they get the correct evidence in place – this could also attract damages and potentially awards of costs if appealed to court. Therefore the Health Board needs to ensure it is acting lawfully is to ensure that there is sufficient time, resources and training for those making ward level decisions for people who lack capacity to ensure they are working in compliance with the MCA from the outset. Legal & Risk colleagues are reporting a more aggressive trend from those representing patients and a growing appetite for costs and damages related to poorly managed deprivation of liberty. A LPS co-ordinator role has been submitted for transformation monies to support implementation.	Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	01/10/2014	10.6.2021	31.07.2021	4148

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Director of Corporate Governance Chief Executive	Provide high quality, evidence based, and accessible care.	Adverse publicity/ reputation	Organisational Reputation - Lack of confidence in the services and care provided by the organisation.	**IF:** the Health Board does not effectively engage with its stakeholders, communities and staff to demonstrate listening and learning from external reviews and more recently the Health Boards response to Covid-19 **Then:** Trust and confidence in the services of the Health Board will be negatively impacted. **Resulting in:** negative media coverage, lack or credibility with our communities and staff, ineffective communication, loss of commitment, deteriorating morale, increase in staff turnover and recruitment.	Rebuild trust and confidence programme under Targeted Intervention Improvement Programme underway. Maintaining public confidence in the Health Boards response to the Covid-19 Pandemic through regular and robust communication and messaging through the Health Board's communication channels. Improved staff engagement and involvement, new approaches to partnership engagement and involvement. Additional capacity bid included in TI investment bid under the TI programme to WG. Additional capacity bid included in TI investment bid under the SW Programme. Ensure balanced news stories are regularly reported and communicated. Relationships with the media have been strengthened. Partnership working with Channel 4 and proactive engagement with other media outlets - resulting in positive working relationships and fair media coverage. 'In Committee' meetings have been significantly reduced. TTP Communications work stream focussed on provision of accurate and timely information to the Public. Live streaming of the Board meetings now in place to improve transparency and involvement. New Health Board Values and Behaviours were officially launched in October 2020, World Values Day, following the Let's Talk staff engagement programme. The launch was further complemented by a peer recognition 'wall of thanks' campaign throughout Oct/Nov/Dec and a Staff Gratitude Event in December which recognised all CTM staff for their contributions throughout 2020 pandemic year. High visibility, communications and engagement from CEO office internally with staff and externally with key stakeholders since Sept 2020. Media have been given increased access to interviews and filming, most recently in ED at all three acute sites for BBC Wales, ITV and C4. Stakeholder database reviewed in May 2021 to ensure it is as up to date as possible.	Stakeholder engagement survey planned for August 2020 -Stakeholder engagement survey delayed due to Covid-19 outbreaks in autumn but re-scheduled for spring 2021. Update June 2021 - Stakeholder database has undergone a significant review to ensure that it is as up to date as possible in readiness for the survey. Currently exploring the procurement of a company to undertake the survey independently from the Health Board. Anticipated that the survey will be live by the end of summer 2021 - Review Date: 31.8.2021.	Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	01.07.2019	5.5.2021	31.8.2021	4116
Chief Operating Officer. Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Neonatal Capacity/Stabilisation cot at Princess of Wales	**If**: The neonatal unit at POW is required to deliver ITU level care in the stabilisation cot **Then:** This cot is not staffed, therefore the overall staffing position on the unit is depleted while this is managed, noting that in the absence of a 24/7 retrieval service this can be for extended periods. The stabilisation cot requires 1:1 nursing which is the equivalent of staffing for 2 HDU costs or 4 SCU cots. **Resulting In:** A risk of being unable to provide appropriate levels of care to the babies on the unit as staffing will be below the required levels as per BAPM requirements	* Utilise available staff as effectively as possible depending on the capacity position at the time * Escalation policy in place to limit maternity services to reduce the risks of further admissions to neonates * Seek additional staffing e.g. through bank, agency, overtime when required	Funding required - included on IMTP. Review date extended until end of March 2021. SBAR and Business cases for funding of the stabilisation cot have also been submitted to various meetings . Core Workforce requirements are being reviewed with a view to enhancing the Nursing workforce model and increasing medical consultant workforce capacity. NN services are aligning with Maternity Improvement programme of work whilst developing elements that are defined for neonatal provision including a Quality improvement programme of work	Quality & Safety Committee	16	C4 x L4	3	↔	31.05.2019	22.12.2020	31.03.2021	3584
Chief Operating Officer. Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Princess of Wales Emergency Department Hygiene Facilities	**If:** the toilet and shower facilities are not increased within the Emergency Department. **Then:** at times of increased exit block the facilities are insufficient for the needs of the patients in the department. **Resulting In:** Poor patient experience, complaints and further concerns raised from the Community Health Council have repeatedly flagged this issue on visits to the department.	There are additional toilet facilities in the radiology department that mobile patients can be directed to however staff do whatever they can within the constraints that they have.	Additional facilities being explored as part of departmental capital works. There is a capital plan for improvement works in ED. The improvements will be – 1. NIV cubicle 2. Creation of a second patient toilet 3. Improvement to HDU area 4. Relocation of Plaster Room 5. Creation of 2 paediatric bays with adjoining paediatric waiting room 6. Redesign of waiting room and reception desk Prior to the Covid pandemic, improvements 2-6 were planned, but the creation of an NIV cubicle has taken priority. The plans are in the process of being signed off for all areas but there is no confirmed start date yet. There was / is potential for delays in sourcing materials by contractors and we need to consider the need to keep contractors as safe as possible from any Covid contact. Patient numbers are now increasing daily but we are restricting visitors and relatives attending with patients (unless required as carers etc). We have also developed a remote waiting room for patients who can safely wait in their cars. This will help to mitigate the footfall in the department when the capital work commences. June 21 Update - Capital works for NIV room still ongoing and therefore no progress yet with the rest of the capital build. NIV room to be handed back mid June and patient toilet will be the next priority for completion	Quality & Safety Committee	16	C4 x L4	1	↔	31.05.2019	08.06.2021	30.09.2021	3585
~~Executive Director of Planning & Performance (ICT)~~ Executive Director of Public Health - Interim Executive Lead for ICT Bridgend Integrated Locality Group	Ensure sustainability in all that we do, economically, environmentally and socially.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	IT Systems	**IF:** The Health board is unable to deliver vital clinical information services to the Bridgend locality affecting many clinical systems that are not compatible with Cwm Taf University Morgannwg Systems. **Then:** The Health board will be unable to deliver safe, high quality care to patients without vital clinical information available. **Resulting In:** Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan.	**Key Controls** SBUHB Service Level Agreement Bridgend disaggregation and the one-CTM aggregation plan Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. **Gaps in Control** The business case for integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. SBUHB have no process in place to incorporate the needs of Bridgend users in their developments.	Progress in line with the existing plans which were agreed on the primary basis of their need to be affordable, has been made over 2020/21 with a number of new systems, such as pharmacy management introduced as pan-CTM products. However there is still considerable work required to create a unified digital infrastructure for CTM = around the clinical systems and the remainder of the ICT SLA. The business case details a funding requirement of £8 million. This was discussed at the Digital cell with WG in February 2021 and a further funding request has been submitted to WG at their request, along with complimentary proposals from Digital Healthcare Wales (DHCW) for which CTM has worked with them on. Timeframe - Mid June 2021 when DFIF Funding is announced.	Digital & Data Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	26.5.2021	30.06.2021	4337
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department Environment at Prince Charles Hospital	**If:** there is no change to the template for the environment of the Emergency Department at Prince Charles Hospital to improve the areas for Major, Minors, Fractures and GP Assessment. **Then:** there will continue to be challenges to the safety of patients and the management of patient flow through the appropriate departments/areas. **Resulting in:** Potential delays for patients in accessing the right treatment in a timely and efficient manner. Poor Patient experience. The environment does not allow for the EPIC model of consultant oversight which will impact clinical oversight across all areas and silo working.	Caring for patients in corridors SOP established and followed. Flow Manager in place. Additional staff are rostered into the functions above core establishment to support staffing levels. Escalation Plans and Cards established. Surge Capacity Plan in place.	Phase 2 of the PCH Development Plans include the Emergency Department template. Emergency Department Improvement plans being formalised / developed.	Quality & Safety Committee & Health, Safety & Fire Sub Committee	16	C4 x L4	8 (C4xL2)	New Risk Escalated from Merthyr & Cynon Locality June 2021	10.06.2021	10.06.2021	31.07.2021	4684

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Management of Controlled Drugs within the Theatres Department at Prince Charles Hospital	**If:** dedicated Pharmacy support to manage controlled drugs within the Theatres department at Prince Charles hospital is not improved. **Then:** there is a risk to medicines management and compliance with the requirements to manage controlled drugs **Resulting in:** Medicines not being stored and controlled appropriately within required standards.	Controlled Drugs are locked when not in use. Review of the Medi Well System undertaken. New equipment ordered to improve storage solutions within Theatres.	Task and Finish Group to be established to look at the flow and realign the environment - further update in July 2021. Theatres improvement plan developed. Swipe card system to be extended for 24hrs a day. Request for dedicated pharmacy support made.	Quality & Safety Committee & Health, Safety & Fire Sub Committee	16	C4 x L4	8 (C4xL2)	New Risk Escalated from Merthyr & Cynon Locality June 2021	10.06.2021	10.06.2021	31.07.2021	4686
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Patient Flow within the Theatres Department at Prince Charles Hospital	**If:** we fail to alter the patient flow (in and out) of the Theatres department. **Then:** there is an increased waiting time for patients waiting to enter theatres and potential harm to staff and patients exiting theatres. **Resulting in:** failure to comply with the appropriate theatre standards, inefficiencies, delays for staff and patients, possible cross-contamination.	Maintaining the safety of patients is paramount at all times to ensure the inefficiencies and problems with flow do not impact upon patient safety, however, this control measure does in itself then present a delay for patients waiting as the current flow is not efficient.	Task and Finish Group to be established to look at the flow and realign the environment - further update in July 2021. Theatres improvement plan developed.	Quality & Safety Committee & Health, Safety & Fire Sub Committee	16	C4 x L4	8 (C4xL2)	New Risk Escalated from Merthyr & Cynon Locality June 2021	10.06.2021	10.06.2021	31.07.2021	4685
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Fire enforcement order is in place for the ground and first floor PCH due to inadequate fire compartments to prevent spread of fire, smoke and noxious gasses	**IF:** The Health Board fails to meet fire standards required in this area. **Then:** the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised. **Resulting in:** potential harm, risk of fire. Possible further enforcement in the form of prosecution.	Fire Enforcement Order. An action plan and target dates for the 1st and ground floor areas at PCH is available and is subject to available finance for completion. Phase 1b of the wider programme has progressed to the point that the UHB has now achieved remediation for physical fire issues identified in the FEN in the majority of the new Pharmacy, Dining Room and Kitchen areas at PCH which opened in January 2021. This has tackled the higher risk for fire areas of the old kitchens and improved the fire stopping below ITU as well as reducing the overall volume of area remaining in the FEN to be remediated. In addition the UHB secured Welsh Government approval in October 2020 for the Phase 2 FBC, in the sum of £220m, which will see progressive improvement of the majority of the remaining G&FF areas to be remediated for fire over the next 5 and a half years. As a reminder these works are progressive due to the need to balance them against maintaining service delivery as best as we are able and are intended to be supplemented (to run concurrently with final years of the Phase 2) by a final Phase 3 business case intended to address the final physical accommodation areas included within the FEN.	Please see detailed update in control measures. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Health, Safety & Fire Sub Committee of the Quality & Safety Committee	16	C4 x L4	6	↔	29.11.2017	02.02.2021	30.04.2021	2987
Chief Operating Officer Merthyr & Cynon Integrated Locality Group Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Long waiting times and large backlog of patients awaiting Cardiac Echo	**IF:** The health Board is unable to meet the demands for patients awaiting Echo scans for both follow up surveillance **Then:** The RTT WG target will not be met and waits may be 26weeks **Resulting in:** Potential risk to patients from delays in identifying and treating disease and progression of disease	Forms were verified and triaged by Cardiology team. Patients prioritised in relation to clinical need and rated between urgent and routine. I/P room identified away from main department to increase outpatient capacity and to prevent cross infection risks to outpatient services for both staff (inc returning shielders)and patients Clinically urgent completed and move to routine. New forms triaged as received. Overall loss of capacity post Covid circa 56 / month due to test time changes. (+ currently 1.0 wte Its further 120/month. Will submit SBAR to highlight capacity deficit and cost solutions.	See Control Measures Risk also raised via Rhondda Locality which will be reviewed alongside this risk - Datix ID 4292. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee	16	C4 x L4	6	↔	14.09.2020	07.07.2021	19.08.2021	4294
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Cancer Performance - Gastroenterology Outcome of Covid-19	**IF:** Routine diagnostic activity is not recommenced in full during the C19 pandemic **Then:** there will continue to be a backlog of patients awaiting diagnostic investigations **Resulting in:** Potential harm to patients due to delay in diagnosis and treatment	Endoscopy services have restarted as part of new normal timetables. Backlog is being booked and should be cleared by end of July. 22.9.20 Discussions health board wide to reduce overdue and to work to safe capacity.	See Control Measures As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee	16	C4 x L4	9	↔	27.07.2020	02.11.2020	31.03.2021	4235
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Elective patients surgery cancelled when high level bed pressures are experienced	**IF:** Elective patients surgery is cancelled when high bed pressures are experienced **Then:** There will continue to be a backlog of patients awaiting treatment/procedures to improve their health and wellbeing **Resulting in:** Potential harm to patients due to delay in treatment/procedures	Consultants are asked clinical opinion when each patient case is cancelled. 12/10/20 insufficient capacity to meet current trauma demand and no short term plan to re-introducing elective orthopaedics during C19 pandemic. Seal area identified but delayed due to RGH IPC issues. As per UHB SoP, clinical prioritization undertaken weekly to list patients with high clinical need. Risk to patients who cannot access. Feasibility study undertaken for elective list in YCC.	See Control Measures As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	14.01.2020	14.01.2020	31.03.2021	3958
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Risk to Obstetric Theatres National Standards	**If:** There is an aim for 'Gold standard' compliance with theatre staffing standards. Workforce is used from midwifery establishment, and the establishment is impacted by this. **Then:** Midwifery workforce reduced to undertake theatre roles and undertake an agreed robust there is a competency training Programme in the UHB for midwifery staff who scrub **Resulting In:** inefficient staff utilization, where there is a national shortage in the workforce.	Scrub training in place and a rolling programme organised with main theatres There is a business case that has been previously been partially approved for revised staffing levels to achieve compliance with the national standards Acuity impact with no additional resource when midwives are used as scrub midwives impacting on ability to provide a full compliment of midwives for labour ward. Staffing and birth-rate acuity compliance.	Action: Service to update and re submit business case for the Surgical CSG to take ownership of maternity theatres. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	People & Culture Committee	16	C4 x L4	6	↔	26.06.2019	4.12.2020	31.3.2021	3682

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Non compliance with appropriate fetal growth detection and management guidance	This is an All Wales risk for all HB`s **If:** there is a lack of USS slots to address the demand we will not be in compliance with the guidance for fetal surveillance and wellbeing. **Then:** 1. Compliance against the Growth Assessment Protocol (GAP) cannot be met. CTMUHB does not have a 7 day USS service which would support compliance and the management of the small for gestation age (SGA) fetus. **Resulting In:**: Women at the greatest risk of SGA receive less surveillance of growth than women with uncomplicated pregnancies resulting in potential harm.	1. Capacity to comply with GAP/GROW 3 weekly - current regime 3-4 weekly 2. Woman are risk assessed, they are allocated one of two pathways. One pathway SFH can be delivered, Serial scanning (37% of population) unable to receive full recommended scanning regime or protocol due to scanning capacity issues. Current regime 4 weekly as apposed to three weekly. 4. The Directorate is working closely with the Radiology department to review low value scans requested. 5. The Directorate is reviewing the option of midwife sonographers being employed. 7. Scanning group for the UHB established. 8. Continued to be reviewed with changes to patient flow due to 'The Grange'	See Control Measures. Radiology to develop sustainable service plan to increase capacity and workforce. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee	16	C4 x L4	6	↔	01.06.2017	4.12.2020	31.3.2021	3011
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Risk of injury due unavailability of opportunities to train and maintain compliance with Manual handling training.	**If:** There is a lack of manual handling training there is the risk of potential injury to a member of staff or injury to the patient. **Then:** There are a number of clinicians who have not had the opportunity to meet the requirements for manual handling training. **Resulting In:** Potential harm being caused to both staff and patients.	1. Staff are aware of the risks associated with manual handling. 2. All staff have been informed to consider the ergonomics of the environment that this activity is being undertaken. 3.Appropriate equipment is available in the clinical areas or on request from the MH team e.g. pat slides, slide sheets, hoists. 4. Manual Handling risk assessments are incorporated into the admission bundles 5. The training group are planning training for clinical staff with the manual handling department - current position that this can not be supported 7. Ask other HB`s their MH requirements SBUHB online training package to be shared. 8. Directorate will Seek out any opportunities for online updating to support current practice 9. E-learning module has been sourced for all staff to complete on line update for manual handling.	Organisational plan for compliance training. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Health, Safety & Fire Sub Committee of the Quality & Safety Committee	16	C4 x L4	12 (C4xL3)	↔	01.05.2017	01.12.2020	31.3.2021	3008
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Gynaecology Cancer Service	This affects Gynaecology services across CTMUHB - delay in the pathway requiring multiple consultations on site - Service relies on an individual practitioner - Demand is currently in excess of agreed manageable caseload - Hysteroscopy service capacity requires business case supporting for service development - Gynae Rapid access service development is slow progression	Hysteroscopy service business case is being updated - Increased cancer tracking - Review of pathways and service - tracking of results G17Scrub training in place and a rolling programme organised with main theatres	Action: Agreed COVID pathways. Service to re-submit gynaecology 'one stop' Service. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee	16	C4 x L4	9 (C3xL3)	↔	18.06.2019	30.09.2020	31.3.2021	3654
Chief Operating Officer Facilities	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Due to capacity issues to deal with Covid-19 staff not attending medical gas safety training and courses being rescheduled.	(Facilities Risk Register Reference CE11) **ILG:** CSO Facilities Hub **If:** Staff are not able to attend Medical Gas Safety training or courses are being continuously rescheduled. **Then:** Staff are not being trained in safe storage and flow of cylinders (e.g. oxygen). **Resulting In:** Failure to adequately and safely obtain and continue flow of cylinders (e.g. oxygen), potentially causing harm to patients.	PSN041 Patient Safety Notice and local safety alert disseminated to all staff. Posters developed and displayed in areas to encourage attendance. New staff trained at induction. TNA has been undertaken. Refresher training is undertaken, however current attendance levels by clinical staff for Medical Gas Safety training is poor, hence the current risk score. Medical Gas Cylinder Policy developed with training section completed by Medical Device Trainer, referencing the mandatory requirement for training by all users. Completed To make it a key requirement that staff can be released to attend training to re-enforce safety and operating guidelines of medical gas cylinders.Completed. Medical Device Trainer has put in place a B4 role who is undertaking a rolling programme for Medical Gas Training, with two sessions, twice a month, at each ILG every month. However, although training has been undertaken for Porters and graduate nurses, nursing staff currently in post are still not attending and attendance continues to be poor due to current circumstances with Covid-19 and due to not being able to be released for the 2 hours of training. Medical Device Trainer and Assistant Director of Facilities to request again for the Executive Director of Nursing Midwifery and Patient Care to review nursing attendance and make the necessary arrangements to allow nursing staff to attend training and also to look at the possibility of introducing a 'training day' that will allow nursing staff to be released to attend those courses that are struggling with attendance levels.	Issue of limited attendance raised at Medical Devices Governance Board on 08/04/2021 and Assistant Director Facilities agreed to take forward with Chief Operating Officer (COO). Training dates and flyer have been provided by Medical Device Trainer to Assistant Director Facilities so that he can take to ILG Directors next meeting to be held 13/04/2021. Action: ILG Director leads to improve take up of Medical Gas Training. Timescale: 31/07/2021. Based on this update the risk rating remains unchanged until the required attendance for Medical Gas Training is being consistently achieved. (DW 12/04/2021).	Quality & Safety Committee.	16	C4 x L4	8 (C4xL2)	↔	01/05/2018	21.04.2021	31.07.2021	3133
Executive Director for People Health, Safety & Fire Function	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Overdue/Out of date fire risk assessments due to resource issues and the amount required to be undertaken	**If:** Fire Risk Assessments are not completed and reviewed in a timely manner. **Then:** Significant findings on the FRA may have changed which could compromise the safety of patients, staff, visitors/contractors and building fabric. **Resulting in**: Increased risk of fire/harm, enforcement action by Enforcing Authority i.e. Notification of Deficiencies (IN01) which will further escalate to Enforcement Notices (EN01) if no remedial action is taken.	There are FRA's in place however a substantial number have not been reviewed by the review date. Fire safety advisors are reviewing FRA's in areas where it is safe to do so (Covid restrictions are in place in many areas). A concentrated effort will be necessary to reduce the number of overdue FRA's. An initial 12 months funding has been secured to appoint a Fire Officer - post currently out to advert.	It is recommended that additional fire safety resources are provided to support the work of the fire officers to undertake FRA reviews. As referred to in Risk ID:4315, 2 x Band 5 additional fire safety trainers to be appointed. Agreement on additional fire safety training resource (Risk ID 4315) will create additional time for the Fire Officers to undertake this activity - Due by date 31.03.2021. Update June 2021: Recruitment has focussed on an appointment of a Fire Officer who will be able to undertake the Fire Risk Assessment reviews as well as undertake training as required. No specific Fire Safety Trainers are considered to be required at this time. Fire Officer post currently being advertised. **Review - July 2021.**	Health, Safety & Fire Safety Sub Committee of the Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	26.10.2020	7.6.2021	31.7.2021	4356
Executive Director for People Health , Safety & Fire Function	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Changing the use of rooms/departments without input/advice from the relevant fire advisor.	**If** The Health Board does not follow the procedures in relation to input and advice from the relevant fire advisor. **Then:** Risks within the workplace are increased which in turn increases the risk to patients staff and visitors. Required information for emergencies situations could be inaccurate. **Resulting In** Increased risk of enforcement, increased risks to life. Confusion to those responding to incidents delaying response and assistance leading to increased risk to life again. Reframed into the new "If, then, resulting in" format as at June 2021.	CTMUHB have access to Fire Build Forms, these are in place to document the required action necessary to change either the use of a single room (FB1) or more than one room (FB2). These forms provide documented evidence that the user has the necessary information to perform the change effectively and that the correct advise has been given. http://ctuhb-intranet/dir/fire/Change%20of%20Use%20%20Room/Forms/AllItems.aspx Non compliance with this requirement is identified via Fire Risk Assessment reviews. Communication plan has been developed and is on the SharePoint page to provide guidance for management on the appropriate Fire Build Forms for room/Departmental changes. Reframed risk description as at June 2021	A communications plan to be developed to ensure all relevant managers are aware of the need to complete the appropriate Fire Build Forms for room/departmental changes. **Completed and on Website.** ILG Leads to ensure that any planned changes of use or alterations a fire build form (FB1 for single room / FB2 for multiple rooms is completed by the relevant manager / lead and forwarded to their locality Fire Officer for comments. This issue has been raised through the ILG Health Safety & Fire Risk Assessment Groups where it will be monitored going forward. Face to Face Fire Training and the Senior Management specific training session will support this activity. Face to Face training has currently stood down as a result of the response to Covid-19, however discussions are underway as to when they could be re-introduced.	Health, Safety & Fire Safety Sub Committee of the Quality & Safety Committee	16	C4 x L4	12 (C4xL3)	↔	28.10.2020	28.10.2020	26.04.2021	4360

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Therapies & Health Sciences Therapies hosted by Merthyr & Cynon Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	There is a risk to the delivery of high patient care due to the difficult in recruiting sufficient numbers of registered therapists and health scientists.	**If:** the Health Board fails to recruit and retain a sufficient number of therapists and health scientists due to increasing numbers of vacancies and shortages of professional staff. **Then:** the Health Board's ability to provide certain services may be compromised. **Resulting in:** increased waiting times for diagnosis and treatment, missed opportunities to diagnose at an earlier stage, potential for poorer outcomes for patients.	Links via the Director Therapies to HEIW for planning. Proactive recruitment for difficult to fill posts. Use of Agency/Locum staff where available. Update as at April 2021 Director of Therapies & Health Sciences have supported participation in streamlining to appoint AHP summer 2021 graduates to band 5 vacancies. This is the first time AHPs have recruited in this way and it is too soon to ascertain whether this will impact positively on staff retention.	Continue with active recruitment wherever possible. Ensure workforce plans included and supported in the Integrated Medium Term Plan (IMTP). Utilise 'novel' staffing approaches where indicated. April 2021 The review of the graduate approach to the Band 5 Vacancies will be on a 6-9 month timeline as the graduates are not due to commence until late summer. At June 2021 - no change to the above update.	Quality & Safety Committee People & Culture Committee	16	C4 x L4	8 (C4xL2)	↔	21.12.2020	07.06.2021	31.07.2021	4500
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Follow up capacity and clinic cancellations (FUNB)	**If:** The Health Board is unable to control and meet the capacity and demand to accommodate all hospital follow up outpatient appointments. **Then:** the Health Board's ability to provide high quality care may be reduced. **Resulting in**: Potential avoidable harm to patients	Clinical Service Group (CSG) plan in place to address the FUNB position across all specialties as part of the restart programme. Additional funding requirements identified. Regular meetings in place to monitor the position.	Harm review processes being implemented. Further discussions underway with Assistant Director of Nursing. No change in risk rating as at June 2021.	Quality & Safety Committee	16	C4 x L4	12 (C4xL3)	↔	18/11/2013	10.05.2021	10/08/2021	816
Executive Director For People. Health & Safety	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Health Surveillance	**If:** There is an absence of a robust Health Surveillance (HS) Scoping Report. **Then:** The Organisation will not be able to identify the areas and department within the organisation that require Health Surveillance Intervention. **Resulting In:** The Health Board not being able to develop a HS Programme for the organisation as required by the Health & Safety Executive (HSE). Employees working in specific areas/conditions without the relevant health surveillance.	Directors and line managers responsible for own areas and should have own Health & Safety measures such as risk assessments, safe systems of work in place however this does not address any Health Surveillance needs of CTM employees. Require scoping report to inform the development of a robust Health Surveillance programme. Collaborative working will be required between OHWB, H&S, Workforce, staff side and line managers to implement the programme.	As at March 2021. Head of Health, Safety and Fire agreed to review the risk and associated action plan requirements.	Health, Safety & Fire Sub Committee of the Quality & Safety Committee	16	C4 x L4	8 (C4xL2)	↔	18.06.2019	5.1.2021	31.3.2021	3656
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Long waiting times and large backlog for Cardiac Echo	**If:** For old Cwm Taf template Total of 2720 pts awaiting Echo scans for both follow up surveillance to monitor disease progress and new referrals governed by RTT. RT -ILG 1520 pts of which 873 would form part of RTT 570 pts waiting greater than 8 weeks longest wait 45 weeks. **Then:** Potential risk to patients from delays in identifying and treating disease and progression of disease e.g. valves, LV function . **Resulting in:** Delays in receiving appropriate treatment pharmacological, intervention , surgical. Potential risk litigation. triage process reliant on available referral information to assess urgency.	Forms were verified and triaged by Cardiology team. Patients prioritised in relation to clinical need and rated between urgent and routine. I/P room identified away from main department to increase outpatient capacity and to prevent cross infection risks to outpatient services for both staff (inc returning shielders) and patients Clinically urgent completed and move to routine. New forms triaged as received. Overall loss of capacity post Covid circa 76 / month due to test time changes. Ill health retirement further 97 / month capacity loss.	Plans to submit SBAR to highlight capacity deficit and cost solutions.	Quality & Safety Committee	16	C4 x L4	9	↔	10.09.2020	14/09/2020	19.05.2021	4292
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Delivery of the rehabilitation for repatriated major trauma patients.	**If:** The business case for enhanced rehabilitation services linked to Major Trauma is not supported. **Then:** Patients will not receive the appropriate level of clinical intervention. **Resulting In:** Poorer clinical outcomes, increased lengths of stay (with associated clinical risks) and poor patient experience.	Ensuring current nursing and therapies have access to a training programme - however there are concerns about deliverability during Covid pandemic. The new rehabilitation coordinator post will support the delivery of the immediate care planning once a patient is repatriated. Advance notice means we can ensure staff are aware of immediate needs. The network has systems in place to support early care planning and preparation where possible i.e. The health board is aware of the number of patients likely to be transferred 'Rehabilitation prescription' describes nursing and therapy needs prior to repatriation. Rehabilitation coordinators link with counterparts in UHW to ensure our rehabilitation offer is clear to the patient and their family prior to transfer.	Develop a business case to identify and address the specific rehabilitation needs of patients repatriated to CTM from the Major Trauma Centre. This would need to encompass inpatient and community needs across the whole of the Health Board. The Business case will require Management Board / IMTP approval and release of funding. Recruitment and training of required staff then needs to take place. Timescale: 30.9.2021 changed from 31.3.2021 due to the impact of the Covid-19 impact.	Quality & Safety Committee	16	C4xL4	9	↔	10/09/2020	7.06.2021	10/07/2021	4281
Executive Director of Public Health	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential Harm and poor experience for Patients as a result of the Health Board's focus and response to the Covid-19 Pandemic	**IF:** the Health Boards resources and focus is directing into managing the response to the Covid-19 pandemic. **Then**: the Health Board's ability to provide high quality care may be reduced. **Resulting in:** potential harm to patients as a result of reduced service provision and capacity to respond to other areas of the Health Board's population Health need.	Planning preparedness, contingency structures through the Resetting CTM structures. Critical services are operating. Governance process in place for financial and non-financial decision making to support, all predicated on Quality Impact Assessments. Quality & Safety Committee has continued to meet to ensure scrutiny and assurance on behalf of the Board. Indicators of quality and patient safety for all services continue to be closely monitored throughout Covid-19. Processes and guidance in place to ensure clarity on areas such as safeguarding and child protection. Implementation of the Test Track and Trace Programme in June 2020. Regular Population Health Surveys conducted in relation to Covid-19 to gauge attitudes and risk perception within communities. Compliance with National Guidance. The QIA process for service changes relating to Covid-19 management will include an assessment of related impact on any existing service delivery. Deaths are monitored via the mortality review process. Monitoring incidents, complaints and feedback through social media. Monitoring Core quality and safety metrics. The Health Board's vaccination programme continues to move at a fast pace which will ease pressure on the hospitals as case numbers and severity reduce in time.	The QIA process for services changes relating to COVID-19 Management will include an assessment of related impact on any existing service delivery. Continuing to roll out the Health Boards Vaccination Programme.	Quality & Safety Committee	15	C5 x L3	12	↔	23/03/2020	08/02/2021	30.04.2021	4105

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Nursing & Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Clinical staff resuscitation training compliance	**IF:** there continues to be poor compliance with resuscitation training in relation to clinical staff. **Then:** the Health Board's ability to provide high quality and safe care would be reduced. **Resulting in:** a risk that clinical staff are not up-to-date with their resuscitation training and therefore potentially not able to offer the most up-to-date evidence based care to patients requiring resus. There is a secondary risk that if ESR records are not accurate there is no clear organisational picture which of our staff are resus trained and who are not, presenting a particular risk for rota planning.	ESR record is being reviewed and data checked for accuracy - doctors records need updating as currently ESR not routinely used by Medical staff. New models of training with robust demand and capacity training planning in place need to be identified. This will need to have appropriate resus officer training capacity. An internal restructure has now taken place to ensure a more robust management line. Resus dept is now managed by the Senior Nurse Clinical Education. 2 x band 7 resuscitation practitioner posts successfully recruited to and both in post end of May 2020. Covid re-emergence in September / October will have a further impact on training availability & compliance levels. Staff availability for training also impacted. All training taking place is compliant with social distancing / PPE requirements for COVID. High turnover/ retirement / long term sickness/ redeployment due to Covid of qualified Resuscitation staff recently have all impacted on capacity to deliver training. Key appointments have now been made, redeployed staff are returning and recruitment to current vacancies in is place.	At the December 2020 meeting the RADAR Committee received an update on the Resuscitation Training Compliance Risk and were advised that the compliance position has deteriorated further during 2020 due to Covid pressures. Training was cancelled in the first wave and release of staff for training has also impacted through the second wave. The Committee has agreed a number of actions to be presented at the March 2021 meeting: • Review of agreed training standards against which compliance is measured. • Review of training formats to include e-learning options. • Review resus departments demand and capacity for training. Timescale - 31.3.2021 Situation reviewed at March 2021 Radar. E-Learning options have now been incorporated into our training standards and key appointments in the Resus department have now started in their posts. Training compliance however has deteriorated further due to a second wave of covid impacting on release of staff and continuing difficulties in securing adequate training accommodation particularly in RTE and Bridgend localities. Work continues to assess training demand and capacity. Risk however cannot be reduced until improvement is seen. Next review at RADAR June 2021 Update June 2021 - no change to risk scoring. The next review is scheduled for the RADAR meeting on the 28th June 2021.	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	20.11.2019	08.06.2021	31.07.2021	3899
Chief Operating Officer Pharmacy & Medicines Management	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Pharmacy & Medicines Management - Training & Development Infrastructure	**IF:** the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented **Then:** the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees. **Resulting in:** a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants. Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	SBAR submitted to CBM in March 18 to increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority. A bid was included as part of the primary care pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. The secondary care elements were not supported in the IMTP prioritisation process and so this still leaves significant risks. SBAR needed to describe the impact of the new technicians training qualification. Funding approved for primary care lead pharmacist - commenced in post April 2019. Included a new case in 2019/20 IMTP as high priority. SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up.	June 2019: Briefing paper detailing risks and recommendations to be submitted to CBM summer 2019 Dec 2019: All Wales working groups established and discussions ongoing with HEIW regarding changes and capacity and resources required. Jan 2020: SBAR submitted to HEIW and CBM in response to consultation on pre-registration pharmacist proposals Oct 20 discussions on going with HEIW and COVID impact on training now to be included in this risk. SBAR to be included in 2021/22 IMTP Update June 2021: HEIW have agreed training support grants for trainers to support pre-registration foundation posts which mitigates the risk for this group of staff. However this funding is only temporary and not guaranteed beyond 2022-23, which presents a potential risk around recruitment of suitable staff. The post-registration foundation programme has been deferred until 2022 which buys some time for health boards to explore solution to the significant financial shortfall that will arise form the lack of on going funding for these posts.	People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	02.01.2018	10.06.2021	30/09/2021	3638
Chief Operating Officer Pharmacy & Medicines Management	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Temperatures in medicines storage room on the wards in Prince Charles Hospital not fit for purpose.	**If** there is no control of the temperatures in all the medicines storage rooms on the wards in Prince Charles Hospital. The medicines storage room have pipes in ducts which give off significant heat year round and increased issues in the summer months. **Then:** medicines are being kept above the required temperatures as stated in their specifications of storage as part of their license from MHRA. **Resulting in:** medicines stored at a higher temperature than their specifications which could result in them being less active or denatured and affect patient outcomes.	Some wards are placing small fans in rooms but this does not reduce the temperature. alternative rooms for storage have been discussed but unable to progress due to other ward priorities A SON for air conditioning for each ward will be progressed by medicines management on behalf of ILG	A SON for air conditioning for each ward will be progressed by medicines management on behalf of ILG, however, due to COVID-19 this will be considered in 21-22. Risk will be reviewed in May 2021.	Quality & Safety Committee	15	C3 x L5	6 (C3xL2)	↔	05.02.2018	04.02.2021	03.05.2021	3072
Executive Director for People	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the CTMUHB)	**IF:** the Health Board fails to comply with all the Welsh Language requirements **Then:** the Health Board's will not be compliant with the duties outlined in the Welsh Language Standards. **Resulting in:** damage to the reputation of the Health Board, negative publicity and contact with the Welsh Language Commissioner. As a consequence of an internal assessment of the Standards and their impact on the CTMUHB, it is recognised that the Health Board will not be fully compliant with all applicable Standards. This risk is particularly high in: translation services due to demand exceeding capacity.	The Welsh Language team has undertaken a self-assessment of the requirements of the Standards and how they apply to Cwm Taf Morgannwg. Close constructive working relationships are in place with the Welsh Language Commissioner's Office. Strong networks are in place amongst Welsh Language Officers across NHS Wales to inform learning and development of responses to the Standards. Regular reports to the Board to raise awareness. Working Group set up to support managers. Developing a new bilingual skills strategy. Welsh courses provided to staff. Ward Audits to monitor progress with compliance - ongoing and options to revisit are currently being discussed.. Continue to review and act on the UHBs Self-Assessment findings and related improvement actions; ensure Board is fully sighted. Implement the first year of a 5 year plan outlining the extent to which the health board can carry out consultations in Welsh. All nursing JDs are translated and advertise bilingually. Compliance with Statutory requirements outlined in Welsh Language Standards.	Welsh Language in Primary Care Policy developed and being progressed for Board Committee approval - Completed. Begin a programme of translation focusing on the job descriptions advertised most frequently - e.g. nursing vacancies. Compliance with this standard with take many years due to the limited capacity of the translation team. Action plans have been given to the heads of ILGs, Corporate Services and Workforce and OD to ensure senior management are aware of their WL responsibilities. Completed. Continue to develop the Welsh Language skills of the workforce through online learning. Due date for remaining actions :31.3.2021	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	02/07/2018	1.3.2021	31.3.2021	4110

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Waiting List for Autism Diagnostic Observation Schedule (ADOS) assessments and Attention Deficit Hyperactivity Disorder (ADHD) medicals over 1 year.	**If:** there are delays in diagnosing children with ADHD and Autism. **Then:** this results in a delay in management including appropriate school placements **Resulting in:** potential harm to patients, poor patient experience, dignity, staff morale. Complaints.	* The team have reviewed their clinical practice in line with the rest of CTM e.g. no longer undertaking ADOS for all children * Discussions underway re: repatriating service from Swansea Bay and investing funding into enhanced local service in Bridgend * New Consultant starting June 2020 with 3 sessions to support community paeds	Vacant sessions to be recruited to - Additional staff appointed who could undertake assessments would ensure this activity was managed in a timely manner. Update as at June 2021 - risk remains unchanged.	Quality & Safety Committee	15	C3 x L5	4	↔	02.07.2019	08.06.2021	27.07.2021	3698
Chief Operating Officer Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	No Midwifery Specialist for pregnant women with vulnerabilities	**IF:** there is no dedicated services for substance misuse women, prescription medication, or women with vulnerabilities (social) - national best practice is for there to be a lead in vulnerabilities to see women in a dedicated clinic with the multidisciplinary teams which without leads to disjointed care for our most at risk patient group. **Then:** unidentified opportunities to co-ordinate risk management and support in 'A Healthier Wales' in pregnancy will be missed. **Resulting In:** potential harm to mothers and babies care provision and outcomes.	Women in PCH/RGH are seen in a general Ante Natal clinics Women in POW currently seen in a dedicated clinic, with an SLA agreement with Swansea Bay UHB .2 resource. The directorate need to develop a Statement of need to secure resources to support services across the HB and ensure standardised service delivery.	Action: Service to develop business case for implementing specialist service for women with vulnerabilities. As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	26.06.2019	01.12.2020	31.3.2021	3685
Chief Operating Officer Primary Care	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Resumption of Orthodontic Services	**If:** In compliance with WG guidance, if the Health Board is unable to resume orthodontic services over the next 2 years where patients (under 18) do not meet the IOTN of over 4. **If:** the Health Board does not secure funding for establishing a new Orthodontic contract to meet demand following boundary changes. **Then:** patients will experience significant delays in accessing treatment. **Resulting in:** • Those patients with milder cases incurring further delays in addition to having already experienced long waits for treatment. • It is likely this will increase the number of appeals/challenges/complaints from families, currently CTM does not have an appeals process in place. • Pressure on GDPs to communicate this to families and manage patient/family expectation • Risk that patients/families will be offered/coerced into private treatment as an alternative	The Health Board will continue negotiations with the relevant Health Board regarding treatment/payment of historic patient on waiting lists/ and new referrals. The service continues to be provided as it did pre-covid-19 pandemic, the commissioning arrangements with other Health Boards for Bridgend patients are still in place as nothing has changed. What has changed is longer waiting list as a result of Covid-19 and change to the national guidance on the prioritisation of referrals based on need and some patients referred may now not meet new criteria for orthodontic treatment. There is a national review of orthodontics taking place to inform this.	1. Health Board to address concerns regarding guidance directly with WG and through local ortho MCN Chair. 2. Appeals process to be developed to manage complaints/challenges 3. Raise issue regarding additional ortho funding in June during annual WG Dental Team visit to Health Board. Update June 2021 - No change to the risk at present. A detailed report is being received at the Primary Care Board on the 9th June 2021 for consideration following which the detail and recommendations will be submitted to either the Management Board or the Primary Care Performance meeting as appropriate. **Review: 31.07.2021**	Quality & Safety Committee	15	C3 x L5	12 (3x4)	↔	23/04/2021	07/06/2021	31.07.2021	4606
Executive Director of Nursing & Midwifery Infection Control	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Reduced on site Consultant Microbiologist cover for the Bridgend ILG	The Microbiology cover for the Bridgend locality is provided by Public Health Wales Microbiologists via a SLA with Swansea Bay UHB. There are differences in policies/procedures and therefore a lack of standardisation across CTM. There is also a lack of standardisation for multi resistant organism definitions and sampling methods for C.Difficile infection. **If:** there is no dedicated on site Microbiology cover **Then:** there will be no antimicrobial/ ITU ward rounds, no root cause analysis to learn from incidents. **Resulting in:** mismanagement of patients/ inappropriate treatment and no learning to influence practice.	Senior Infection Prevention and Control Nurse on site to support Bridgend ILG with IPC related issues. Lead/ Deputy IPC Nurse to support. IPC Nurses to discuss any concerns with Microbiologist on call for Bridgend ILG The Medical Director for the Bridgend ILG has arranged a meeting to discuss	SLA for Microbiology cover for Bridgend ILG - To revisit SLA with Public Health Wales laboratory. Medical Director for Bridgend ILG to email Medical Director to discuss concerns regarding the SLA. Due date: 1.09.2021	Quality & Safety Committee	15	C3 x L5	3 (C3xL1)	↔	16/07/2020	11/05/2021	30/06/2021	4218
Executive Director of Public Health - Interim Executive Lead for ICT / Digital Chief Information Officer	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards (target is 95% completeness within month coded, and 98% on a rolling 3 month period)	**IF:** The Health Board is not able to record information accurately and reliably & does not address the 25000 backlog of uncoded FCEs **Then:** the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete **Resulting in:** Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	**Operational controls:** Coding key performance indicators covering productivity, demand and backlog robustly monitored DHCW annual coding quality audit. 2020/21 funding addressed backlog and proposals made to extend this into 2021/22. **Tactical controls:** Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme Information and Technical Standards Clinical audit **Gaps in controls** Workforce skills & development programme Insufficient resource available to address backlog Digital solutions not yet using snomed-CT/ structurally coded data	Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Programme to address the backlog using additional sessions and agency codings ran in March and extension for 2021/22 proposed - awaiting consideration via IMTP prioritisation process **Tactical** - EPR programme with deployment of snomed-CT onotology server, WCP & E-forms etc	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	New Risk escalated from Digital ICT June 2021	05.06.2021	05.06.2021	31.07.2021	4672

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Public Health - Interim Executive Lead for ICT / Digital Chief Information Officer	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	NHS Computer Network Infrastructure unable to meet demand	**IF**: The Health Board suffers regular local and/or national network issues and/or outages to clinical and critical business systems. **Then**: there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated. **Resulting in**: delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: Loss of information integrity and accessibility as multiple copies of clinical records. Threat of malware being introduced on to the network from unmanaged data, systems and software. Possible breaches to the GDPR, safeguarding and information governance risks.	There are various Service Management boards from ADIs, service delivery and infrastructure management which have representatives from each NHS Wales organisation and departments. These meet regularly with a governance structure to escalate any service delivery and security incidents and risks. SLAs are in place between DHCW and NHS Wales organisations and incidents are escalated up via the national Service Point Service Management system. The Health Board has the Risk Audit Governance & Cyber Security Board which meets monthly to discuss and take action on service delivery incidents. Local and National Infrastructure reviews are presently underway.	Infrastructure and comms actions plans were agreed 24 months ago and are being delivered as funding and staffing are available (recognising priorities changed during covid). The Health Board to develop a robust incident management process. This is to ensure that regular outages of national systems and infrastructure are escalated to the appropriate governance structures to address such issues locally and nationally.	Digital & Data Committee	15	C3 x L5	9 (C3xL3)	New Risk escalated from Digital ICT June 2021	26/05/2021	26/05/2021	25/06/2021	4671
Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Care of patients with mental health needs on the acute wards.	IF there is a consistent number of patients with mental health needs who are being cared for on the acute wards without RMN support or there are delays in discharge an appropriate EMI setting; THEN patients who have been sectioned and / or are under medication review may remain on wards where specialist mental health therapy and input is not possible; RESULTING IN incidents of staff and patients assaults may occur; poor patient experience; increased supervision needed.	MHL team contacted for each patient who required support; 1:1 patient supervision where required; Ward manager and senior nurse undertake regular patient reviews; Regular meetings with the mental health CSG in place.	Actions being reviewed	Quality & Safety Committee	15	C3 x L5	9 (C3xL3)	New risk escalated by RTE in June 2021	30/12/2020	07/06/2021	13/07/2021	4512
Chief Operating Officer Bridgend Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Fire Enforcement Notice - POW Theatres.	**IF:** The Health Board fails to meet fire standards required in this area. **Then:** the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised. **Resulting in:** potential harm, risk of fire. Possible further enforcement in the form of prosecution.	Storage room obtained on ward 16 to store theatre equipment to ensure evacuation corridor is kept free for evacuation. Staff training on lift evacuation. Closed storage cupboards purchased for safe storage of equipment. "safe" areas identified with Senior Fire officer for storage of equipment in corridors. Weekly meetings to discuss and plan building work necessary to meet requirements of the enforcement notice. Enforcement notice has been extended to December 2021. Need to plan for drop in theatres to mitigate work commencing	Need building work to be undertaken to ensure safety. Operating theatres will need to close for this to occur.	Quality & Safety Committee Health, Safety & Fire Committee	15	C5xL3	8	New risk escalated by Bridgend in June 2021	31/01/2020	07/06/2021	30/09/2021	3993

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Rationale for de-escalation	Datix ID
Executive Director of Planning & Performance (ICT)	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Security at the Health Board's main Medical Records & Information Hub.	**If:** The security of the Information Hub is not improved and brought up to standard there is a risk of the hub being broken into out of hours **Then:** There is a risk that patient medical records files are stolen or damaged and equipment stolen. **Resulting In:** Potential loss of a patients medical records resulting in the ICO being informed and equipment being replaced	Additional temporary measures are in place to maintain 24 hour site security whilst a longer term solution is in place. Security Plan incorporating short term short term mediations whilst the long term arrangements are being put in place has commenced. This includes: - Additional security and policy patrols, enhanced CCTV monitoring- improving response times and access controls. The Long term security arrangements have been agreed and funded following a survey of the Estate and security advice.	Long term actions to be implemented.	Digital & Data Committee	12	C4xL3	8 C4xL2	↓ 20	See update in control measures leading to a reduction in the risk rating. Will be monitored via the local ICT risk management process / risk register.	4565
Chief Operating Officer Executive Director of Planning, Performance and ICT	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Telecommunications upgrade required with operational components for cardiac arrest and emergency fire numbers.	(Facilities Risk Register Reference 11480B) **ILG:** CSO Facilities Hub **If:** The telecommunications system for cardiac arrest and emergency fire numbers is not upgraded. **Then:** Potential for system crashes. **Resulting In:** Potential delay in contacting the necessary person(s), leading to patient not having efficient and effective treatment.	Contingency plan for telecommunications in place. New telecomm system still on course to be installed across PCH and RGH by 31st July 2021 - work has commenced. Contingency plan reviewed and there is a contingency where radios are provided and all emergency calls only are communicated via this link should the system crash.	Work on the new telecomm system installation has now started and is still ongoing currently due to covid pressures. At the current stage of this work there will be a number of porting exercises taking place within switchboard RGH over the coming weeks. This will mean switchboard RGH will be out of operation for approx. 6 minutes, however there is a possibility that it could not work which could result in being out of use for a longer period. Contingency has been put in place for this work as the contractors will be on site as well as our IT Comms team, however it has been included together with the contingency within this risk as it will affect the Cardiac arrest line. Action: New telecomm system to be installed across PCH and RGH. Timescale: 31/07/2021	Digital & Data Committee	12	C3 x L4	6	↓ 15	The rationale for de-escalation is that the Health Board has recently experienced the system failing. Rather than being a complete failure of telecoms and the bleep system it was an isolated incident, which did not affect the critical element. Secondly the Health Board were able to fail over in a very quick time scale. Thus as a relative risk, it is considered that based on this experience if we looked at consequence and likelihood together the risk rating could be reduced. Will be monitored via the local Facilities risk management process / risk register.	4286
Chief Operating Officer Executive Director of Planning, Performance and ICT	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential cyber security risk relating to brand of medical device monitoring system.	(Facilities Risk Register Reference S9) **ILG:** CSO Facilities Hub **If:** Potential cyber security risk (CVE-2020-1472) identified relating to a specific brand of medical device monitoring system. Should a threat be successful. **Then:** Potential changes and disruption to the operation of monitoring equipment could occur. **Resulting In:** Service/business interruption and potential harm to patients being treated.	The medical device system is protected by firewalls but these will not prevent access. Clinical Engineering have discussed with manufacturer about software patching to find and implement a solution. Contacted manufacturer and problem now identified on the manufacturers online support portal as a vulnerability. Received response from the manufacture that the software patch will be available in January. Once patch has been installed by manufacturer Clinical Engineering will install the patch on the two servers and equipment affected within the Health Board and check issue has been resolved for compliance. Clinical Engineering has reviewed all other medical device systems and has identified no other medical device systems that are vulnerable to this threat.	The Specialist Healthcare Scientist in Clinical Engineering has continued to chase the manufacturer for a solution. Following a meeting with them held on 13/01/2021, the manufacturer has accepted fault and has agreed to installing a newer version of software as a solution. The solution will involve a significant amount of downtime of equipment in all critical areas which is not viable during covid pressures. Supplier has confirmed a date in June 2021 to install a new software patch. Facilities Team advised that the mitigation plan is close to being completed and weekly surveillance checking on the systems are in place and therefore support the ICT assessment that the risk can be de-escalated.	Digital & Data Committee	12	C3 x L4	4	↓ 15	Based on the update in the Action Plan column the risk has been reduced to likelihood 4 as the operating system remains supported at this time. Will be monitored via the local Facilities risk management process / risk register.	4306

Chief Operating Officer Executive Medical Director	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Implementing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint	**IF:** The Health Board is unable to deliver a sustainable model to deliver Emergency Medicine (EM) and inpatient paediatrics across the Health Board Footprint. **Then:** The Health Board will be unable to deliver safe high quality emergency medicine and inpatient paediatrics services. **Resulting in:** Compromised safety of patients and Staff.	Successful recruitment to EM in Royal Glamorgan Hospital and Prince Charles Hospital continues at consultant and middle grade. Model for delivery of Paediatric care in RGH significantly clearer and this is contributing to some recruitment success.	Recruitment drive continues with an update to Management Board in June 2021 along with an update position in relation to Workforce Planning.	Quality & Safety Committee	12	(C4xL3)	6	↓ 16	De-escalate to ILG Risk Register's due to progress made in relation to recruitment drive and workforce planning - Likelihood considered to be reduced.	4115
Executive Director for People Health, Safety & Fire	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Site Specific Fire Documents Require updating on some sites.	Site specific documents on a number of sites have outdated information. We have a duty under the RR(FS) 2005 to provide site specific information for oncoming fire crews. Hospital and other healthcare estates are constantly evolving environments that must be flexible enough to accommodate new layouts and changes of use as and when required. It is important to provide up to date site specific information for attending fire crews to highlight hazards etc., and for the crews to make informed decisions, failure to do so could put persons at risk and the possibility of enforcement action from the Enforcing Authority.	There are site specific documents available on a number of our sites throughout CTMUHB, however where changes to our sites have occurred it should be ensured the site specific documents are updated to reflect the change.	Agreement on additional fire safety officer and administration resource will assist in the review and updating of the documentation. Timeframe 3-6 months. Due control measures in place the likelihood of this risk has reduced from a 4 to a 3.	Health, Safety & Fire Safety Sub Committee of the Quality & Safety Committee	12	(C4 x L3)	8 (C4xL2)	↓ 16	De-escalate to HS&F Risk Register due to action already being undertaken in relation to the planned review and appointment of additional resource. Likelihood considered to be reduced**.**	4392
Executive Director of Planning, Performance & ICT	Ensure sustainability in all that we do, economically, environmentally and socially	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Shortage of IT Storage space. (The ground and first floor work at PCH requires the ICT store and build areas to be relocated to alternative accommodation. As yet a suitable area has area has not been found. The accommodation will need to be suitable for large delivery trucks to deliver ICT equipment and either ground floor or lift access to the area.)	**IF:** The lack of enough storage space for ICT equipment is not sufficient. **Then:** Equipment will be required to be stored in temporary locations which are not designed for storage. **Resulting In**: a risk to the Health and Safety of ICT staff and the risk to the equipment being either damaged, lost or stolen.	1. Ensuring regular disposal of old redundant hardware using third party company, to keeping stock down to a minimum 2. Vigorous and robust procedures in place for the procurement of new equipment. 3. identifying fully any additional storage requirements of every new system requested. 4. Due to the progression of Ground and first discussions are underway around possible areas that ICT can move into for build and storage which is key to be able to deliver a service	1. To identify extra/sufficient storage space for obsolete and new equipment. Completed extra storage space secured. 2. The temporary storage of the ECC area now under discussion. 3. Move to Pontypridd Health Centre and potential fir warehouse facility identified as a target model.	Digital & Data Committee	9	C3 x L3	3 3x1	↓ 15	This risk has been de-escalated as a new location has been identified, Pontypridd Health Centre. ICT should be able to transfer the equipment to this location prior to the existing location in ECC at PCH being no longer available.	632
~~Chief Operating Officer~~ ~~Rhondda Taf Ely Integrated Locality Group~~ Executive Director of Therapies & Health Sciences Therapies hosted by Merthyr & Cynon Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Impact on Speech and Language Therapy (SLT) and Dietetics staffing capacity with relocation of tissue transfer surgical procedures to RGH	Patients undergoing this type of surgery require intensive SLT and Dietetics due the impact on eating drinking and communication and all of this care will now be provided in CTM rather than jointly with another Health Board. Possible delay in discharge from hospital if waiting for SLT/dietetics input.	Patients will be seen by SLT and Dietitian but there will be a delay in response due to no increase in staffing to accommodate this increase in demand from 15th March and will need to monitor quality of input that can be given.	There is a need to scope increased demand due to repatriation of part of care pathways for these patients which is currently carried out in UHW and the impact on staffing in CTM -Timeframe 4.6.2021. Demand assessed and risk rescored from likelihood 5 to a 4. Ongoing action to monitor demand and impact on ability for staff to provide a timely responsive therapeutic intervention.	Quality & Safety Committee	12	C3xL4	3 C3xL3	↓ 15	De-escalated to Therapies Local Risk Register as demand assessment completed and likelihood of impact being realised reduced from a 5 to a 4.	4577

Chief Operating Officer Rhondda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Risk of absconding from Ward 23.	**If**: Estates work and Covid-19 pathway remodelling is not undertaken urgently **Then:** Mental health patients may continue to abscond **Resulting In**: Potential harm to themselves or the public	All patients risks for suitability of admission to ward 23 assessed. Patients discouraged from smoking where possible. Any patient who goes out into garden is supervised by ward staff at all times. All staff will try to de-escalate increasingly volatile situations. Prompt alert if patients can not safely be stopped from absconding. Staff to follow guidance for managing absconding patients. All patients are risk assessed.	Work with Estates ongoing. A Statement of Need has been submitted to fund additional fencing being installed.	Quality & Safety Committee	6	(C3zL2)	4	↓ 16	Risk reduced as ward currently not being used. SON developed for fence. Long term use of ward needs to be established so that suitable outside fencing can be provided. Current score: 6	4401

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place
4070	Chief Operating Officer	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets	**IF:** The Health Board fails to achieve the 4 and 12 hour emergency (A&E) waiting time targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Need to strengthen minors streams at DGH sites to sustain improved delivery of performance against the 4, 8 and 12 hour targets. Also variable practice across A&E departments. Consultant and middle grade gaps in RGH now filled. PCH DU report delivered and being enacted. PoW handover performance reviewed by DU & EASC/CASC team and being enacted. PoW/RGH/PCH provided full Safety and Dignity analysis to September QSR committee and Safety Briefing sitrep model and SAFER being rolled out across sites. Programme of improvement work with AM&ED, HR and Retinue teams to improve medical booking and staffing to raise shift fill (ADH initiative has been successful). Winter Plan in train through directorate and partners (RPB). Interim Site Management arrangements coming into place. Systems model in development. 1) Clear discharge planning processes in place. 2) Improvements in the patient flow and investments to support Winter planning. 3) Stay Well At Home (SW@H) Service introduced and evaluated (6 month). Transformation funding will initiate Jan/Feb 2020. 4) SW@H 2 developments and Enhanced Community Clusters being progressed through Transformation bid.

Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Last reviewed	Comments
The existing controls will be maintained and developed, with monitoring in place via internal ILG meetings and the monthly ILG meetings with Directors. Given the pressure upon the UHB in the covid-19 environment, the risk will remain at level 16, with review in March .	Planning, Performance & Finance Committee & Quality & Safety	16	12	To Close	01.04.2013	04.06.2021	Closed as risk amalgamated with Risk ID 4458 - Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)

TARGETED INTERVENTION RISK & ASSURANCE MILESTONES

The Risk Journey…

Where we were:

- No corporate level lead for risk within the organisation.
- The Corporate Risk Register was not routinely received by the Board or the Board Committees
- The Corporate Risk Register was not always clearly aligned to demonstrate Service to Board escalation where appropriate.
- Detailed risk training was captured in a “Managing Risk Safely Course” this was paused during the Health Board’s response to Covid-19, however, will be offered again once restrictions have lifted.
- The Risk Management Policy and Risk Assessment Procedure required review and alignment to the new Operating Model.
- Datix was not used as the system to capture the risks on the Corporate Risk Register. Datix was however used by Directorates and other functions within the Health Board.
- Engagement and communication between Corporate and Service Leads in respect of risk was limited.

Where we are now:

- An Assistant Director of Governance & Risk was appointed on the 27th April 2020.
- The Corporate Risk Register was reframed in format and name – now known as the Organisational Risk Register to reflect the Service to Board Escalation process.
- A Board Development Session was held in September 2020 where Board Members received a refresher on risk training as well as defining its Principal Risks and Risk Appetite.
- The Organisational Risk Register is now received at every Board and Audit & Risk Committee meeting. Board Committees where risks are assigned also regularly receive the Organisational Risk Register.
- The Risk Management Policy, Risk Management Strategy and Risk Assessment Procedure were reviewed and approved by the Health Board in January 2021.
- All risks on the Organisational Risk Register are now entered on the Datix Risk Management Module.
- An Internal Audit was undertaken reporting a Reasonable Assurance to the Audit & Risk Committee in February 2021.
- The follow up review between “HIW and Audit Wales” recognised the improvements made in the risk management journey to date.
- There is a defined “Risk Management Milestones” plan which is monitored at Board level.
- The Assistant Director of Governance & Risk meets monthly with the Chief Operating Officer as well as monthly meetings with the Heads of Quality & Patient Safety in the ILGs.
- The Assistant Director of Governance & Risk has undertaken a peer review of risks with the following functions to ensure processes align with the Risk Management Strategy:
  - Estates, Facilities, ICT, Learning & Disability, Workforce and Patient, Care and Safety, Hosted Organisations (EASC and WHSSC).
- With colleagues from other Health Boards across Wales the Assistant Director of Governance & Risk is developing a Risk Management Training Needs Analysis (TNA) and designing training programmes to support the requirements within the TNA which will include an awareness session, more in-depth training for those responsible for risk in their areas and a Board level session.
- The risk page on SharePoint has been revised and updated to reflect the latest policy, procedure and supporting documentation and contacts to aide staff in undertaking risk activity.
- Monthly Risk Management Awareness Sessions (Virtually via Teams) were implemented from January 2021 with increasing engagement and attendance growing month on month. The monthly sessions are set in the calendar until the end of 2021 and will continue beyond that date if required.
  Attendance Records to date:
  - January 2021 = 1
  - February 2021 = 8
  - March 2021 = 26
  - April 2021 = 52
  - May 2021 = 34

  Extracts of feedback from colleagues who have attended the session are captured below:
  - *“As a doctor who has clinics and lists that can’t be moved or left unstaffed, please can I ask that when planning future sessions you move them to different days of the week and vary between morning and afternoon? This will increase the chances of more doctors being able to access this session, which I found very helpful and which I have recommended to the other consultants in my directorate.”* In responding to this email an offer was made to tailor a session for the doctors at a time and date of their choice.”
  - *“That was a really good and informative presentation”.*
  - *“This is really really helpful thank you and I found this morning’s session informative and helped clarify some questions I had”*
  - *“I have to say that was one of the best training sessions I have been on for a very long time. Clear, concise and informative. A perfect update for me as I’ve no doubt slipped into bad habits over the years. I shall review my risks with confidence now.”*

	1. BASIC LEVEL Principle accepted and commitment to action	2. EARLY PROGRESS Early progress in development	3. RESULTS Initial achievements achieved	4. MATURITY Results consistently achieved	5. EXEMPLAR Others learning from our consistent achievements
RISK, AND ASSURANCE	Risk management is in place, but not systematically used across the health board. Board Assurance Framework (BAF) is recognised as required but may not be up to date. Board committees exist to support the Board in a scrutiny function.	Risk management arrangements are in place for identifying, recording, managing risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions on risk and confidence in assurance mechanisms and assurance in place. The Board committees are proportionate in their scrutiny of quality, resources, performance	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance gaps and work progressing to address these. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. The Board proactively learn from their risk management approach and risk appetite through regular reviews of their decisions around risk. A Board Assurance Framework (BAF) is in place and drives Board discussions with a complete understanding of assurance in place, with few/no gaps in assurance to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation. These committees and sub-groups are regularly reviewed for their effectiveness and changes made to reflect best practice.
Outcome Measures		• Risk Strategy in place • Risk Management Policy in place • Risk Register exists and is received by Board	1. Organisational Risk Register updated regularly with each update approved by Management Board. Status: Achieved May 2020. 2. Organisational Risk Register received at every Board meeting. Status: Achieved September 2020 3. Board and Committees regular oversight and review of assigned risks. Status: Achieved September 2020 6. Strategy and Policy Documents up to date and	Board Development Session undertaken which reviews and identifies the Risk Appetite, Risk Tolerance levels and grading of principal risks aligned to the new Integrated Healthcare Strategy and the direction of travel for the Health Board – i.e. not necessarily cautious across all risk domains. Anticipated to be undertaken by the 30th September An efficient risk management process which is seen as efficient and not cumbersome – linked to the new Once For Wales Risk Management System. Anticipated to be implemented by the 30th April 2022 - external dependency as an All Wales System.	Board Assurance Report to Board and Committees triangulating risk, performance and assurance – ambition to link to live system risks. Risk appetite embedded within the organisation – Service to Board. Decisions are informed by relevant assessment of risks. Board and Committee scrutiny is effective and discussion is driven by the Board Assurance Report and the appetite and tolerance levels within the Health Board.

			approved within last 12 months: • Risk Management Strategy • Risk Management Procedure • Risk Assessment Procedure Status: Achieved January 2021 7. Clear process map for Service to Board Escalation of risk. Status: Achieved January 2021 8. Risk Training Awareness Session –rolling programme to be established – 1 hour open session a month. Status: Achieved January 2021 9. Risk Training: including development of a Training Needs Analysis (TNA), dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the TNA. Status: Anticipated to be finalised by the 31st October 2021 *(some of the activity described above may be completed sooner e.g. the TNA is currently at draft stage as at May 2021)* 10. All ILG risks reviewed and updated following change in Operating Model. Status: Anticipated to be finalised by the 31st October 2021 11. Clear and consistent grading of risks that are calibrated and moderated across the Health Board. . Anticipated to be finalised by the 31st October 2021 12. Introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	All risks reviewed and aligned to the Risk Management Strategy and upon audit/testing would demonstrate alignment to the Service to Board escalation. Organisational Risk Register shifts to a more Strategic Board Assurance report articulating the links between Strategic Objectives, Principal Risks, Gaps in Control and Assurance. Board Assurance Framework revisited in light of a shift to Strategic risk report. Attendance records for training demonstrate a consistent programme of learning within the Health Board. Clear ownership and responsibility of risks from Risk Owners, Risk Manager and Strategic Risk Owners. Detailed discussions at Committees on scrutiny of risks assigned to them with focus on adequacy of mitigations in place. Risk culture evident with a focus on quality and safety and the following factors evident through discussion at Board and Committees: • Strong and open communication - in accordance with the Risk Management Strategy risks are escalated as soon as identified • Positive attitude to risk management – seen as a dynamic tool. • Visibility and commitment at Board and Committees recognising it is a core element of business. • Risk and decision making going hand in hand. Evidenced via: • Board and Committee agendas, reports and minutes. • Audits – internal and external • IM “Ward to Board” touch points. • Risks dynamic and therefore stagnant trends limited. • Training Attendance Records • “Deep Dives” • Board Assurance Framework (BAF)	Robust training and education programme where a good risk culture and behaviours lead to: • Encouraging and educating others in risk and risk management. • A desire to be more risk aware and gain more risk management knowledge • Positive attitude to risk management A good “risk radar” that is constantly monitoring the internal and external environment. Evidenced via: • Board and Committee agendas, reports and minutes. • Audits – internal and external • IM “Ward to Board” touch points. • Risks dynamic and therefore stagnant trends limited. • Training Attendance Records • “Deep Dives”. • Board Assurance Framework (BAF)

			Anticipated to be finalised by the 31st December 2021 Evidenced via: • Up to date Risk Management Strategy & Policy • Board and Committee agendas, reports and minutes. • Audits – internal and external • Review of risks on Datix. • TNA and training programmes, Training Attendance Records • Risk Documents. • Board Assurance Report		

AGENDA ITEM
8.1

CTM BOARD

FINANCE UPDATE – MONTH 3 of 2021/22

Date of meeting	29/7/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Steve Webster, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Welsh Government	13/7/2021	NOTED

ACRONYMS			
A&C	Administration & Clerical	I&E	Income & Expenditure
AWCP	All Wales Capital Programme	LTA	Long Term Agreement
AME	(WG) Annually Managed Expenditure	M1	Month 1 (M2 Month 2 etc)
CHC	Continuing Healthcare	PCMH	Primary Community & Mental Health
COO	Chief Operating Officer	PCH	Prince Charles Hospital
CRES	Cash Releasing Efficiency Savings	POW	Princess of Wales Hospital

CRL	Capital Resource Limit	RGH	Royal Glamorgan Hospital
FNC	Funded Nursing Care	PSPP	Public Sector Payment Policy
HCHS	Healthcare & Hospital Services	WG	Welsh Government
IHI	Institute of Healthcare Improvements	WHSSC	Welsh Health Specialised Services Committee
IMTP	Integrated Medium Term Plan	YTD	Year to Date

FINANCE REPORT – MONTH 3 of 2021/22

1. SITUATION/BACKGROUND

The purpose of this report is to highlight the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 3 (M3). This report should be read in the context of the draft CTM Integrated Medium Term Plan for 2021/22 to 2023/24 which is available on the website.

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on 'Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021.The updated draft financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22.

The table below shows our Covid response costs and income assumptions for 21/22 as per the 30 June financial plan submission:

Covid costs and funding 2021/22	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Programme costs:					
TTP	3.0	2.8	3.2	3.1	12.1
Mass Vaccination	3.7	2.3	2.3	2.2	10.5
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
Extended Flu	0.0	0.0	0.3	0.2	0.5
Long COVID	0.1	0.1	0.1	0.1	0.5
Sub total	**8.7**	**7.1**	**7.7**	**7.4**	**30.9**
Assumed funding- programme element	-8.7	-7.1	-7.7	-7.4	-30.9
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
Increase in Covid response costs to reflect revised assessment of bed demand	0.0	0.0	2.8	2.8	5.5
Sub total	**7.5**	**6.5**	**8.9**	**8.1**	**31.1**
Confirmed funding- formula element	-7.5	-6.5	-6.1	-5.9	-26.1
Requested additional funding	0.0	0.0	-2.8	-2.3	-5.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
Total	**-5.1**	**-5.1**	**-5.1**	**-5.1**	**-20.5**

Please note that the requested additional funding for Other Covid costs has subsequently been increased to £5.5m due to a change of assumptions regarding Long Covid funding. There have also been a number of other changes to the forecast costs and assumed income which are captured in Section 3.6.

The following sections are included in this report:

Note 1: We are reviewing the Board reporting formats for 21/22 and further information may be provided from M4.

2. HEADLINE MESSAGES AND KEY ACTIONS

2.1 Key aspects of the 2021/22 financial plan and financial outlook

The key aspects of the updated financial plan are as follows:

- Anticipated additional non-recurring Covid funding of £20.5m for the Covid overspends from 2020/21. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from Covid and £4.3m of additional cost pressures. This reflects the recent funding principles issued by the Welsh Government, but will be subject to WG review, and may not be fully agreed.
- Requested additional non-recurring Covid funding of £5.5m over the confirmed Welsh Government allocation of £26.1m, to reflect a revised assessment of demand relating to Covid, Winter and paediatric respiratory virus.
- Anticipated non-recurring allocations from Welsh Government of £7.0m in 2021/22 for investment in Think 111 First, Urgent primary care and Same Day Emergency Care (SDEC).
- The plan assumes that around £9m of existing cost pressures projected by ILGs & Directorates are avoided or managed out. There is a £5m transitional budget to support this and Covid funding for Q1 may also provide some temporary headroom if actual costs are lower.
- The plan assumes recurrent savings delivered will be £16.1m and in year savings £14.5m. In comparison with this, bottom up savings plans at the end of Q1 are so far falling short of this by £0.9m, and we do not yet have adequate assurance on their delivery.
- The provision for new investment in the plan is relatively low (£1m enabling) and a small amount of non-recurring funding.
- The plan is bolstered on a one off basis in 21/22 by release from the balance sheet of over £6m and by £4.7m non-recurring release of budgets committed to out of hospital transformation from 2022/23. Therefore the underlying recurrent position is worse, and is a £31.4 deficit at the end of 2021/22 provided that the assumptions above are delivered.

There is significant risk in the plan, and provided it is delivered in 2021/22, there will still remain a large recurrent deficit to be addressed from 2022/23 onwards.

The overall funding position across Welsh Government is such that there is likely to be further funding potentially becoming available, particularly around planned care recovery. This may be at a level that exceeds what the NHS in Wales could

practically spend in 21/22, and so an element may be made available for other initiatives on a one-off basis. However, this is predicated on the CTM plan being delivered internally.
We will identify priorities for any non-recurring investment but the focus needs to be on delivering the plan above, which we need to do from a sustainability perspective anyway. This will put us in the best position to be able to utilise any non-recurring WG funding which does become available.

2.2 Month 3

Actual expenditure to M3 on delegated budgets was showing a £4.0m overspend and this was offset by a £4.0m underspend on Non Delegated budgets to give a small underspend of £22k. A significant amount of Reserve budgets have been phased into the M3 position to cover estimated costs already included in the delegated position but where funding has not yet been released into delegated budgets. Further details are provided in Section 3.8.

Whilst the Health Board is reporting a small surplus at M3, it is important to note the following points regarding the M3 position:

- The position assumes that we get £20.5m of funding from WG for prior year Covid overspends plus at least £2.8m of funding to meet the existing costs already being incurred for Think 111 first, urgent primary care and SDEC.
- The position also assumes that we get £1.5m of additional funding from Powys UHB for increased patient flow into PCH and also £1m from the LAs to meet their share of the £2.6m forecast overspend on the Transformation programme.
- It currently excludes the extra £5.5m of funding that has been requested to reflect the revised assessment of bed demand, but also excludes the costs which it is estimated would result.
- The £14.5m in year savings target has been profiled such that the M3 YTD target equals the actual savings to M3 of £1.5m. The savings target for the next 9months is therefore £13.0m. A straight extrapolation of the £1.5m of savings in Q1 would only be £6m so a big step up in savings delivery is needed from M4 onwards.
- £1.1m of the £5m Covid transition budget has been released to Delegated budgets. The balance of £3.9m is held in Reserves together with a £3.6m budget for Other Covid costs. Three months of these two budgets have been phased into the Month 3 position to meet existing overspends.

The percentage for the number of non-NHS invoices paid within the 30 day target for June was 95.3% (M2- 93.7% and M1- 89%). The reduction in performance in M1 was due to over 1,144 nurse agency invoices not being processed within the target (6% impact). This also continued in M2 with over 545 nurse agency invoices not meeting the target (2% impact). The M2 YTD position is 91.3% and there is a high risk that the Health Board will not achieve the 95% target for 21/22. The M3 YTD position is £92.7% and forecast percentage for Month 12 is currently 94%.

2.3 Key actions

The key actions include:

- Identification of additional savings plans and opportunities to close the current in year gap of £0.9m and the recurring gap of £7.8m, as well as work to provide greater assurance on the existing savings plans.
- Feedback from WG on the draft financial plan submitted at the end of June and the funding assumptions contained therein.
- Finalising the Transformation budgets and spending plans for 2021/22 and then moving on to the recurrent sustainability plan for 2022/23.
- Finalising internal accountability letters and budget sign off schedules for 2021/22.
- Finalising the trackers for monitoring the reductions in the annual leave carried forward at the end of 2020/21 and the associated impact on the annual leave provision.
- Addressing the issues causing the late payment of nurse agency invoices.
- Following up the further information needed to understand the significant M3 YTD overspends in some of the Corporate directorates and Facilities.

3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Financial Position and Key Targets – Month 3

The Health Board has a statutory duty to achieve a break even position over a period of three financial years. This applies to both revenue and capital expenditure. Over the last two financial years, the Health Board has achieved a surplus of £971k and £71k for revenue and capital expenditure respectively. This means that the Health Board can overspend by £971k and £71k for revenue and capital expenditure respectively in 2021/22 and still meet its three year statutory duty. The Health Board also has an administrative duty to pay a minimum of 95% of all non-NHS invoices within 30 days.

The table below details the Health Board's 2021/22 current and forecast performance against these key financial targets:

Target	Unit	Current Month	Year to Date	Trend	Forecast Year End
Revenue To ensure that the Health Board's revenue expenditure does not exceed the aggregate of it's funding in each financial year. Measured by variance against plan to break even.	£'000 +Adverse ()Favourable	(275)	(22)	↑	0
Capital To ensure net capital spend does not exceed the Welsh Government Capital Resource Limit. Measured by variance against plan to manage to the Resource Limit	£'000 +Adverse ()Favourable	(1,228)	(1,228)	↑	0
Public Sector Payment Policy To pay a minimum of 95% of all Non NHS invoices within 30 days. Measured by actual performance	%	95.3%	92.7%	↑	94%

3.2 Revenue Performance by Expenditure Category

	Annual Budget £'000	Over/(Under) Spend	
		Current Month £'000	Year to Date £'000
Delegated Budgets			
Pay	568,221	(1,271)	2,165
Non Pay	691,583	2,467	1,443
Income	(140,322)	83	359
Delegated Savings Plans	(11,586)	18	1
Total Delegated Budgets	1,107,896	1,297	3,968
Non Delegated Budgets	75,393	(1,572)	(3,990)
WG COVID Allocations	(100,801)	0	0
WG Allocations	(1,082,488)	0	0
GRAND TOTAL M3	0	(275)	(22)
GRAND TOTAL Previous month	0	243	252

The key issues to highlight in the M3 YTD position are as follows:

- The £2.2m pay overspend includes ILGs (£0.7m), Primary Care (0.5m) and Corporate directorates (£0.9m). Further information on the overspends in Primary Care and Corporate directorates is provided in Section 3.4.

- The non-pay overspend of £1.4m includes ILGs (£0.6m), Medicines Mgt (£0.8m) and Facilities (£0.4m). Further information on the overspends in Medicines Mgt and Facilities is provided in Section 3.4.

- A significant amount of reserve budgets have been phased into the M2 position to cover estimated costs already included in the delegated position but where funding has not yet been released into delegated budgets. Further details are provided in Section 3.8 and the intention is to release as much of this funding as possible in M4.

3.3 Pay Expenditure trends

The M3 Pay expenditure was £47.9 and the monthly trend is summarised below.

	M3	M2	M1	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	6.7	6.6	6.4	15.3	6.3	6.7
Medical	11.7	11.9	12.1	23.3	11.5	8.7
Nursing	15.1	15.8	15.6	30.4	15.6	17.9
ACS	5.9	6.9	6.4	14.6	6.2	7.4
Other	8.5	8.7	8.8	19.6	8.54	9.4
Total	47.9	49.9	49.3	103.2	48.1	50.1

The Key issues to highlight are as follows:

- The M1 position was broadly consistent with the previous 3 months, after taking account of the following comments:
  - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
  - Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
  - The increase in Nursing & ACS costs in M10 is due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).

- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused an increase of £0.5m on M1.

- The M3 is £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This is due to reductions in the payments for overtime in M3. This is not anticipated to continue and overtime payments are expected to return to previous levels in M4.

- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. A payment of £11.9m has been made in Q1 for NHS employed staff. There may be further payments to follow and the position will be continually monitored. The financial plan and forecast does not include any potential benefit from a release from the accrual.

The M3 agency expenditure was £3.3m and the monthly trend (excluding accountancy gains) is summarised below.

	M3	M2	M1	Q4 Ave	Q3 Ave
	£'m	£'m	£'m	£m	£m
Medical	1.0	1.0	1.3	1.3	1.3
Nursing	1.5	1.5	1.4	2.0	1.8
Other	0.8	0.7	0.8	0.9	0.7
Total	3.3	3.2	3.5	4.2	3.8

Agency expenditure is anticipated to remain relatively static over the current quarter, with savings being achieved from M4 onwards offset slightly by investment from planned care recovery anticipated to require agency support.

3.4 Revenue Performance by Area

		Over/(Under) Spend		
	Annual Budget £'000	Current Month £'000	Year to Date £'000	Year to Date %
Integrated locality groups:				
Bridgend	201,242	465	822	1.65%
Merthyr & Cynon	202,321	(321)	214	0.42%
Rhondda & Taff Ely	211,609	(75)	195	0.36%
Total ILGs	615,172	69	1,230	0.79%
Delivery Executive:				
Medicines Management	139,402	740	847	2.57%
Primary care	119,688	207	747	2.27%
Facilities	14,380	360	521	13.29%
COVID Planned projects	7,077	(155)	0	0%
Other	3,098	89	96	6.47%
Total Delivery Executive	283,645	1,242	2,211	3.06%
Contracting & Commissioning	117,121	(175)	(65)	-0.22%
Corporate Functions	91,957	162	591	2.57%
Total Delegated Budgets	1,107,896	1,297	3,968	1.41%
Non Delegated budgets	(1,107,896)	(1,572)	(3,990)	
GRAND TOTAL M3	0	(275)	(22)	
GRAND TOTAL Previous month	0	243	252	

Given the significant budget changes in M3 to reflect the updated financial plan submitted to WG on 30 June, the summary below has focussed on the M3 YTD position rather than the M3 In month position. The key issues to highlight in relation to the M3 YTD position are as follows:

	M3 YTD	
	£m	
ILGs	1.2	This includes £0.4m for SDEC and £0.4m for Powys flows (Matched by release from Reserves in Section 3.8 below)
Medicines Mgt	0.8	This is mainly attributed to the estimated overspend on Primary care prescribing. It is important to note that this is a high level estimate based on M1 data only (as the information is 2 months in arears).
Primary Care	0.8	This is mainly Transformation £570k plus Think 111 first/OPC centres £340k (Matched by release from Reserves in Section below)
Facilities	0.5	Further information is needed to understand what is driving this level of overspend and also the £0.5m additional Covid costs incurred in Q1.
Other Delivery Exec	0.1	
Corporate directorates	0.6	Further information is needed to understand the significant overspends in the following areas: • PC&S – £189k Pay overspend and the £90k Income overspend plus the £186k non pay underspend • Corporate development – £92k Pay overspend • ICT – £224k Pay overspend • Medical director – £83k overspend (which is higher than the £145k requested for the full year for the new AMD structure). • W&OD – £248k pay overspend Some of these overspends are for known commitments which are likely to be funded.
Contracting	-	
Total overspend	3.9	

3.5 Forecast Positions

As at Month 3 we are reporting a forecast recurrent deficit of £31.4m (M2- £31.4m) at the end of 21/22. This is consistent with the latest draft financial plan submitted to Welsh Government on 30 June.

3.6 Covid Position

A summary of the additional revenue costs being classified as Covid is provided below.

	M3 Actual	M3 YTD	M3 Year end forecast	30 June plan	Movement from 30 June Plan
Programme costs	£m	£m	£m		
TTP	0.8	2.5	11.9	12.1	(0.2)
Mass Vaccination	1.4	3.7	10.6	10.5	0.1
Extended Flu	0	0	0.5	0.5	0
Cleaning standards	0	0.2	1.9	2.1	(0.2)
CHC/FNC support	0.3	0.9	3.6	3.6	0
PPE	0.3	0.7	1.7	1.7	0
Long COVID	0	0	0.8	0.5	0.3
Sub total	2.8	8.0	31.0	31.0	0
Assumed funding – programme element	(2.8)	(8.0)	(31.0)	(31.0)	0
Total Programme costs	0	0	0	0	0
Other Covid costs:					
Field hospital	0.3	1.2	3.0	3.0	0
Dental income loss	0.3	0.9	2.8	2.8	0
Operational expenditure cost reduction	(0.1)	(0.8)	(1.3)	(1.3)	0
Slippage on Planned investments and re-purposing of development initiatives	0	0	0	0	0

Other covid costs	2.7	6.7	27.1	26.6	0.5
Planned Care Recovery	1.2	1.9	16.8	16.8	0
Sub total	4.4	9.9	48.4	47.9	0.5
Confirmed funding- formula element			(26.1)	(26.1)	0
Confirmed funding- PCR element			(16.8)	(16.8)	0
Requested additional funding for bed modelling etc			(5.5)	(5.0)	(0.5)
Requested additional funding following transfer of £0.9m of Operational expenditure cost reductions to meeting M3 shortfall against £14.5m Savings target			(0.9)	0	(0.9)
Requested funding for Covid overspends from 2020/21			(20.5)	(20.5)	0
Total Other Covid costs			(21.4)	(20.5)	0

The key points to note are as follows:

1. As noted above, the requested additional funding for Other Covid costs has increased from £5.0m to £5.5m due to a change of assumptions regarding Long Covid funding.

2. Further to WG guidance, we have now utilised £0.9m of the Operational expenditure reductions due to Covid to close the M3 savings target shortfall. This change has increased the Covid funding request by £0.9m.

3. The forecast for TTP includes £300k for Community testing across CTM and £169k has been invoiced to M3.

4. We have received YTD costs from the LAs for their Mass vaccination and TTP costs but we are still awaiting updated information on their full year forecast costs.

5. The PPE forecast is consistent with the financial plan. This will be reviewed again in M4 following the increased spend in M3.

6. The draft profile for the Planned care recovery plan is as follows:

	Original Plan	Actual/Forecast
	£m	£m
Q1	2.4	1.9
Q2	6.2	5.7
Q3	5.3	5.9
Q4	2.9	3.3
Total	16.8	16.8

3.7 Savings Performance by Area

The financial plan for 2020/21 includes a £14.5m In Year savings target and a £16.1m recurring savings target.

	Month 3			Month 2		
	M3 YTD	21/22	Rec	M2 YTD	21/22	Rec
	£m	£m	£m	£m	£m	£m
Savings targets	1.5	14.5	16.1	0	14.5	16.1
Actual and Forecast Savings	(1.5)	(13.6)	(8.2)	0	(11.3)	(7.4)
Utilisation of Operational expenditure reductions (see above)	0	(0.9)	0	0	0	0
Total	0	0	7.9	0	3.2	8.7

Further urgent work is still needed to close the In year gap of £0.9m and the forecast recurrent gap of £7.9m.

A summary analysis by ILG, service area and corporate directorates is provided overleaf.

Area	In year Savings Target £000	M3 YTD Actual £000	Current In Year Forecast	Green	*Amber*	% of Current Year Forecast to Target
Bridgend ILG	4,031	922	3,896	1,558	2,339	96.7%
Merthyr & Cynon ILG	3,579	384	3,721	2,913	808	104.0%
Rhondda & Taf ILG	3,954	191	3,112	2,250	862	78.7%
Medicines Management	1,752	0	2,093		2,093	119.5%
Primary Care	138	0	80	50	30	58.0%
Corporates	766	0	761	540	221	99.3%
Other Delivery Executive	187	0	0			0.0%
Contracting & Commissioning	90	0	0			0.0%
Grand Total	14,497	1,497	13,664	7,310	6,354	94.25%

Area	Recurrent Savings Target £000	Current In Year Forecast	Green	Amber	% of Forecast recurrent savings to Target
Bridgend ILG	4,031	1,570	1,052	518	39.0%
Merthyr & Cynon ILG	3,579	1,929	1,301	628	53.9%
Rhondda & Taf ILG	3,954	1,625	140	1,484	41.1%
Medicines Management	2,708	2,110		2,110	77.9%
Primary Care	213	80	50	30	37.6%
Corporates	1,184	920	540	381	77.7%
Other Delivery Executive	289	0			0.0%
Contracting & Commissioning	139	0			0.0%
Grand Total	16,097	8,235	3,083	5,151	51.16%

3.8 Non Delegated budgets

The Month 3 YTD position is summarised below:

	M3	M2
	£k	£k
Non Recurring slippage – Annual target £2.0m	500	333
Actual Slippage	(1095)	(501)
Phasing in of Reserve budgets to cover estimated costs already included in the Delegated position but where funding has not yet been released from Reserves:		
- Investment in ED (Budget released in M3)	0	(167)
- Investment in SDEC, Think 111 first and urgent primary care (Assumed WG allocation of £2.8m to meet existing costs)	(700)	(450)
- Additional costs associated with Powys flows (Assumed additional funding from Powys of £1.5m)	(375)	(250)
- £1m assumed LA income for share of the forecast overspend on Transformation of £2.6m.	(250)	0
- Covid response costs outside ILGs (Budget released in M3)	0	(200)
- Covid digital costs (Budget released in M3)	0	(133)
- £3.6m Other Covid budgets- deployed to meet existing cost pressures	(900)	(400)
- £3.9m balance on the original £5m Covid Transition budget- deployed to meet existing cost pressures	(1000)	(650)
Other variances	(170)	0
Total	(3,990)	(2,417)

3.9 Key Risks and Opportunities

The key financial risks and opportunities for 21/22 are summarised below. These are consistent with the M3 Monitoring return submission to WG:

	M3	Financial Plan- 30 June	M2	Comment
Key risks:	£m		£m	
Shortfall against savings plan	1.1	2.0	2.5	As noted above £0.9m of Operational expenditure reductions have now been used to cover the savings shortfall at 30 June. The latest risk assessment has therefore been reduced by this amount.
Underlying deficit cannot be brought back in line with plan assumption either by reducing costs or increasing funding/income.	3.0	3.0	3.0	This risk includes £2.8m of existing costs associated with SDEC, Think 111 first and urgent primary care centres, which are part of a total bid to WG of £7.0m.
Unavoidable recurring service/cost pressures exceeding plan	1.0	1.0	1.0	The main risk areas are CHC growth and prescribing growth exceeding the planned growth assumptions, together with a range of operational service pressures.
Unavoidable costs of the Transformation programmes exceeding the confirmed WG funding for 2020/21	2.0	2.0	2.0	The M3 position is showing an overspend of £0.5m against the confirmed WG funding for Transformation and D2RA.
Total	7.1	8.0	8.5	

	M3	Financial Plan- 30 June	M2	Comment
Key opportunities:	£m		£m	
Delay / Stop new investments	(0.3)	(0.3)	(0.3)	
Further balance sheet review	(1.2)	(1.2)	(1.2)	Initial assessment only. Continuous review as year progresses
Potential for annual leave reduction being greater than costs incurred.	(1.0)	(1.0)	(1.0)	Initial assessment only. Will be updated on a quarterly basis but will need M6 data to form a more robust assessment.
Potential retention of any write back in relation to the 20/21 accrual for the NHS COVID bonus	(1.5)	0	0	
Total	(4.0)	(2.5)	(2.5)	

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

5. RECOMMENDATION

The Board is asked to:

- DISCUSS the contents of the Month 3 Finance report for 2021/22.

APPENDIX A

WELSH GOVERNMENT ALLOCATIONS

	Annual Budget
	£k
Confirmed funding	1,101,003
Unconfirmed funding	82,286
TOTAL	1,183,289

Key Issues

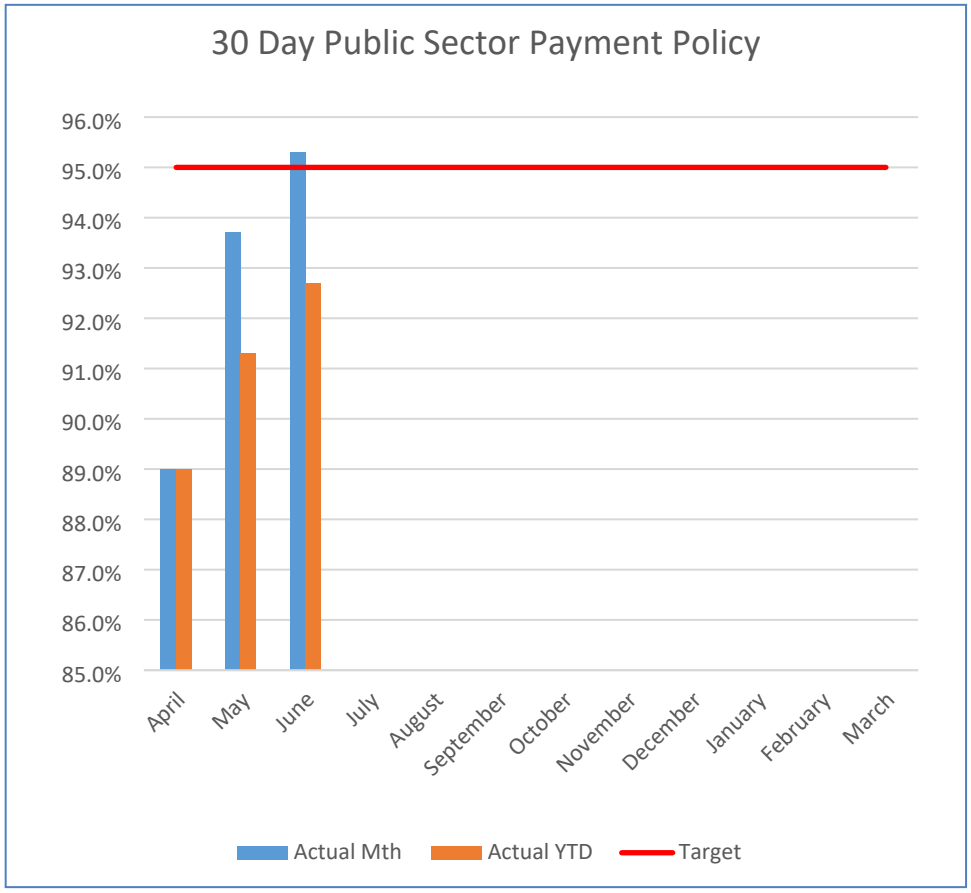
The most significant anticipated allocations include:

- COVID Pass through Programmes - £27.3m
- COVID Underlying Deficit Support - £20.5m
- COVID sustainability - £6.3m
- Transformation Fund - £7m
- Substance Misuse - £3.7m
- Targeted Intervention Support - £2.5m
- Invest to Save Funding - £2.1m
- ICF Dementia Funding - £1.2m
- Healthier Wales Prevention & Early Years Funding - £1m
- Think 111 First Bid - £2.5m
- Primary Care Emergency Centre Bid (UPCC Update) - £2.2m
- Same Day Urgent Care Bid - £2.3m

APPENDIX B

Public Sector Prompt Payment (PSPP) Performance

The Health Board's monthly performance against the 95% public sector payment target is detailed in the graph below:



Key Issues:

- The percentage for the number of non-NHS invoices paid within the 30 day target for June was 95.3%, with a cumulative percentage of 92.7%.
- For the month of April the percentage was only 89%, largely due to the failure of 1,144 nurse agency invoices which accounted for 6%. A further 545 nurse agency invoices failed in May accounting for 2%.
- As a consequence of the low percentage performance in April, there is a risk the Health board may not achieve the 95% target for 21/22. The forecast percentage for Month 12 is currently 94%.

APPENDIX C

Balance Sheet

The Month 3 Balance sheet is detailed below:

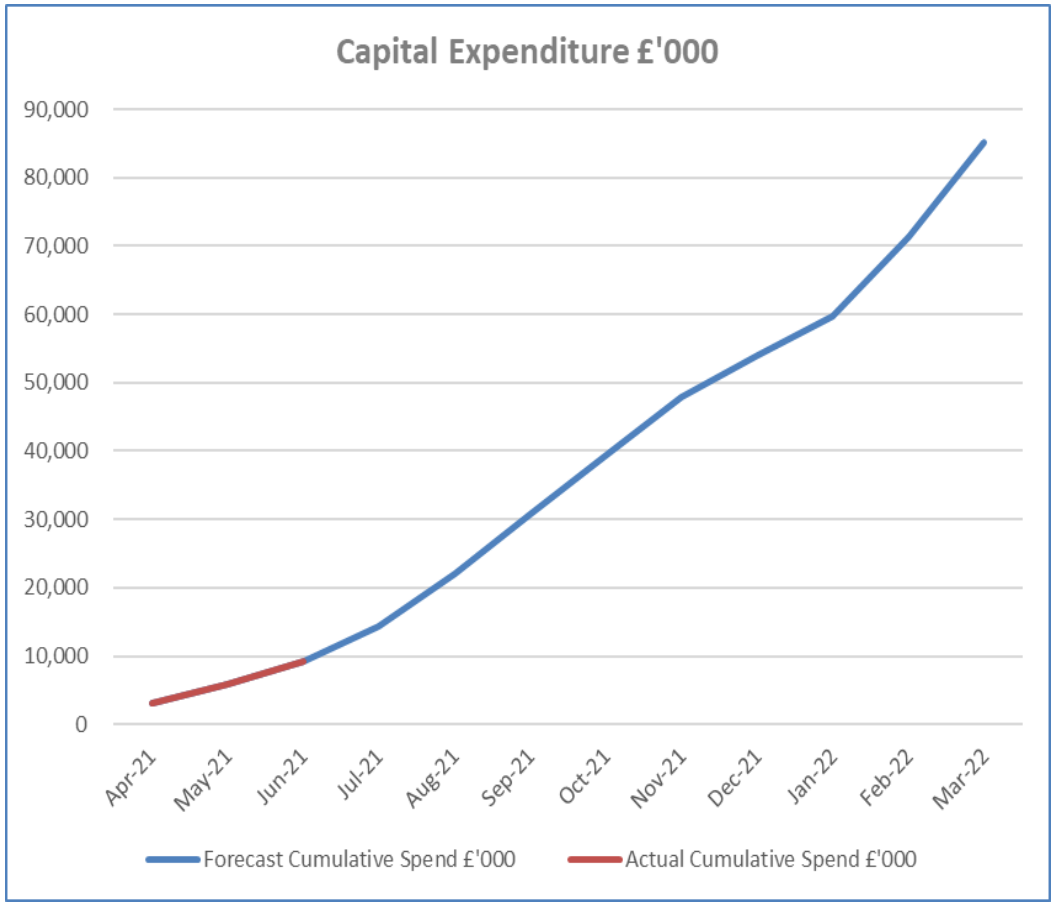
Balance Sheet	Opening Balance (01/04/2021) £'000	c/f Balance as at M2 £'000	Closing Balance as at M3 £'000	Forecast Closing Balance M12 £'000
Non Current Assets				
Property, Plant & Equipment	549,909	551,671	551,770	549,909
Intangible Assets	4,150	4,150	4,150	4,150
Trade and Other Receivables	39,298	39,285	39,298	39,298
Total Non-Current Assets	593,357	595,106	595,218	593,357
Current Assets				
Inventories	6,061	6,373	6,315	6,061
Trade and Other Receivables	124,984	93,675	117,122	124,984
Cash and Cash Equivalents	687	3,709	3,463	687
Total Current Assets	131,732	103,757	126,900	131,732
Current Liabilities				
Trade and Other Payables	175,210	162,299	148,740	175,210
Provisions	49,579	48,369	73,335	49,579
Total Current Liabilities	224,789	210,668	222,075	224,789
Non-Current Liabilities				
Trade and Other Payables	1,143	1,150	1,143	1,143
Provisions	45,680	45,679	45,680	45,680
Total Non-Current Liabilities	46,823	46,829	46,823	46,823
TOTAL ASSETS EMPLOYED	453,477	441,366	453,220	453,477
Financed By:				
General Fund	404,625	392,515	404,368	404,625
Revaluation Reserve	48,852	48,851	48,852	48,852
TOTAL	453,477	441,366	453,220	453,477

Key Issues:

- The closing cash balance at 30th June 2021 was £3.46m, this is in line with the planned levels kept during the year.
- Receivables have increased by £23m in M3 since M2. The most significant movement relates to movement in WRP debtors.
- Payables have decreased by £13m. Further payments were made in M3 relating to the NHS Bonus payment including the HMRC liability, the remaining 20/21 Wales NHS invoices were paid in addition to the normal monthly movement in balances.
- Provisions increased by £25m relating to Clinical Negligence.

APPENDIX D

Performance against Capital Resource Limit



Key Issues:

- The current Capital Resource Limit of £85.2m was issued on the 21st June 2021, a number of additional allocations are expected during the year subject to WG approvals.
- This is supplemented by £0.04m of donated funds, giving an overall programme of £85.24m. Currently no assets are intended for disposal in this financial year.
- Expenditure to 30th June 2021 is £9.2m. As all in year cash flows are still being determined at M3 the profiles are matched to actual expenditure. Profiles will be confirmed by M4 reporting.
- The reported outturn capital position is breakeven against the CRL target.

APPENDIX E

Cash position

Cashflow	Actual/Forecast												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Receipts													
WG Revenue Funding	90,592	84,776	99,547	105,600	88,100	100,400	98,550	100,300	108,400	90,970	99,300	101,917	1,168,452
WG Capital Funding	5,500	3,000	4,000	6,300	3,500	8,000	7,500	8,000	7,000	7,000	9,500	15,897	85,197
Sale of Assets	0	24	(4)	0	0	0	0	0	0	0	0	0	20
Welsh NHS Org'ns	21,950	9,746	12,834	9,200	11,200	9,200	11,200	9,200	14,200	12,200	14,200	17,500	152,630
Other	5,251	14,562	2,363	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	17,400	51,576
Total Receipts	123,293	112,108	118,740	122,600	104,300	119,100	118,750	119,000	131,100	111,670	124,500	152,714	1,457,875
Payments													
Primary Care Services	27,093	7,811	20,087	24,096	6,698	17,701	16,195	15,846	28,058	7,213	17,778	19,286	207,862
Salaries and Wages	43,069	54,707	51,906	46,890	46,890	46,890	46,890	46,890	46,890	46,890	46,890	66,890	591,692
Non Pay Expenditure	47,435	43,850	43,359	46,300	46,300	46,300	48,300	48,300	49,300	50,300	50,300	52,286	572,330
Capital Payments	4,725	3,689	3,634	5,600	4,700	8,000	7,500	8,000	7,000	7,000	9,500	16,643	85,991
Other (Donated asset funding)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	122,322	110,057	118,986	122,886	104,588	118,891	118,885	119,036	131,248	111,403	124,468	155,105	1,457,875
Net Cash In/Out	971	2,051	(246)	(286)	(288)	209	(135)	(36)	(148)	267	32	(2,391)	
Balance B/F	687	1,658	3,709	3,463	3,177	2,889	3,098	2,963	2,927	2,779	3,046	3,078	
Balance C/F	1,658	3,709	3,463	3,177	2,889	3,098	2,963	2,927	2,779	3,046	3,078	687	

Key Issues

- The closing cash balance at 30th June 2021 was £3.463m.
- Included within the figure, and shown in 'Other' receipts, is the assumption that £13.5m cash will be received during the year to fund payment of the bonus payment accrued in 20/21.
- Approximately £16m of WRP debtors remains outstanding at the end of M3. The profile of the remaining receipts are under regular review.

BOARD MEETING DATES 2022

HEALTH BOARD / BOARD DEVELOPMENT SESSIONS 2022

Meeting Date	Venue To be Confirmed
Thursday 27 January 2022	Board Meeting
Thursday 17 February 2022	Board Development Session
Thursday 31 March 2022	Board Meeting
Thursday 21 April 2022	Board Development Session
Thursday 26 May 2022	Board Meeting
Thursday 30 June 2022	Board Development Session
Thursday 28 July 2022	Board Meeting – To include Annual General Meeting
Thursday 18 August 2022	Board Development Session
Thursday 29 September 2022	Board Meeting
Thursday 20 October 2022	Board Development Session
Thursday 24 November 2022	Board Meeting
Thursday 22 December 2022	Board Development Session