



Quarter 1 - Reporting Proforma for NHS Planning 2019-20

Name of Organisation	Cwm Taf Morgannwg University Health Board
Director of Planning	Ruth Treharne
Submission date:	5 July 2019

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

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

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

This template must be submitted to HSS-PlanningTeam@gov.wales quarterly. The deadline date for quarter 1 is below:

Quarter 1 – **5 July 2019**

Accountability Conditions

Specific conditions	Evidence
<p>1. The Board must accelerate and strengthen governance and quality throughout the organisation. This must include having a robust improvement plan in place with clear milestones and outcomes to ensure rapid progress is made against key areas (including developing the organisational capacity and capability for improvement and an associated QI hub, maternity services (including achievement of the milestones set by the Independent Oversight Panel), serious incident and concerns management, Board leadership, organisational development and governance) and providing evidence of this through monthly reporting arrangements.</p>	<ul style="list-style-type: none"> • Board Development Session led by Mick Gianassi held on 27 June 2019; Janet Davies; HIW and WAO present. • HIW presented their Annual Report to the full Board on 27 June 2019 – key messages discussed and a reflective session held by the Board. • Tracking process developed to ensure progress internally to maintain pace (targeted intervention). • Board Development plan being developed with support from Mel Westlake and internal plan also available. • Reviewing best practice in approaches to 'Improvement in Wales' to inform the structure function and expected outcomes of the CTM UHB Improvement Hub • Appointing collaborative posts with Improvement Cymru, aimed at assisting in the 'scale and spread' of ward based multidisciplinary QI teams across CTM UHB. • In discussion with Life Science Hub around developing the WAST WIIN ideas portal for use in CTM UHB to capture QI & Innovation ideas and suggestions. • Supporting Cwm Taf Partnership Board to apply for WG funding for an RI&I hub which will work alongside the proposed Improvement Hub within CTM UHB. • Quality and Patient Safety Governance Framework improvement plan scheduled from sign off at Executive Board on 24 July 2019. • Review of Directorate governance arrangements aligned to the Framework undertaken. • Establishment of the sub-group supporting structure for Quality Safety and Risk Committee, the latter meeting monthly commenced June 2019, to include greater emphasis on Directorate specific exception reporting. • Wales Audit Office and Healthcare Inspectorate Wales joint review in progress. • Delivery Unit review in progress. • Weekly oversight of serious incident and concerns management, some improvement in performance in terms of 30 and 60 day response times. • Maternity Improvement Board developing a programme management approach with identified workstreams for specific aspects of the maternity improvement plan.
<p>2. Ongoing assurance in relation to the transitional arrangements for the Bridgend boundary change, including organisational development</p>	<ul style="list-style-type: none"> • With members from Swansea Bay UHB and CTM UHB, a Joint Executive Group has been established, adopting the adopt the principles set out in the Memorandum of Understanding (MOU) and as previously adopted by the Joint Transition Group. • The purpose of the group is to support, oversee and direct the programme of work needed to deliver ongoing joint work relating to the Bridgend Boundary Change.

<p>arrangements required and financial implications;</p>	<ul style="list-style-type: none"> • Internally to CTM UHB, consultation on organisational structures for new organisation closed on 2 July and an Organisational Development plan is being developed for CTM UHB. • The process of assessing the value and handling of the deficit resulting from the Bridgend transfer has reached a conclusion, but the outcome has not been agreed between CTM UHB and Swansea Bay UHB. As a consequence, Welsh Government will determine the outcome through an arbitration process. • CTM UHB submitted its arbitration case on 4 June 21019, which identified an assessed deficit of £7.4m after taking account of economies of scale. • The outcome of the arbitration is not yet known. • Post the above process, further work has recently been undertaken as part of the detailed budget setting process within CTM UHB.
<p>3. Ongoing assurance and sustained improvement in the Health Board's role as a provider of specialist CAMHS services to your population and for those services you provide on behalf of other Health Boards.</p>	<p>Ty Llidiard tier 4 CAMHS Inpatient Unit.</p> <p>Ty Llidiard underwent an unannounced HIW inspection between 7th-9th May 2019. The initial report has been received and an action plan submitted against this, which is understood to have been accepted by HIW. Whilst the report is under embargo until publication, the summary findings were as follows-</p> <p>'This is what we found the service did well:</p> <ul style="list-style-type: none"> • All employees interacted and engaged with patients respectfully • Provided a range of suitable facilities in a well maintained and pleasant environment of care • Established governance arrangements that provided safe and clinically effective care. <p>This is what we recommend the service could improve:</p> <ul style="list-style-type: none"> • The information displayed within the wards for patients • Recordkeeping • The provision of statutory rights to patients • The experience and skill mix of the ward team'. <p>Clearly there are areas for improvement and these will be addressed via the action plan, however it is reassuring that the service was found to provide safe and clinically effective care.</p>

Following the approval of funding during 2018/19, the works to enhance the security and reduce ligature risks on the Unit are due to be completed by the middle of August 2019, at which point the interim admission criteria agreed with WHSSC can be reviewed, with a view to returning to previous criteria.

The Unit continues to face challenge in terms of being requested to admit patients outside the admission criteria and difficulty in discharging certain patient groups, particularly where there are social care requirements. It is understood that there is work ongoing within Welsh Government to review the provision of services within health and social care and this focus on alignment between services and planning is welcomed by the service.

Specialist CAMHS

The SCAMHS service achieved the target for 80% of patients to be seen within 28 days of referral at end 2018/19. It has not been possible to maintain this position and as at 1st July 2019, the position in CTM UHB was 58.3% and in Swansea Bay UHB 75.9%.

The position in Swansea Bay UHB has been impacted by a small number of key vacancies however with cover arrangements in place the position has improved in recent weeks and the focus will be on maintaining this over the Summer months. As the commissioner of the service and responsible for the estate for the service, Swansea Bay UHB are leading a capital project to move all Swansea CAMHS staff to Neath Port Talbot Hospital so that all staff will work from one base and to support the implementation of a single point of access. There is no firm date for this at present however it is currently aimed for this to be implemented during 2019.

Within Cwm Taf Morgannwg, the deterioration in position has been caused by a number of key factors-

- The service has had a number of vacancies that have impacted on capacity and despite attempts to cover in the short term using agency staff this has not been possible for all posts.
- Further, the service has approval to recruit 3.3 WTE additional clinical posts, as demonstrated as being required through D&C modelling, however it has not been possible to recruit at the banding initially proposed. As a result the type of posts

	<p>being recruited has been revised and it is hoped that this will increase the pool of potential candidates.</p> <ul style="list-style-type: none"> • There has been an impact on the waiting list through the rebalancing of patients between the PCAMHS and SCAMHS waiting list, following feedback from the Delivery Unit that there were inappropriate patients within the PCAMHS service. Revised referral criteria have been implemented and the whole PCAMHS waiting list has been reviewed, with all patients identified as being suitable for SCAMHS being transferred across. Plans have been developed to address this additional backlog, with additional clinical time released and triage clinics established, however this will take several weeks to catch up. • Finally, the service has had to focus on 'internal' waiting patients e.g. those waiting to start an intervention following initial assessment. This is seen as a key quality indicator for the service and so remains a high priority, despite not being reportable as part of the SCAMHS data submissions. <p>The focus now is in filling all vacancies, including the additional staff that have been approved, to ensure maximum capacity and to return to compliance with the target. To support this in the mean-time WLI clinics are being run and agency staff sought to cover vacancies.</p>
<p>4. Increased clarity on actions, deliverables and milestones for all aspects of the plan must be in place and scrutinised by the Board.</p>	<p>As described in item 1, on 27 June the Board held a development session where the key deliverables for 2019/20 were discussed within the context of 'targeted intervention' and maternity services being special measures. This will shape future reporting and scrutiny by Board.</p>
<p>5. Regional planning commitments and milestones must be transparent and accelerated.</p>	<p>The South Central and East Wales Regional Planning and Delivery Forum is in the process of implementing the following regional service changes: Paediatrics, Obstetrics & Neonatology Services:</p> <ul style="list-style-type: none"> • Ear, Nose and Throat Services; • Vascular Centralisation; • Diagnostics; and • Ophthalmology. <p>The detail of the change is contained within most recent Forum paper attached at Appendix 1</p>

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

Quality - by exception

- Quality issues are described in section 1.

Collaboration (including RPB priorities) - by exception

- The Cwm Taf Morgannwg Regional Partnership Board transformation funding was announced on 10 June 2019. Implementation of the former 'Cwm Taf Stay Well in Your Community' programme and Bridgend locality 'Accelerating the Pace of Integrated Services' programme. Recruitment is underway to a Regional PMO to support implementation.

Performance - by exception

- Appendix 2 is the Performance Report from Executive Board 19 June 2019

Finance - by exception

- Appendix 3 is the Finance Report from Executive Board 19 June 2019

Other comments/issues by exception

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