CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

DRAFT ANNUAL PLAN

2021 – 2022 11 JUNE 2021

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 2021/22 PLAN ON A PAGE

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

To be delivered through the ongoing delivery of-

- Sustainable contact tracing and case management
- Surveillance and sampling
- Testing
- Vaccination

- 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

- 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

- Reductions in premium workforce/ planned care costs
- Focus on outcomes relative to cost
- Use financial improvement to re-invest in improving service quality and outcomes

- 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

- 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

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'.

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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'.

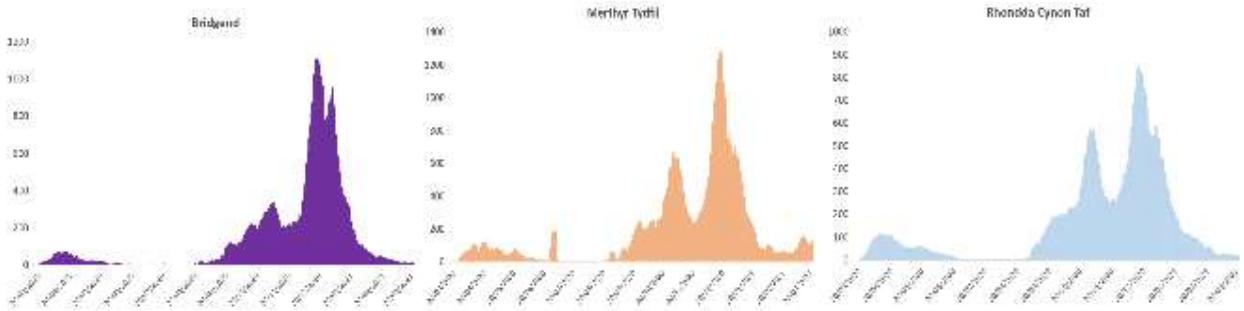
1.2 OUR POPULATION AND THE COVID-19 IMPACT

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.

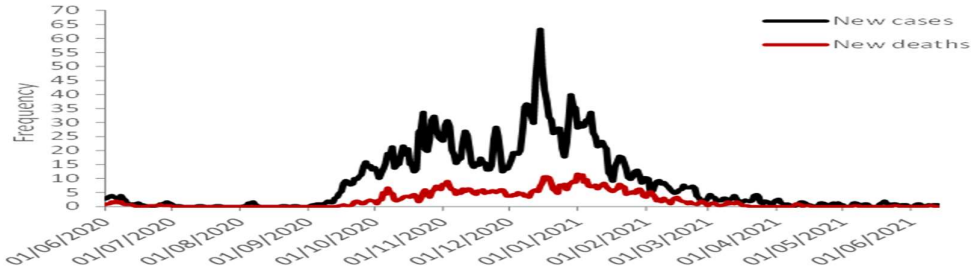
7-day Cumulative COVID Infection Rates per 100,000 (March 2020 – March 2021)-



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).

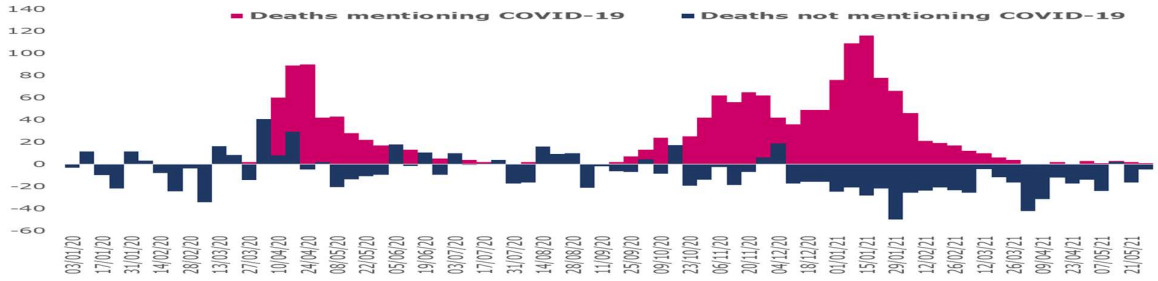
The impact of this growth in cases can be seen to lead to an increase in people becoming very sick and needing hospital care and ultimately, tragically, some of these patients dying in hospital as the following chart shows.

New COVID-19 cases and deaths in CTM hospital sites including community hospitals, (3-day rolling average)-



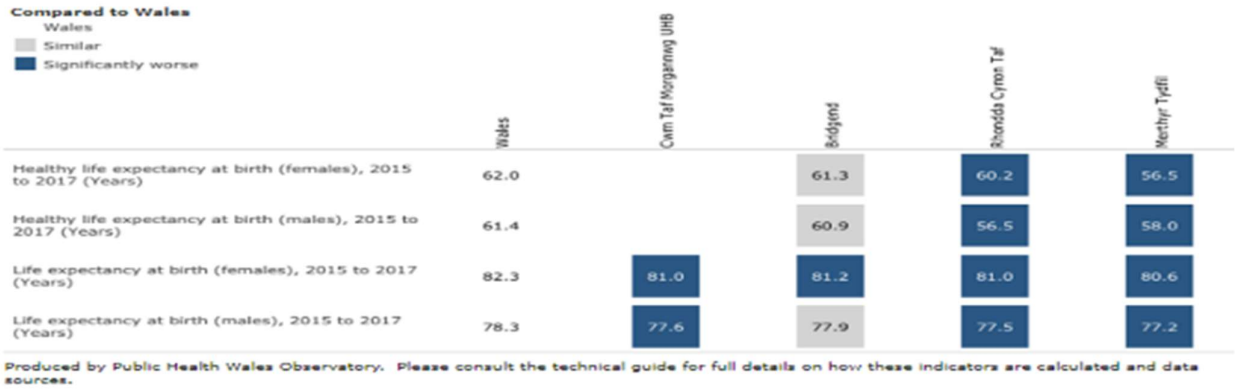
The impact of COVID-19 is not confined, however, to hospital wards, and the pandemic has caused harm to our population in a number of ways, both directly and indirectly. Monitoring total deaths and comparing this with previous years provides a way of assessing the wider impact. The chart below summarises 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.

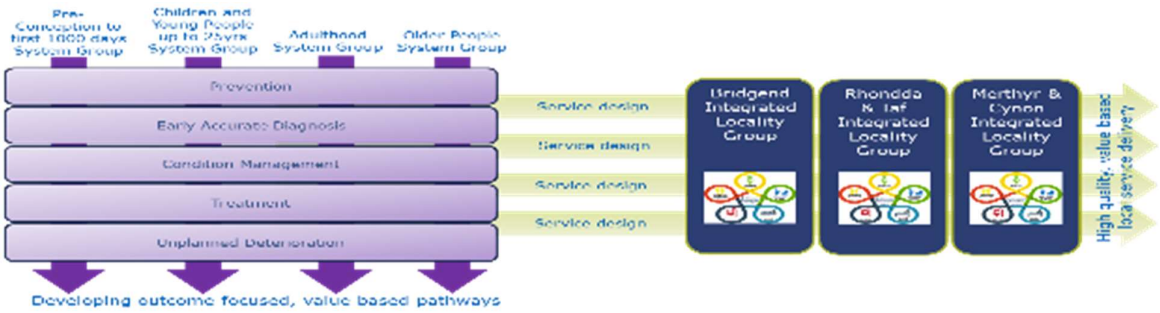
The importance of engaging and building our existing relationships with staff, communities and partners is an integral part in the Strategy's development. This is essential in order to re-affirm and secure commitment to its delivery, allowing us to be ambitious on behalf of our population in turning 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…

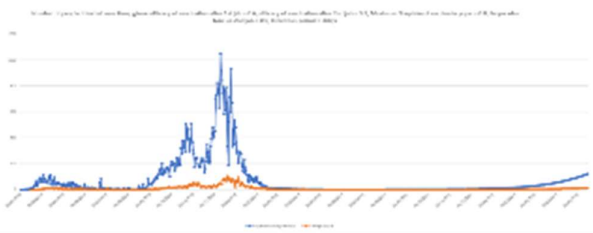
- Continue our improvement journey under each of the work streams identified
- Progress the actions identified within the Targeted Intervention roadmap
- Continue to progress all actions in response to the HIW/ AW recommendations
- Develop and Engage on our Integrated Health and Care Strategy during 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

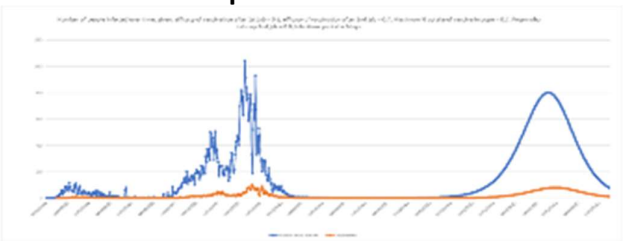
2.1 COVID-19 MODELING ASSUMPTIONS

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, it is planned to maintain the current level of TTP service throughout quarter 1 of 2021/22, with a review point planned on 22nd June to determine the ongoing requirements. 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 is under way, in liaison with Public Health Wales, and is due to be reported in April 2021, to further inform this work. This information will be used to support targeted messaging and will form part of 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 to support the implementation of a regional surveillance system will further enhance this and the recruitment of BAME outreach workers in April 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 WG. 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.

The Health Board successfully delivered phase 1 of our Programme to offer first dose appointments to all those eligible people in JCVI guidance cohorts 1-4, meeting the target date set out by WG. After this a rapid lessons learnt review has been undertaken with our partners to ensure an accessible and sustainable vaccination programme for phase 2 onwards. We have reviewed our Community Vaccination Centre (CVC) locations and have increased these from an original 3 to 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.

Planning has been completed for phase 2 (JCVI cohorts 5-9) with operational delivery plans in place to again deliver this by the WG target of mid-April 2021. The Health board has progressed significantly in creating a sustainable and stable workforce model to enable us to continue to deliver COVID 19 vaccination past phase 2 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. The Health Board intends to recruit a Directorate Operations Manager by April 2021 to lead the ongoing operational delivery of this programme.

Significant uncertainty remains post phase 3 deployment to the rest of the population, for example the requirement for booster doses and any further COVID-19 strains that may require vaccination intervention. This makes planning difficult and planning assumptions are being developed for the period to March 2022. 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 based on key indicators

5. STRENGTHENING THE CTM HEALTH AND CARE SYSTEM

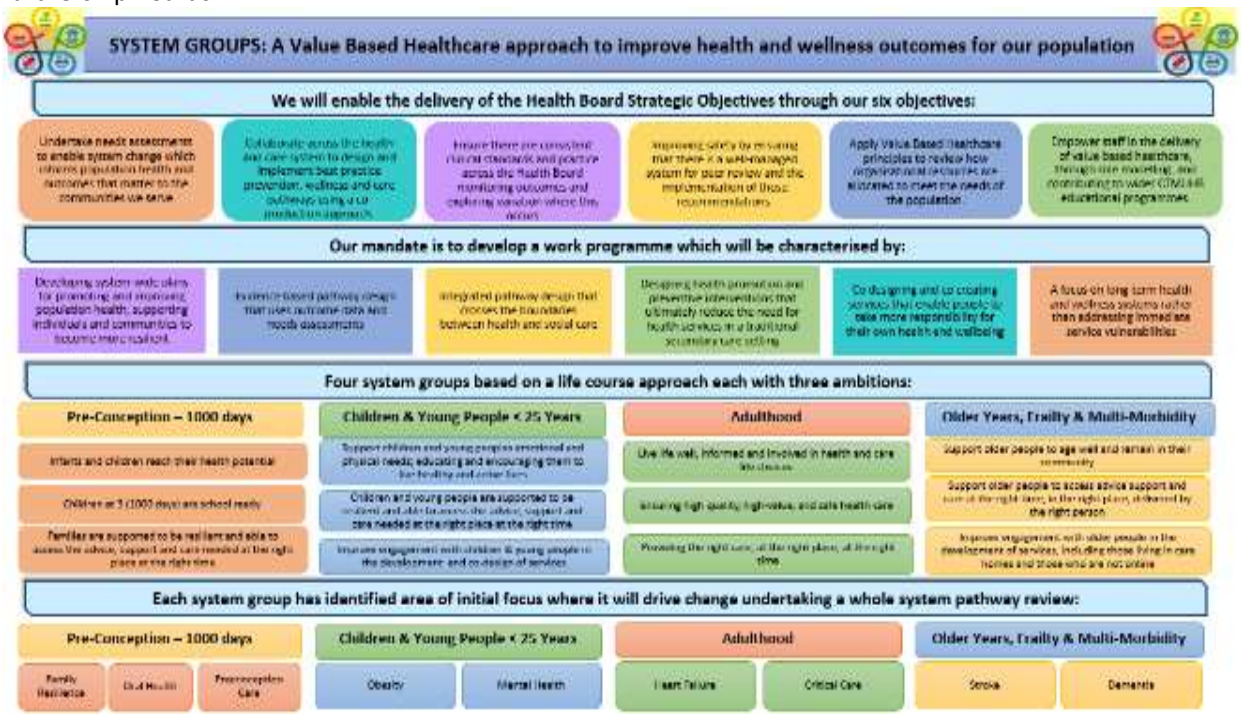
COVID-19 hasn't only affected the Health Board's ability to deliver services, but has also impacted significantly on key partners. Many services provided by our Local Authority staff have had to implement new guidance and ways of working, focused on delivering statutory duties and prioritising services 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.

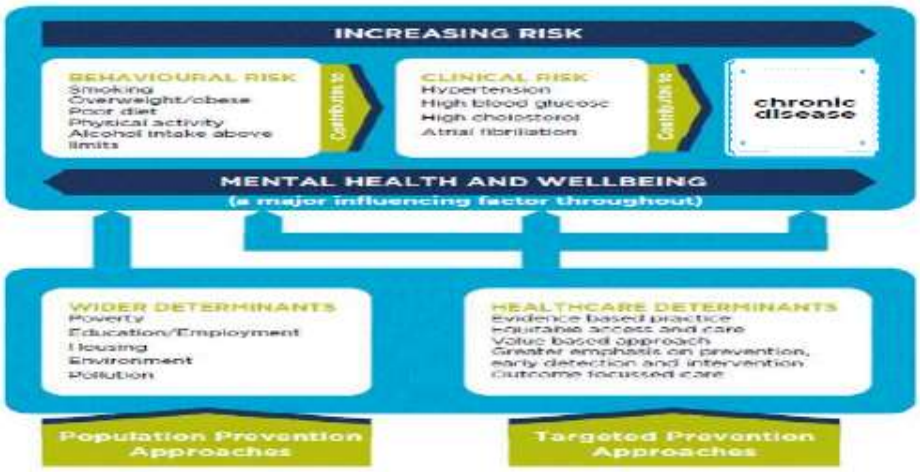
5.2 POPULATION HEALTH AND PREVENTION

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.

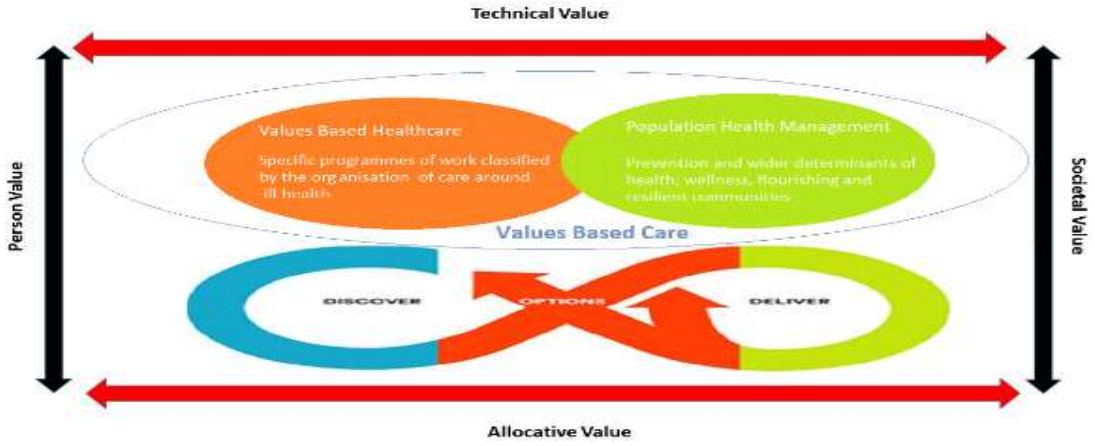
The Pre-Conception to 1st 1000 days Systems Group is leading on the development of the Family Health Visiting Service, as a key component of the Early Years Resilient Families and Wellbeing Health Programme which is chaired by the Systems Director, following the commencement of a pilot in November 2020. 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 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

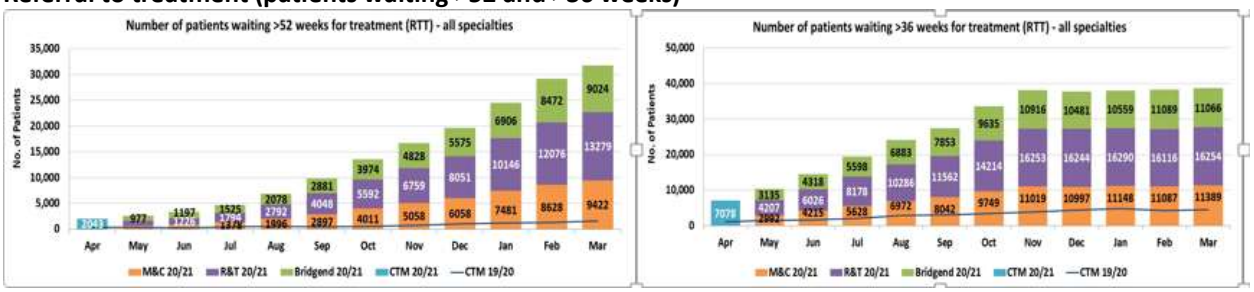
Despite the efforts made to maintain services the impact of COVID-19 has seen a significant growth in the number of patients waiting for elective care, as well as the length of wait, as demonstrated below:

Diagnostics and therapies (total waiting)-

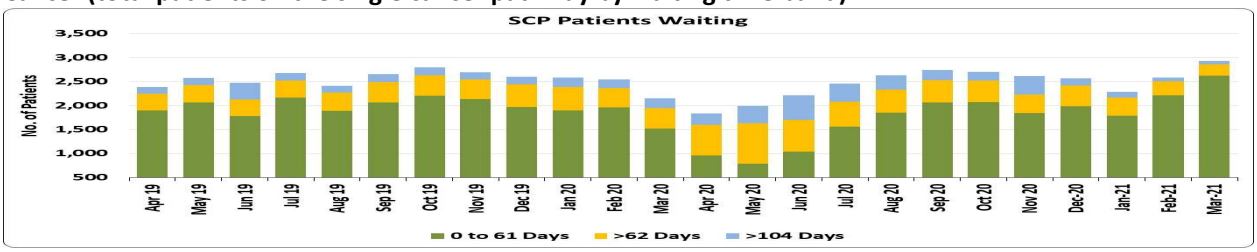
Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12931

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

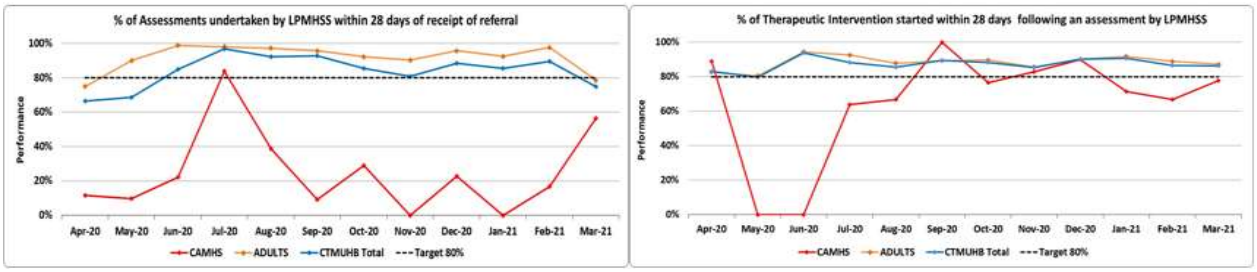
Referral to treatment (patients waiting >52 and >36 weeks)-



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 focus on delivering services against the funding provided The focus of the service will be 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.

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 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…

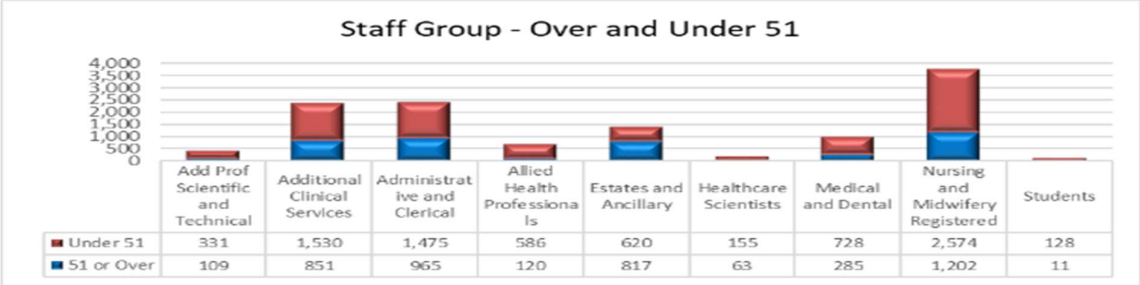
- Adult MH: focus in Q1 within Adult MH services on increasing capacity for psychological therapy and memory assessment, working with the third sector to increase group interventions and commissioning further tier 0/1 capacity for rapid intervention for those impacted by socioeconomic issues. During 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

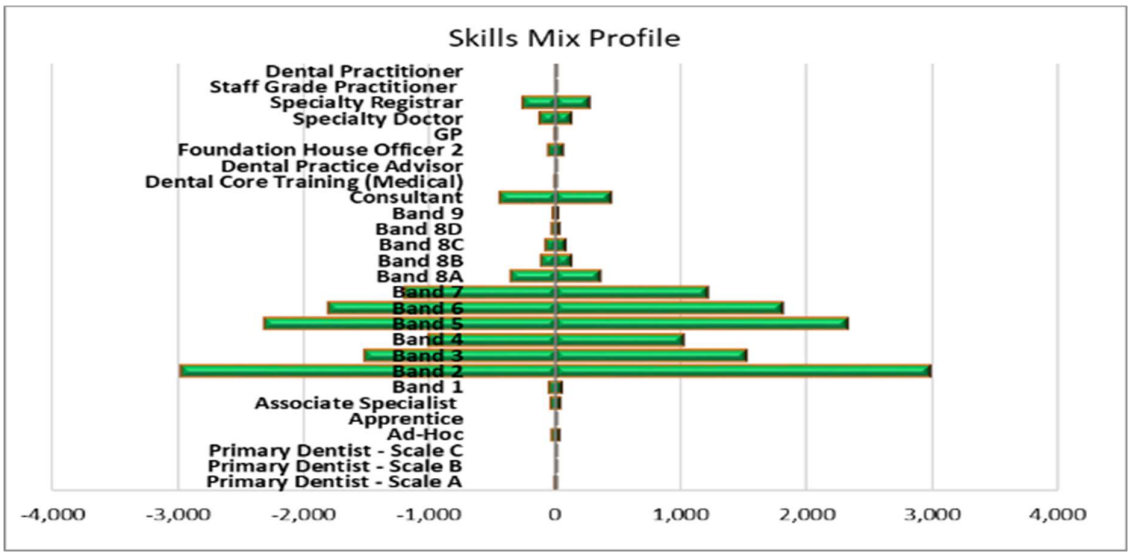
- Further embed the Unscheduled Care Programme, focussed on the 6 identified programme objectives
- Implementation of the Planned Care Recovery Programme, focussed on maximising core capacity/ activity, delivering those schemes approved and funded by Welsh Government (under the headings 'demand management, ILG interventions, primary care interventions and outsourcing') , developing further proposals as the programme evolves
- 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:

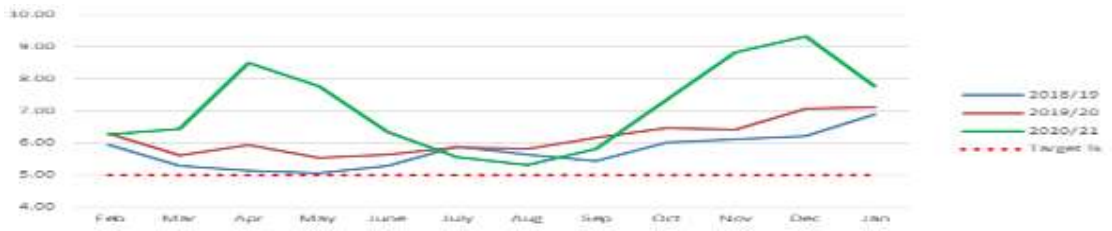


The skill mix is as follows-



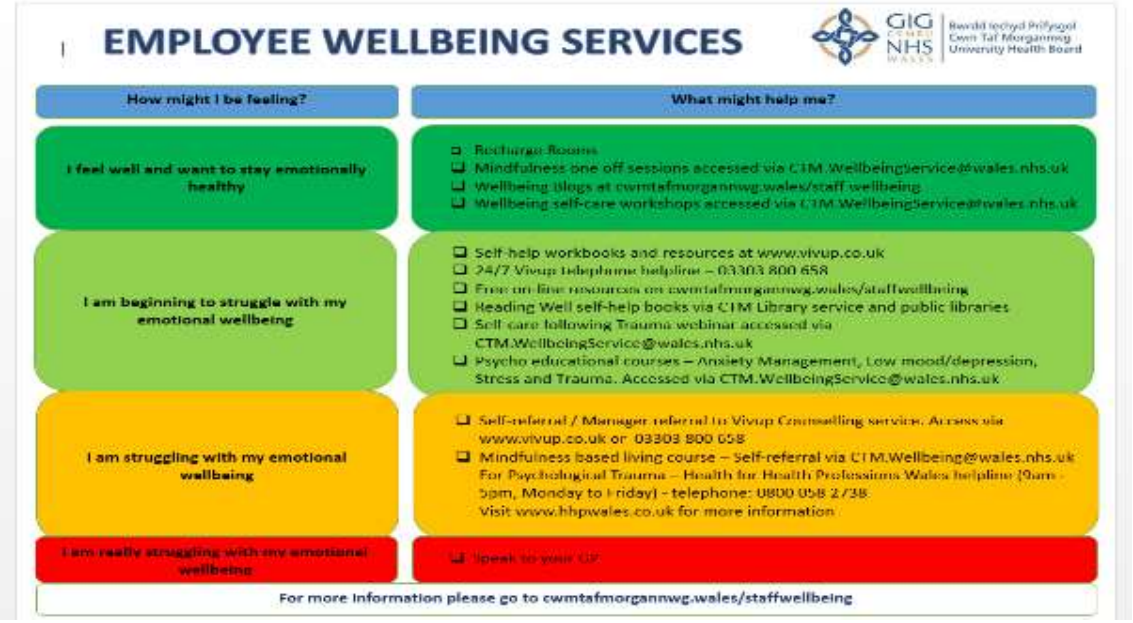
Following an increase in the number of retirements this year there has been a 4% decrease in the proportion of the workforce that are over age 51, from 39% to 35%, however this rate remains high. The rate of turnover has decreased in year from 10.67% in 2019 to 8.89% in 2020. 39% of the workforce is 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 at January 2021 was 7.11%, an increase from 6.16% in the previous year. Reducing the sickness rate continues to be an ongoing challenge and is not expected to improve in the short to medium due to the ongoing impact of COVID-19, including sickness, bereavement, childcare, stress and anxiety and other related factors. Sickness rates have increased in 2020/21, as the following chart demonstrates:



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 with plans to recruit a further 180 nurses between March and September 2021.

In late 2020 a dedicated overseas medical recruitment project was agreed, hoping 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.

7.7 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.

7.8 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.

7.9 CHAPTER 7 KEY DELIVERABLES

During 2021/22 we will…

- Continue to focus on employee wellbeing, delivering a wide range of services, including retaining and improving our dedicated recharge rooms
- 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 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 obtain settled status and to assist with 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 deliver Welsh language awareness training online as part of their Corporate Induction
- Revamp our online presence and use of social media to support recruitment
- Continue the Collaborative Bank with Swansea Bay UHB and look to expand this to further 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, aiming to recruit 180 nursing posts and 30 medical posts during the first 6 months of 2021/22
- Introduce a new learning management system to improve accessibility of our learning content
- 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.
- Develop a range of approaches to improve our employee experience, ensuring that our workforce is supported and motivated to deliver high quality, efficient and effective services

- 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
- 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
- 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.
- Work with HEIW on the commissioning of Physician Associates for the 2024 graduate outturn and seek to recruiting into 10 additional PA roles for 2021.
- Explore opportunities to address the digital skills gap through recruiting graduates, creating apprenticeships and through 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 2.

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 Directorates 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 £17.8m 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 £4.3m in 2021/22 for investment in Think 111 first, Urgent primary care and Same Day Emergency Care.
- 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) and Targeted Intervention (£2.6m) plus a number of other non-recurring costs and benefits with a net benefit of £(12.9)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 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:										
Funding for 2020/21 reduced financial performance			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary Care and Emergency care	-0.3	-4.3	-4.6	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	**-17.8**	**-16.0**	**-33.7**	**-18.5**	**0.0**	**-18.5**	**-18.9**	**0.5**	**-18.4**	**-57.2**
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	0.3	4.3	4.6	0.0	0.0	0.0	0.0	0.0	0.0	0.3
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	**31.4**	**3.4**	**34.8**	**38.0**	**1.7**	**39.7**	**30.1**	**0.2**	**30.3**	**99.5**
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 an initial 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	2.7	2.7	2.7	11.2
Mass Vaccination	3.4	2.3	2.2	2.2	10.1
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
Sub total	**8.3**	**6.9**	**6.7**	**6.6**	**28.6**
Assumed funding- programme element	-8.3	-6.9	-6.7	-6.6	-28.6
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Long COVID	0.1	0.1	0.1	0.1	0.5
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
Sub total	**7.7**	**6.6**	**6.3**	**5.5**	**26.1**
Confirmed funding- formula element	-7.7	-6.6	-6.3	-5.5	-26.1
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**
Increase in Covid response costs to reflect revised assessment of bed demand			2.0	2.0	4.0
Requested additional funding			-2.0	-2.0	-4.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

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 Q1/2. It is planned for the site to be decommissioned and cleared during Q1 of 2022/23 however this may be brought forward depending on the COVID impact over the coming months.
- The provision made for the COVID-19 response in ILGs and in other areas is based on an assessment of additional costs being incurred, which is an estimate of a tapering reduction through the year.
- 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 cost of £4m and further COVID-19 funding is requested to meet this.

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…

- Plan for recurrent financial balance
- Work with ILGs and Directorates to manage the recurrent deficit down to £13.4m
- Work to identify and deliver recurring savings of £16.1m, as planned in 2021/21
- Continue to identify and monitor COVID response costs
- Plan for 2022/23, 2022/23, when it is likely that the non-recurring funding for COVID-19 will end, as well as transformation funding

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

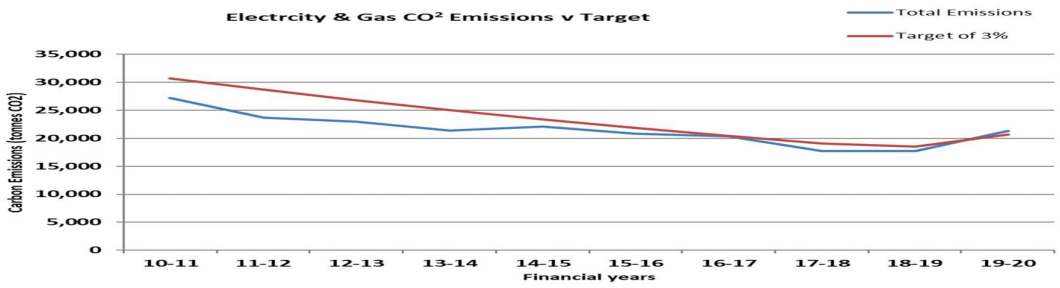
2021. This will establish a new statutory framework for supporting children and young people with Additional Learning Needs, aged 0-25. In preparation, a Designated Educational Clinical Lead Officer (DECLO) has been appointed and has participated in the creation of a Central South Regional ALN Action 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 a reduction in excess of 3% year on year until 2019/20, when the position was impacted by the Bridgend area being added to our portfolio. The 2020/21 position will be available at the end of April 2021 and is anticipated to demonstrate further improvements. The Health Board has continued with those 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:

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 (£)	**64,586**	
Primary Care – Bridgend Health and Wellbeing Centre	7,327	Building completes Summer 2022/23
Primary Care – Dewi Sant Phase II	1,602	Refurbishment completes Summer 2021/22
I2S – CT Digital Health Records	0.235	ICT Project completes Autumn 2021/22
Anti-Ligature Bridgend	2.95	Refurbishment completes Summer 2022/23
PCH Refurbishment Phase 1b	4.925	Refurbishment completes Summer 2021/22
PCH Refurbishment Phase 2	44.099	Refurbishment completes late 2025/26
RGH Electrical Infrastructure	3.45	Infrastructure upgrade completes Winter 2021/22

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:

- Works to respond to the fire enforcement notice in place for POWH theatres which is due to expire in December 2021, including decant options;

- A Programme of major engineering infrastructure schemes in RGH including replacement of electrical and mechanical systems, generators, switchgear and air handling plant;
- A programme of work on the POWH site to address a number of statutory and infrastructure risks, including upgrades to the fire alarm system required 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 properties close to the RGH site 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 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.