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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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5 July 2019
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Chair and Chief Executive

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
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Dear Dr Lloyd

Thank you for your letter of the 14 June 2019.

You requested some further information on a number of issues which are attached in the Annex to this letter. The information you requested on Questions 1,2 11 and the further information on the systems now in place to deal with serious incident reviews will follow, my apologies for this delay.

Please let me know if any further detail or clarification is required in respect of the information we have provided.

Yours sincerely

Dr Sharon Hopkins
Interim Chief Executive/Prif Weithredydd Dros Dro

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Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
ICwm Taf Morgannwg University Health Board is the operational name of the Cwm Taf Morgannwg University Local Health Board

Financial Performance

Question 1. The Health Board's written evidence notes that the funding gap for 2019-20 is £12.8 million. What measures are included in the integrated medium term plan (IMTP) to address this, and what will be the key challenges in delivering a balanced budget.

To follow

Boundary Change

Question 2. What impact will the transfer of Bridgend services have on the Health Board's financial position.

To follow

Winter Preparedness – Winter 2018/19 and plans for 2019/20

Question 3. How is the Health Board preparing for winter 2019/20, and where are the pressure points likely to be.

Winter planning is a key element of the HBs planning framework and forms part of a continuous cycle of reflection and learning following each winter period. The winter plan involves all stakeholders within the organisation and those that are key to delivering elements of the plan alongside the CTMUHB, these stakeholders include the Welsh Ambulance Services NHS Trust (WAST), Local Authority colleagues, third sector partners and our local population to name but a few.

We have already undertaken a formal review and reflection of our winter plan for 18/19 and will build on the initiatives that had a positive impact and learn lessons where initiatives were less successful. Our transformation bid (recently approved) will be a key element of the winter plan for 19/20.

At present, the Unscheduled Care Group holds the overarching responsibility for the development of the winter plan supported by our planning business partners. The winter plan is an integrated health and social care plan which is signed by all partner organisations.

A Healthier Wales/Transformation

Question 4. An update on projects in the Health Board area being funded through the Transformation Fund.

Following the successful change in the Health Board boundary in April 2019, Bridgend County Borough Council have joined together with the former Cwm Taf partners to form the Cwm Taf Morgannwg Regional Partnership Board.

In anticipation of the boundary change, the Health Board worked with partners on developing transformation proposals in the former Cwm Taf and Bridgend.

These two proposals, namely ***Stay Well in Your Community*** in the former Cwm Taf area and ***Accelerating the Pace of Integrated Services*** in Bridgend were approved by Welsh Government on 9 June, with funding totalling £22.7m.

Building on pilots already established across the Region, the transformation funding will be used to expand successful pilot projects across the Region to provide greater choice and independence for individuals, whilst reducing pressure on social care, GP surgeries and hospitals. Implementation of the two programmes is now underway, with both aiming to deliver seamless services which are provided closer to home and transform outcomes for individuals and communities.

Question 5. The Welsh Government has made clear that service transformation must become a mainstream activity for Health Boards, using their core funding to deliver change. From the Health Board's perspective, how achievable is this. Has the Health Board identified any barriers to transformation becoming a mainstream activity.

A key part of the development of the Cwm Taf Morgannwg RPB transformation plans has been the development of a financial sustainability plan. This has formed part of Welsh Government's approval of the Region's transformation proposals. The sustainability plans are predicated on three assumptions; use of new recurring funding streams in 2019/20, the level of system wide cost release which can be reinvested into the transformation models and management of new models to budget. Each of these carries its own risk, however starting with a clearly agreed plan whilst monitoring and managing the risk, means that whilst it is ambitious to mainstream activity, it is achievable. The most significant barrier is the short timescale as transformation funding is only available until December 2020, with which to evidence the large scale benefits leading to cost release elsewhere in the system. Fundamental to working in partnership, and therefore to the implementation of the transformation proposals, including mainstreaming, is the growing maturity of the partners to be brave in their decision-making. This requires mutual trust of each other as we work through important elements of risk sharing, including how we can look to allocate or transfer appropriately (according to a successful evidence base) elements of core funding.

Question 6. The Health Board's written evidence to the Committee (28 September 2018) to inform the Committee's scrutiny of the draft Budget 2019-20 stated that its spend on primary care for the last 3 years, as a proportion of total Health Board spending, had remained broadly static. How likely is it that the Health Board will be able to realise a shift in resources from secondary care and into primary care/community settings going forward.

There are a number of areas where the Health Board is looking at shifting resources from secondary to primary care. There is considerable activity in secondary care in regard to the management of Type I and Type II diabetes, and also the management and monitoring of anti-coagulation services. Both of these areas are of specific focus for the Health Board in 19/20. There has already been a considerable shift of work load on glaucoma and acute macular degeneration into primary care, whilst specific resources are not transferred, there has been associated investment in primary care as a direct result.

The Transformation Fund is designed to both improve the strength and sustainability of primary care, as well as taking a significant step in regard to management of system demand into secondary care. This will result in the reduced need for secondary care beds/reduction on bed days and in line with the transformation financial suitability plans there will be a significant transfer of resource into primary care by 21/22.

There has been a very successful co-ordinated campaign to recruit GP trainees into Wales and we have fully recruited over the past 1-2 years. Additionally, the Welsh Government have agreed that we can over-recruit if there are sufficient suitable candidates this year. This is in contrast to the past 5 years when we have not been able to fill our training posts. We know that GPs are more likely to stay locally to where they train, so we are looking at more GP trainees being ready to fill posts in the coming one to two years, as the GP training is a 3 year scheme. We are encouraging GPs to take on Portfolio careers to ensure resilience in the GP workforce. We continue to work with our GP clusters to strengthen the multidisciplinary team working in primary care. Apart from doctors, we also need primary care practitioners with other skill sets such as physiotherapists, physicians associates and pharmacists. In addition, care navigation training is being provided to our GP reception staff to ensure that patients get to see the right practitioner the first time, whether it be a GP or otherwise.

Workforce

Recruitment/retention Issues

Question 7. Where are the most significant workforce pressures currently (e.g. in what settings, professions, specialisms etc).

The Health Board's most significant workforce pressures currently exist within the nursing, midwifery, medical and dental staff groups, linked to high rates of turnover and historical vacancy rates across a number of specialities.

The most notable areas of pressure are in nursing in acute inpatient areas (A&E, Acute Medicine and Surgery) across Prince Charles Hospital, Princess of Wales and the Royal Glamorgan (RGH); in addition, the Health Board has medical workforce pressures in A&E, most significantly at RGH. Middle grade posts within paediatrics have been difficult to recruit to, however we have recently had some success in attracting applicants to newly redesigned middle grade posts, with a more portfolio / flexible mode of employment, which has proven more attractive in today's employment market.

The Health Board is continually considering creative ways to mitigate these pressures, including development of new roles and consideration of alternative recruitment methods. The Health Board is about to engage in a substantial international nurse recruitment campaign, which, if successful, will impact historical vacancy levels.

Question 8. What action is being taken in the Health Board to support the health and wellbeing of the workforce.

In terms of the wellbeing of its workforce, there are significant links with some of the workforce pressures described above, and addressing some of these challenges will have a marked impact on the wellbeing of our existing workforce. In addition, the Health Board continues to support staff through a number of wellbeing initiatives, as well as bolstering its offering to support staff when they need it, for example, via counselling services, and targeted occupational psychology.

The Health Board is about to appoint to a full-time occupational psychologist role to examine evidence-based system-wide interventions to create positive conditions for wellbeing, following the model utilised successfully in Aneurin Bevan ABUHB and Cardiff & Vale C&VUHB. This work will support the Health Board's Feeling Fine, Working Well approach to supporting staff health and wellbeing, which covers three key themes, namely:

- supporting key preventable ill-health factors such as smoking cessation, physical activity and healthy eating
- incorporating Occupational Health issues
- areas such as organisational support and employee involvement.

Agency

Question 9. What progress has been made in the last year in reducing spend on agency staff.

The Health Board's reliance on temporary staffing remains challenging in the context of the workforce challenges described above. This will of course be significantly impacted by a successful international nurse recruitment campaign, which the Health Board will be commencing shortly with an external partner organisation.

In addition, in November 2018, the Health Board was the first in Wales to engage a "neutral vend" model with a provider to manage our relationship with medical agency locums. This system, while still in its relatively early days, is providing the Health Board with some significant intelligence, which is allowing us to closely monitor rates. As well as this, "fill rates" are much higher with the new neutral vend system and while this may drive initial increases in spend, this will provide a higher degree of safety within medical rotas. The Health Board will continue to monitor spend and rates to ensure that opportunities to work with agencies to draw out efficiencies are maximised, as well as continuing with the redesign of roles and service models to attract substantive medical staff.

Compliance with Nurse Staffing Levels Act

Question 10. Is the Health Board compliant with the requirements of the Nurse Staffing Levels (Wales) Act. How is the Health Board preparing for the anticipated extension of the Act into other settings (for example, paediatric wards, mental health wards).

In January 2019, the former Cwm Taf University Health Board, declared compliance with the Nurse Staffing (Wales) Act and agreed significant investment into nursing establishments and the ongoing implementation is being overseen by the Director of Nursing, Midwifery and Patient Care. In relation to the Nurse Staffing (Wales) Act compliance position for the 5 medical wards and 5 surgical wards at the Princess of Wales (PoW) hospital, the Health Board is seeking further clarification based on the information recently provided by Swansea Bay SBUHB in relation to PoW, adult and medical surgical wards.

In relation to the extension of the Act into Paediatrics, the Health Board undertook a gap analysis which has been shared with Welsh Government and the paediatric nursing principles have been widely distributed within the Health Board. It is envisaged that compliance with these principles will be governed in the same way as the District Nurse principles.

The Health Board's Lead Nurse for Mental Health is actively working with colleagues across Wales in developing and shaping the extension of the Act and an agreement at a recent All Wales Director of Nursing meeting, agreed to a key set of metrics to be shared across organisations to further inform this work.

Mental Health

Question 11. To what extent is staff recruitment and retention in mental health services an issue in the Health Board. How sustainable are services.

To follow

Question 12. From the Health Board's perspective, what are the barriers to achieving greater parity between mental and physical health. How could these barriers be overcome.

'Parity of esteem' is often considered as valuing mental health equally with physical health but it is more than just that it is about tackling mental health issues with the same energy and priority as we have tackled chronic physical illness and other life changing conditions. Public Health certainly give good focus to mental health within the Health Board and have helped drive work on suicide prevention and co-occurring substance misuse and mental health.

For the Health Board, it is about changing the experience for people who require help with mental health problems wherever they receive any care. It is about putting funding, commissioning and training on a par with physical health services. There has been movement in recent years in relation to funding and training which is positive but this needs to be an ongoing journey.

Parity is also about tackling the physical illnesses of people with severe mental health problems. Currently they have the same life expectancy of people who lived in the 1950s – some 10 to 15 years shorter than average. This has to change but this change needs to be driven by a range of people not just mental health clinicians.

It will be fundamental for the Board to tackle and end the stigma and prejudice within the NHS which leads to diagnostic overshadowing and stops people with serious mental health problems getting treated with the same rigor as if they had a physical illness such as, diabetes or chronic obstructive pulmonary disease (COPD).

The statistics surrounding mental health are salutary. Notably, the fact that 75 per cent of all chronic mental health problems start before the age of 18, and yet currently research suggests only a quarter of children and teenagers aged up to 15 with mental health problems receive help from any services. We are investing heavily this year in Child & Adolescent Mental Health services as part of the mental health transformation fund in recognition of this.

Board have gone a long way to keeping mental health a priority and retaining the role of Director of Primary Community & Mental Health has been key to this. There is always more we can do so to say we have achieved 'Parity of Esteem' would be misleading but it remains the aim and this will be seen through.

Digital and Data

Question 13. In what ways is the Health Board maximising the use of digital technology to improve the delivery of care and patient outcomes.

Cwm Taf Morgannwg has a multi-year strategy to improve the use of digital technology for care and patient outcomes. There are several elements of this strategy which are already underway, among which are the following:

- Deployment of a new digital system in our emergency departments. We expect this system will help us to better manage the flow of patients through the department and monitor the most critical cases to ensure they receive timely care
- Cwm Taf Morgannwg is starting to scan our paper medical records and deliver them electronically. This is a 2 year process at the end of which clinicians will be able to read historical notes online and without delay
- Our hospitals are the first in Wales to digitise our human tissue specimens. Digitisation allows the specimens to be analysed more quickly and also allows outside expertise to be called upon where required
- In response to a Welsh Small Business Research Initiative to develop technology companies in Wales, we are the pilot site for a new paediatric nursing documentation and observations product that can be used on tablets at the bedside. The product frees up nursing time and improves care for children
- In Aberdare cluster, we are working across GPs, social care, voluntary sector and community care worker to better join up patient support with technology. One advantage of this technology is the ability to track our care workers in the field and direct them where they are most needed.

Our technology team is active at the national level advising on and driving the NHS Wales informatics strategy and projects. We hope in the near future to deploying the following products:

- Improved infrastructure, networking and hand held devices for our staff,
- Electronic prescribing,
- Adult nursing observations and documentation,
- Use of artificial intelligence to triage out of hours GP calls and video conferencing so that out of hours GPs can visually interact with patients.

Brexit Preparations

Question 14. What have been identified as the key areas of risk within the Health Board (e.g what services, systems etc. are likely to be most affected by the UK's withdrawal from the EU).

The Brexit Risk assessment was completed in January 2019 for the former Cwm Taf (CTUHB) and has been amended for Cwm Taf Morgannwg. This however has had no impact on the original assessment as the issues identified are generic to all Health Boards.

The significant issue is the gap analysis in relation to staff affected by the potential directives relating to workers coming from EU states in the future, especially those below any future restrictions on minimum earnings of migrant workers that may be imposed. This is something the Workforce and Organisational Development team have already started in trying to collate information from departments of who is from the EU and what role they are engaged in.